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Beyond Slogans: A Serious New Role for Radio

by William Smith

As recently as 1952, the question was first posed, "Why can't you sell brotherhood like you sell soap?" Since then, social marketers in the United States have tried to apply the principles of commercial marketing to the promotion of social ideas, using slogans like "Only You Can Prevent Forest Fires," . . . "Don't Drink and Drive," . . . "Buckle Up," . . . and "Breast is Best." Sloganeering has become a standard part of the mass communication lexicon. Gradually, practitioners have come to make a critical distinction between programs of *social advertising* which rely on slogans to inform and motivate, and of *social marketing* which emphasize the interrelatedness of the following four elements:

- Product: the characteristics of the commodity or idea to be promoted;
- Price: the real cost in money, time, prestige, and power to the consumer;
- Place: the system for distributing the idea or commodity which ensures easy access for a significant percentage of consumers;
- Promotion: the knowledge, attitudes, and beliefs which the consumer requires to adopt the idea, and the means of delivering each.

The driving force in an effective social marketing strategy is the intensity of consumer needs and wants. Consequently, the distinction which development planners often make between "felt" needs and "real" needs becomes academic. For the social marketer, "felt" needs are the only real needs. To convince a rural farmer that family planning is important because the world is overpopulated, or to promote the boiling of water because it kills some invisible creature that a rural mother doesn't believe really exists, denies the basic assumption of successful marketing: the attitudes, beliefs, and values of the consumer are central to the design of an effective program. A public education program built around consumer values is presently under way in a Latin American and a West African country.

The Ministries of Health in both Honduras and The Gambia have embarked on separate but parallel programs to test the effectiveness of social marketing applied to the prevention and treatment of acute infant diarrhea. Through the Mass Media and Health Practices Project sponsored by the Office of Health Education within the Bureau for Science and Technology of AID, the Academy for Educational Development is assisting Honduras and The Gambia in their concerted effort to reduce diarrheal mortality due to severe dehydration in small children.

New Oral Therapy

In the early stages of dehydration, a child does not have to be hospitalized and given fluids intravenously. The child can be cared for at home, and rehydrated through oral rehydration therapy (ORT), a promising new tool for halting the diarrhea-dehydration-death sequence so common among young children in the developing world. But ORT is dependent upon mothers and health care workers who can recognize when the remedy is needed, and who are able to mix and administer the remedy properly. In essence, oral therapy is a new "product;" a package of simple chemicals (salts and sugar) and a set of accompanying skills which offer a practical remedy for a serious killer in both countries.

Labels on Litrosol packages use words, pictures, and numbers to convey life-saving directions.

In Honduras and The Gambia, the challenge is how to deliver both the remedy and the necessary skills to administer it to even the most isolated rural villages, villages with no health care center, no mail or telephone system, and no reliable network of roads. The reliable communication channels that these two countries *do* have are radio and an effective system of traditional interpersonal communication.

The Mass Media and Health Practices Project is creating a public education campaign that combines health worker training, specially designed print materials, and widespread use of radio to reach isolated villages. Each element of the campaign is designed to interact with and reinforce the other elements. Slogans such as "Madre Que Pecho Da es Madre de Verdad" ("The Mother Who Breastfeeds Is a Mother Indeed") have helped to standardize the central messages. But, more significantly, careful sequencing and design have made it possible for radio to act as an effective stimulus and reminder about the important mixing and administration skills being taught by health workers.

Mixing Instructions

In The Gambia, for example, mixing instructions for a simple sugar and salts ORT solution are being color-coded on an inexpensive one-page flyer which is distributed free, and which also serves as a lottery ticket. A national radio lottery, offering such prizes as radios, t-shirts, and liter cups, is being organized to stimulate the widespread distribution of the flyer. Radio will take advantage of mothers' interest in the lottery to teach the mixing instructions through reference to color-coded sections on the lottery flyer. Radio is thus helping to transform an otherwise indecipherable piece of paper into a potentially powerful learning device in the village.

In Honduras, it was obvious that the Ministry's normal distribution schedule for drugs would be inadequate to meet the special demand for rapid and easy access to large numbers of ORT packages. During a 6-month preprogram investigation, a number of new distribution points were identified. Radio was called upon not only to promote the prepackaged ORT compound, Litrosol, as a new remedy, but to popularize new distribution points for the remedy. These included local mayors, selected midwives, and local health care workers. The problem was how to ensure that these selected individuals could be easily identified by rural villagers. The solution was a simple flag featuring a large red heart. Flags were distributed along with the stocks of Litrosol packets to mayors, midwives, and healthworkers, who placed the flag in an easy-to-see place outside their houses. Special radio spots then advised the villages "to find Litrosol, look for the flag with the red heart."

This simple message, which could be broadcast hundreds of times a week, proved an uncomplicated and effective way of ensuring the maximum exposure to the campaign at a minimum cost to the Ministry.

Consistent Sequence

While the program differs considerably in the two countries due to organizational and cultural differences, a consistent sequence has been followed to design the overall campaign plan. The first step was to develop a series of theoretical models which defined not only the medical and biochemical aspects of diarrhea and oral rehydration, but carefully described the socio-cultural consequences of the program.

Key issues were then extrapolated from these models and used to structure an intensive field investigation which included: (a) focus group and individual interviews with several hundred mothers, (b) ORT mixing

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trials in actual rural villages, (c) home observations, and (d) interviews at local pharmacies and medical facilities. The results of this research were then used to define the precise target audience, develop message themes, and finally, produce the draft materials. The most important materials, those which affect the largest audience, were pretested and significant modifications were made based upon pretest results. In one case, for example, the numbers used to identify a sequence of activities on a mixing poster were confused by the audience and taken to refer to the number of packets, glasses of water, etc. to mix. This obviously critical problem was subsequently corrected.

The two campaigns were designed in several phases which are consistent with the seasonal prevalence of diarrhea (highest during the rainy season) in both countries. The transitional phases permit regular monitoring of program effectivness and provide logical points for re-design and re-orientation of the messages as needed. The flexibility to make mid-course adjustments based on reliable field information is another key element of the program.

Other Media Campaigns

The program in Honduras is now in full swing. Almost a year of broadcasting is completed and a second broadcast year is soon to begin. In The Gambia, planning is completed and the one-year broadcast cycle is scheduled to begin in early April 1982. Although the project is being systematically evaluated through a separate contract between AID and Stanford University's Institute for Communication Research, summative results are not yet available. Anecdotal information, especially from Honduras, indicates that Litrosol is now well recognized by the rural population. The distribution system for both packets and educational messages appears to be in place and working. We have yet to determine, however, what the full impact of the campaign will be. We do know that the Ministry of Health in Honduras is currently building an integrated and mediated (that is, making use of a range of communication media techniques) public education approach into two new large-scale health programs.

In sum, there is growing evidence of the positive role which mediated programs of public education can play. We believe that such programs can do a great deal more than simply "publicize and sloganize." We are convinced that under the right conditions, with an appropriate type of problem and sufficient time available, mediated public education can make a powerful and unique instructional impact on widespread and isolated audiences at a highly competitive cost. ■

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