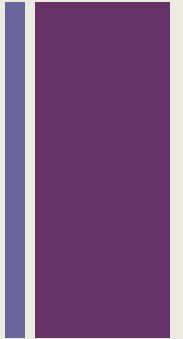




SOCIAL MARKETING FOR HEALTH



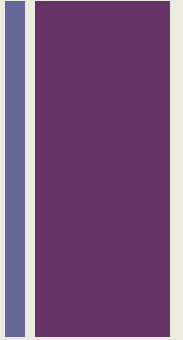
CONTENTS



- INTRODUCTION
- DEFINITION
- APPLICATIONS OF SOCIAL MARKETING
- PRINCIPLES AND METHODS OF SOCIAL MARKETING
- CONTRACEPTIVE SOCIAL MARKETING IN INDIA
- EXAMPLES FROM THE WEST
- LIMITATIONS
- CHALLENGES



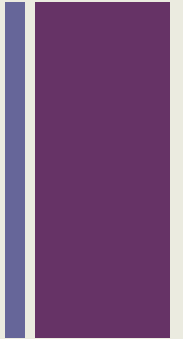
INTRODUCTION



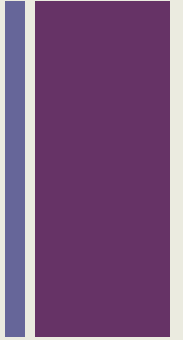
*"Why can't you sell brotherhood
and rational thinking like you can sell soap?"*

G.D. Weibe 1950

+ What is Social marketing?



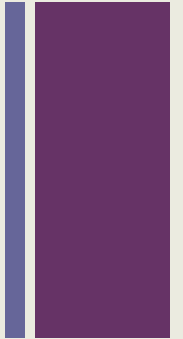
The application of *commercial marketing techniques* +
To influence a *key target audience* +
To voluntarily *change a behavior* =
For the **good of society**



- Increasingly, social marketing is being described as having "two parents"—a "social parent" = social sciences and social policy, and a "marketing parent" = commercial and public sector marketing approaches.



DEFINITION

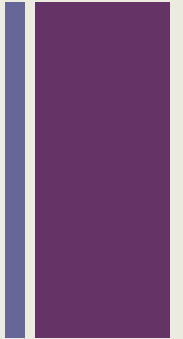


Kotler and Zaltman (1971) defined social marketing as:

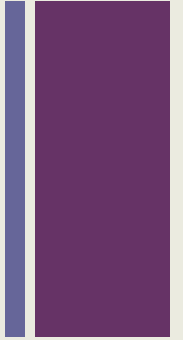
The Design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning , pricing , communication , distribution & marketing research.



Definition after modification



- Social marketing is a process that applies marketing principles and techniques to create communicate , and deliver value in order to *influence target audience* behaviors that benefit society as well as target audience (2006).



- As indicated in this definition , several features are essential to social marketing:
- It is a distinct discipline within the field of marketing.
- It is for the good of society as well as the target audience.
- It relies on the principles and techniques developed by commercial marketing , especially the marketing mix strategies.

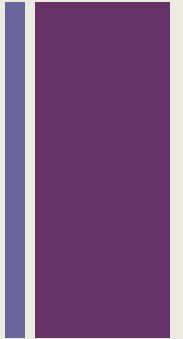
+ “Marketing Mix”/4Ps

1. PRODUCT and its presumed benefit
2. PRICE, or what audience has to do to obtain product
3. PLACE, or how product reaches audience
4. PROMOTION, or strategy to create and sustain demand for product



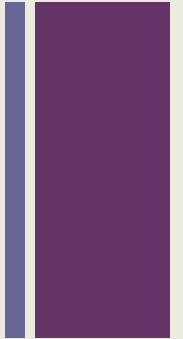
+

4Ps +

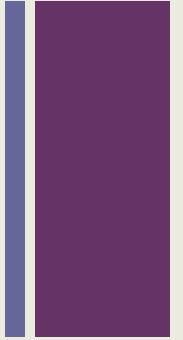


5. PUBLICS
6. PARTNERSHIP
7. POLICY
8. PURSE STRINGS
9. POLITICS

+ Product



- Not necessarily a physical offering.
- A continuum of products exists, ranging from tangible, physical products (e.g., condoms), to services (e.g., medical exams), practices (e.g., breastfeeding, ORT or eating a heart-healthy diet) and finally, more intangible ideas (e.g., environmental protection).

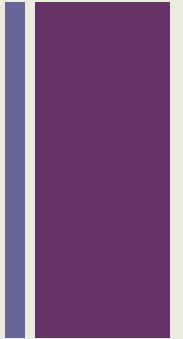


- In order to have a viable product, people must first perceive that they have a genuine problem, and that the product offering is a good solution for that problem.

- *For example :*

- *Many sanitation programmes have failed because they were supply driven (organisations wanted toilets, not the people!)*

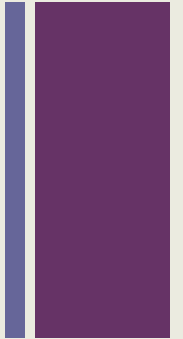
+ Price



- "Price" refers to what the consumer must do in order to obtain the social marketing product.
- This cost may be monetary, or it may instead require the consumer to give up intangibles, such as time or effort, or to risk embarrassment and disapproval.



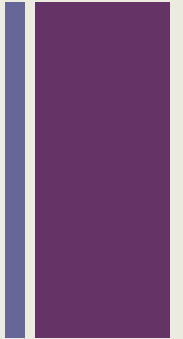
Place



- "Place" describes the way that the product reaches the consumer.
- For a tangible product, this refers to the distribution system--including the trucks, sales force, retail outlets where it is sold, or places where it is given out for free.
- For an intangible product, place is less clear-cut, this may include doctors' offices, shopping malls, mass media vehicles or in-home demonstrations.



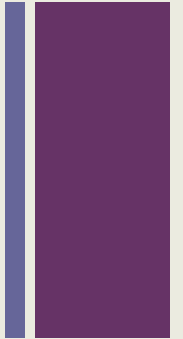
Promotion



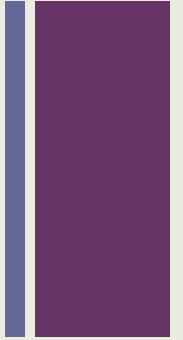
- Promotion consists of the integrated use of advertising, public relations, promotions, media advocacy, personal selling and entertainment vehicles.
- The focus is on creating and sustaining demand for the product.



Additional Social Marketing "P's"



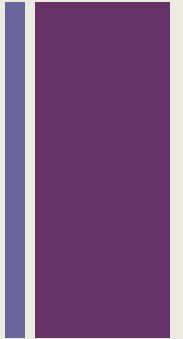
- **Publics**-- "Publics" refers to both the external and internal groups involved in the program.
- *External publics* include the target audience, secondary audiences, policymakers, and gatekeepers, while the *internal publics* are those who are involved in some way with either approval or implementation of the program.
- **Partnership**- Need to team up with other organizations in the community to really be effective.



- **Policy**--Social marketing programs can do well in motivating individual behavior change, but that is difficult to sustain unless the environment they're in supports that change for the long run.
- **Purse Strings**--Most organizations that develop social marketing programs operate through funds provided by sources such as foundations, governmental grants or donations.



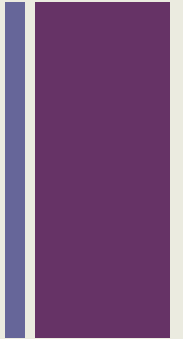
Example of a Marketing Mix Strategy



- Breast cancer screening campaign for older women might include the following elements:
- The *product* → any of these three behaviors: getting an annual mammogram, seeing a physician each year for a breast exam and performing monthly breast self-exams.
- The *price* → the monetary costs of the mammogram and exam, potential discomfort and/or embarrassment, time and even the possibility of actually finding a lump.



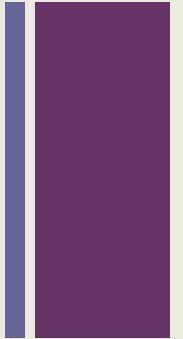
- The *place* → a mobile van, local hospitals, clinics and worksites, depending upon the needs of the target audience.
- *Promotion* → through public service announcements, billboards, mass mailings, media events and community outreach.



- The "*publics*" → target audience eg .- low-income women age 40 to 65 , the people who influence their decisions like their husbands or physicians, policymakers, public service directors at local radio stations, as well as board of directors and office staff.
- *Partnerships* → with local or national women's groups, corporate sponsors, medical organizations, service clubs or media outlets.
- *The policy* → focus on increasing access to mammograms through lower costs, requiring insurance and Medicaid coverage of mammograms or increasing funding for breast cancer research.
- *The purse strings* → governmental grants, or the local health department funding.



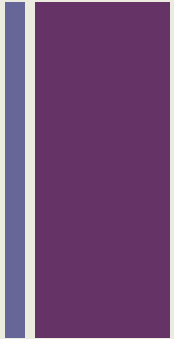
APPLICATIONS OF SM



- Health promotion – related behavioral issues
- Injury prevention - related behavioral issues
- Environmental protection - related behavioral issues
- Community mobilization - related behavioral issues



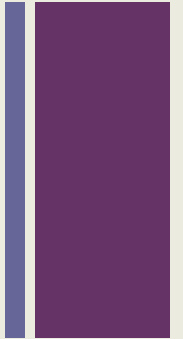
How does social marketing differ from commercial marketing?



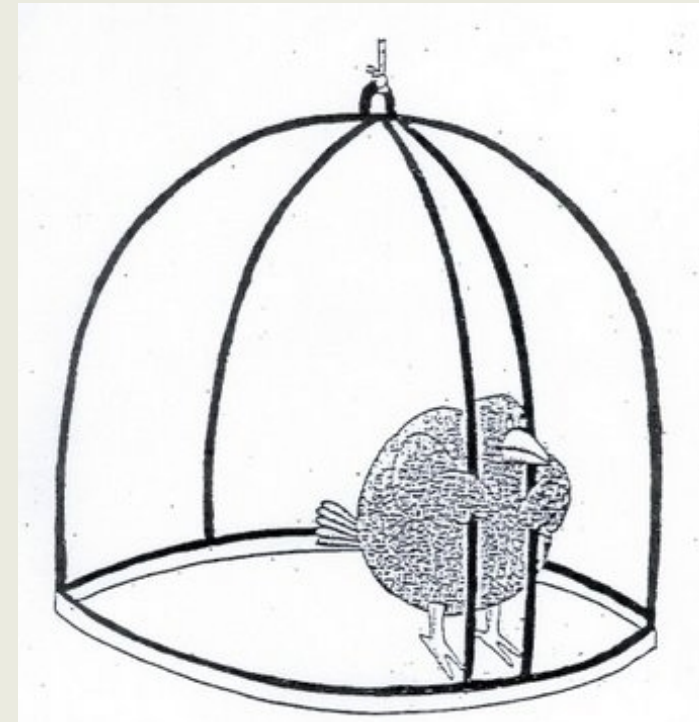
*similar strategies:
both sell products, ideas, practices*



*different goals:
profit vs. health or well being*




Why might social marketing be more difficult than commercial marketing?



unknown source, New York Times?

Figure 1. The Box



*You're trying to influence
people to do things they are
uncomfortable with, don't
want to do, or can't do*



HE KNOWS. SHE KNOWS.

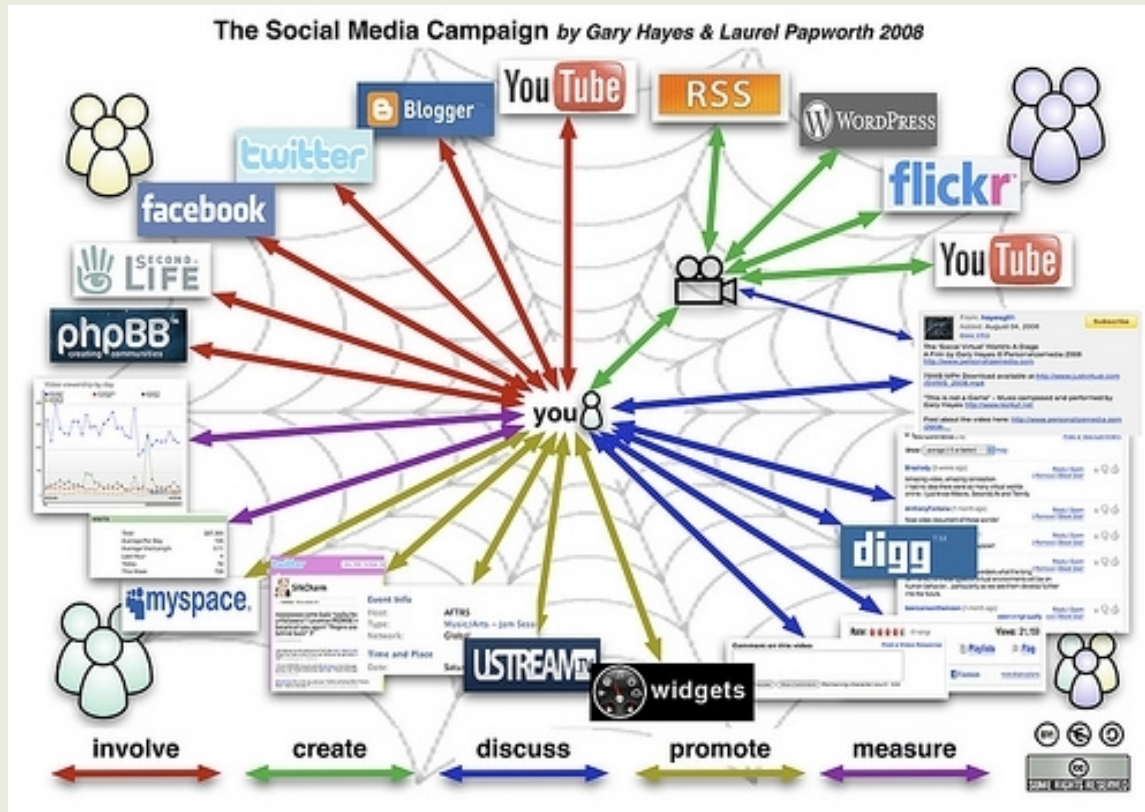
THE KNOW IS SPREADING. GET AN HIV TEST.

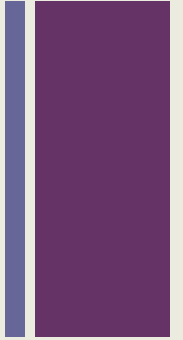
knowhivaid.org





Social marketing is not the same as social media marketing!





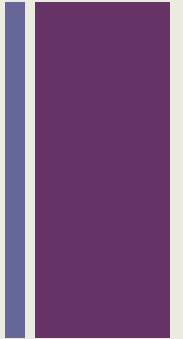
social marketing principles and methods

+ Social Marketing key principles

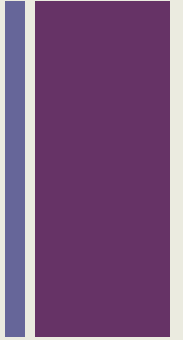




Six core concepts required for a successful social marketing campaign



- **Strong customer focus:** it is important to develop real insight into the lives and experiences of the intended audience.
- **Defined behavioural goals/outcomes:** the ‘social good’ in health-related campaigns needs to be defined in terms of specific, realistic, and measurable changes in behaviour.
- **Application of the concept of ‘exchange’:** exemplified in the exchange of money for goods or services in the commercial market .
- State clearly what you are offering and know what you are asking: Eg : You get = Safer water, peace of mind You pay = Time, higher water bills



- **Well developed audience ‘segmentation’:** It helps to focus on small, relatively homogeneous groups,
- **Encouraging and supporting ‘voluntary actions’:** long lasting behavioural change is more likely when individuals adopt change through rational choice.
- **Application of the concept of ‘competition’:** Sources of competition can be internal - for example, the pleasure associated with the unhealthy behaviour, or a psychological resistance to symbols of authority.
- External sources of competition → direct counter messages (e.g. ‘chocolate helps you unwind’).



Step 1 - Identification of health problem & establishing methods for social marketing

- In-depth identification of the health problem
- Rigid customs and opinions of community have to be considered
- Consensus building among public (to minimise conflicting opinions)
- Decision makers in government and community should be identified
- The causes of the problem have to be established clearly and the required & available resources like mass media, marketing & design expertise should also be identified.



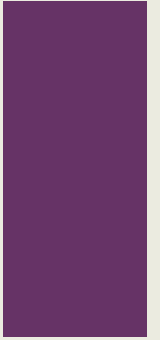


Step 2 - Identification of priorities and implementation of affordable efforts

→ The health problem and desired objectives should be assessed from the viewpoint of the consumer and should ideally be quantified.

→ Cost estimates for media, material & delivery, personnel and other resources should be assessed in advance.

→ It is essential to project realistic and achievable goals & objectives and prepare realistic budgets.

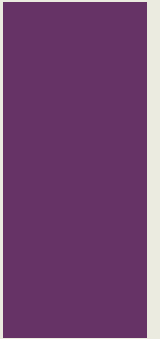




Step 3 - Analysis of marketing activities, including social message :

→ The strategy of social marketing needs to be evaluated regularly.

→ There may be a need to adopt different messages and message styles for effectively communicating the message for a particular target group.





Step 4 - Identification of target audience for each marketing component

One size fits all solution rarely works for complex behaviors

“**psychographics**”:

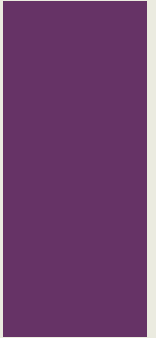
values

interests

activities

opinions

geographic location

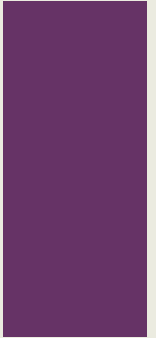




Step 5 - Analysing each marketing strategy to determine attitudes and potential resistance among target groups

→ A public health specialist should identify all possible cultural, social and religious resistance points, which will differ in strength within each target group

→ Instead of countering such beliefs head-on, it is more appropriate to build consensus and strategy to overcome the resistance.

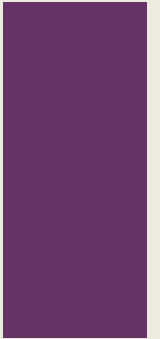




Step 6 - Identification of objectives for each target group

→The proposed behaviour change in each target group should be accurately identified and preferably quantified.

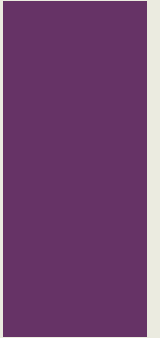
→For example, objective as “raising condom use among clients of CSWs in a geographical area from 40% to 90% in next one year” or “increasing household use of iodised salt in a given district from 60% to 95% in next 2 years”.





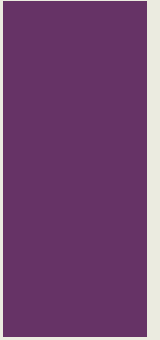
Step7 - Designing and testing the social message

The social message should be pretested on samples of target audience for acceptability, comprehension, believability and conviction.





Step 8 - Selection of marketing/distribution system

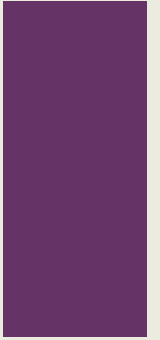



Media and distribution system for the message should be in a manner which ensures maximum coverage among target audience.



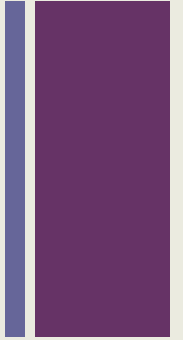
Step 9 - Evaluate the impact of social messages

These should be assessed periodically to evaluate the impact of social marketing and mid-term corrections should be made wherever required.

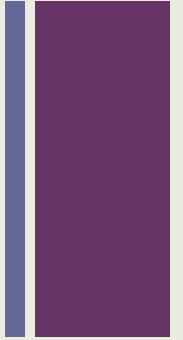


- 
- 1968, government of India uses large commercial firms to help market its *Nirodh* condoms through private pharmacies and shops.
 - 1971, Social Marketing described by Kotler & Zaltman.
 - 1972, Population Services Int. (PSI) launches a Contraceptive Social Marketing (CSM) pilot project for *Kinga* condoms in a rural district of Kenya.
 - 1973, PSI applies *Kinga* lessons to a nationwide CSM in Sri Lanka
 - 1975, PSI follows with a similar nationwide CSM in Bangladesh.
 - 1976, Westinghouse launches a nationwide CSM in Nepal
 - 1985, PSI launches nationwide CSM in Pakistan, thus completing coverage of major countries in the South Asian cradle

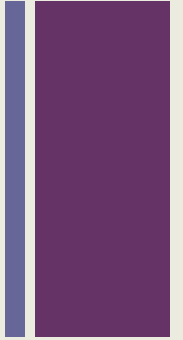
+ Social Marketing Scheme



- The National Family Welfare Programme initiated the Social Marketing Programme of condoms in India in 1968 and that of Oral pills in 1987.



- Under the Social Marketing Programme, both condoms and oral pills are made available to the people at highly subsidized rates, through diverse outlets.
- The extent of subsidy ranges from 70% to 85% depending upon the procurement price in a given year.
- Both these contraceptives are distributed through Social Marketing Organizations (SMOs).

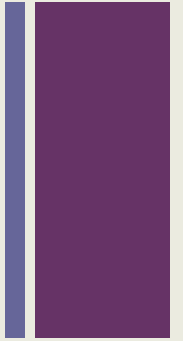


- The SMOs are given Deluxe Nirodh condom at Rs. 2.00 per packet of 5 pieces and this is sold @ Rs. 3/- per packet of 5 pieces to the consumer.
- One cycle of Oral Pills, which is required for one month, is given to the SMOs @ Re 1.60/- and it is sold to the consumer @ Rs.3/- per strip(cycle) under the brand name “Mala –D”.



NACO CONDOM SOCIAL

MARKETING PROGRAM



+ Background

- Condom Promotion historically associated with Family Planning.
- Communication limited to family planning
- Gap in availability and affordability;
 - *Commercial condoms restricted to Urban India;*
 - *Limited or negligible interest of private sector in rural areas*
 - *High distribution cost barrier*



+ Background....

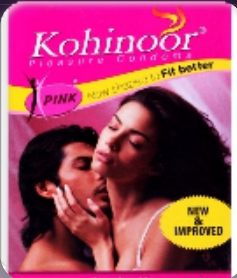
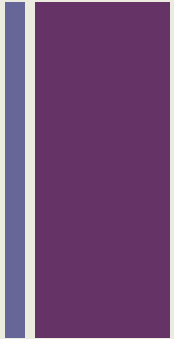
- Very few (4-5) social marketing organizations covering the entire country.



NACO recognized the need to have “*single national program*” with a “*focussed approach*” to ensure availability of subsidized condoms to consumers in high priority districts.

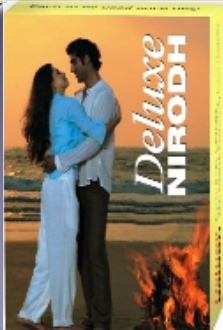


Condom Market Segmentation



Commercial Condoms

- Urban
- Affluent Population



Socially Marketed Condoms

- Clients of FSWs, Migrants, Truckers, Males in rural India / lower income segments in urban India
- Subsidized by GoI ;
- distributed through retail network via social marketing organisations (SMOs)



Free Condoms

- Marginalised communities
- Procurement cost borne by GoI
- distributed to Public Health System, NACO TIs.

Government

+ Targeted Condom Promotion

- Availability and Accessibility: *Expanding social marketing programs in the high priority districts to ensure availability of subsidized condoms to consumers who cannot afford market priced (commercial) condoms*
- Focused on increasing demand for condoms among high risk, bridge and general population
- Increasing consumer usage of paid condoms to ensure sustainability



Targeted Condom Promotion

- Ensure condom availability (paid /free) in 100% high risk areas in
 - *Targeted Intervention sites*
 - *Trucker halt points*
 - *Migrant districts (source, transit and destination)*
 - *Large construction sites*





The Innovations

- Distribution through non traditional outlets
 - *taking the condom to where the consumer is....*
- Demand Generation -
 - Mid-media – Using local theatre and folk culture for active social messaging and mass media



Massive scale up of NACO's Condom Social Marketing Programme

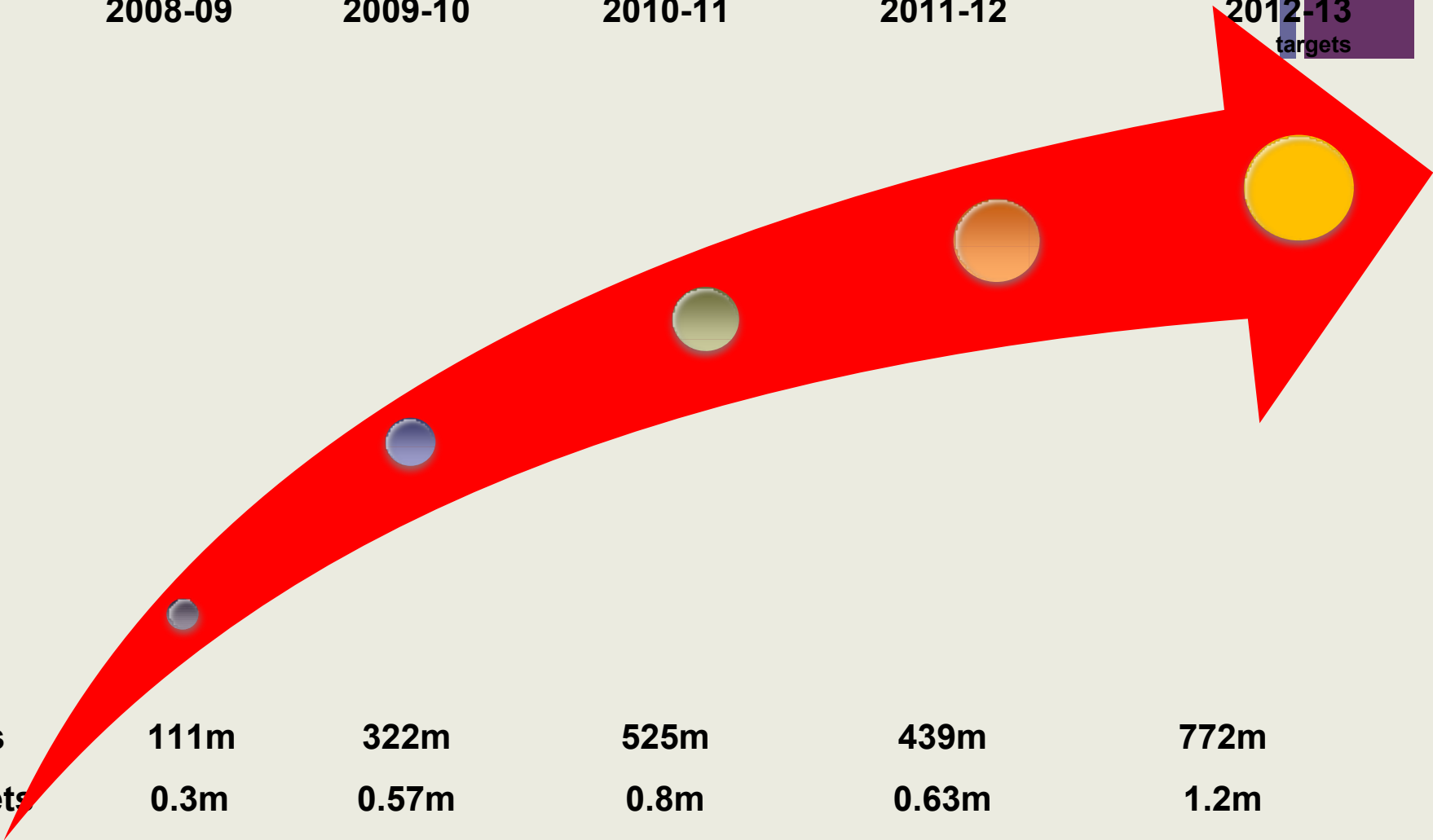
**Phase I
2008-09**

**Phase II
2009-10**

**Phase III
2010-11**

**Phase IV
2011-12**

**Phase V
2012-13
targets**

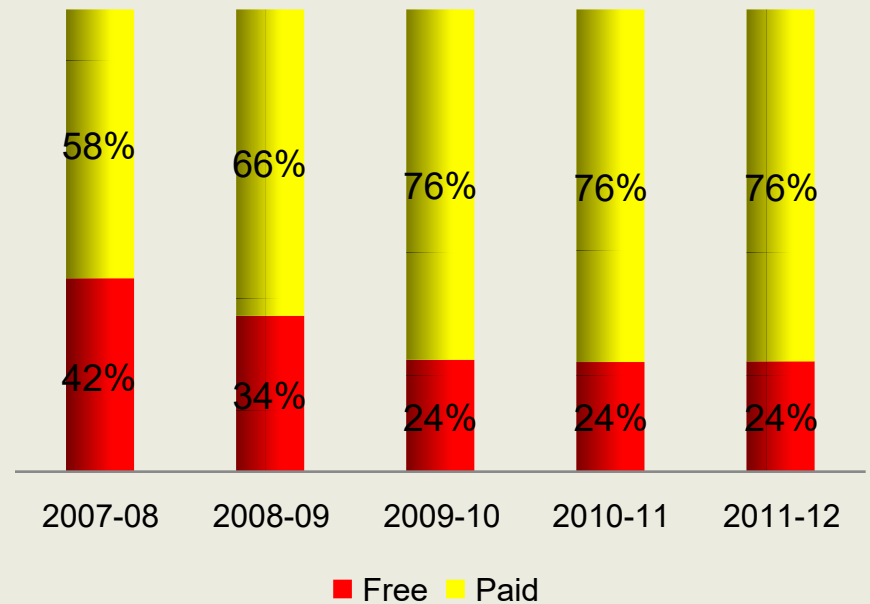
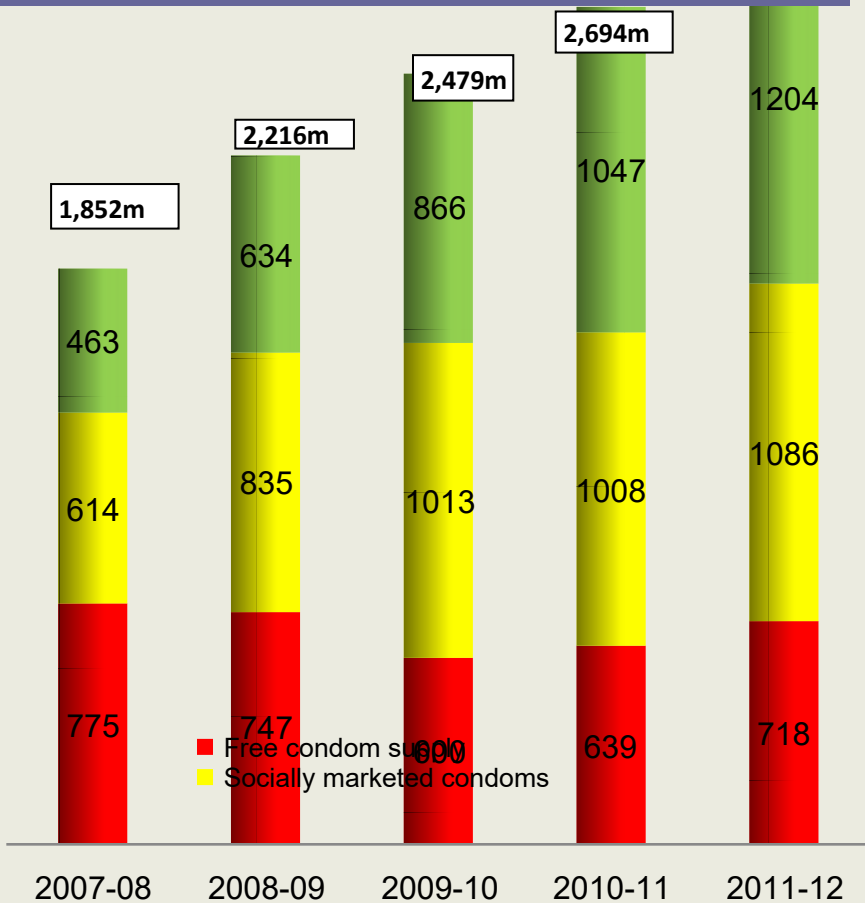


Sales	111m	322m	525m	439m	772m
Outlets	0.3m	0.57m	0.8m	0.63m	1.2m
Districts	194	284	370	398	434

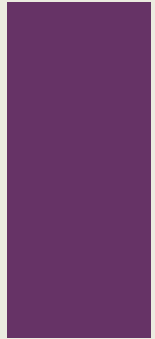
+ Impact

Condom market growing at 15% YoY

Ensuring sustainable condom usage thru increased use of paid condoms



+ Impact



98%

30min

77%

89%

77%

Condom
is easily
accessible

Mean
time to
access
condom

Consistent
Condom
Use can
prevent
HIV AIDS

Condom
Use with
FSWs

Condom
use with
non-
regular/
casual
partner

88%

19min

65%

81%

58%

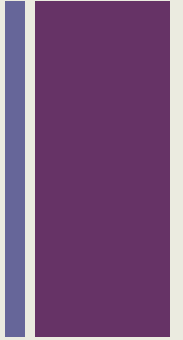
*BSS- Behavioral Surveillance Survey 2006

** Condom Promotion Impact Survey 2010

+ Other Innovations

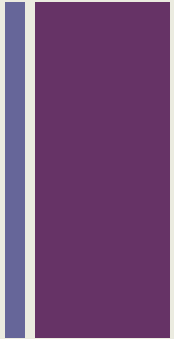
- Female Condom Program
 - *encourage condom use by empowering FSW in low negotiating situations.*
 - *FC programme implemented by NACO in 13 states*
- Condom Vending Machines (CVM) Program
 - *10,000 CVM installed across major towns in the country to provide 24x7 access to condoms*
 - *CVMs integrated into CSMP as non-traditional outlets*





- Example: In 1974, Sri Lanka
- Launched the World's First Social Marketing of Oral Contraceptives
- In 1974, few Sri Lankans knew about the THE PILL
- PSI trained 900 private doctors to screen and counsel their patients, then launched Mithuri (Woman's Friend) Oral Contraceptive Pills at an affordable price in pharmacies
- Today, Mithuri continues to protect many women from unwanted pregnancies.

- + Some health topics that have been addressed by social marketing:



smoking physical activity
breastfeeding
breast cancer HIV/AIDS
asthma high blood pressure
nutrition child abuse
depression family planning
cholesterol osteoporosis
immunization
drug abuse



+ Case Study : Copenhagen cycling campaign

Goal:

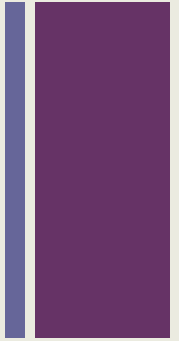
- increase commuting by bicycle to:
 - reduce pollution and congestion
 - improve public health

Strategy:

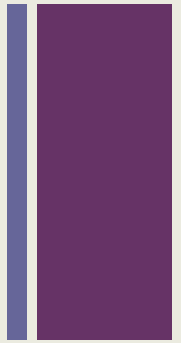
- foster and spread “bicycle culture”
- change infrastructure to reduce barriers to cycling



+ infrastructure



+ bicycle culture



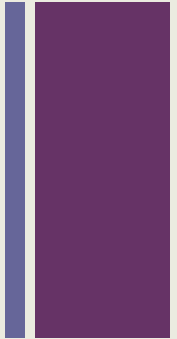
CO₂PENHAGEN
CYCLE PARADE





Outcomes

- 2010: 37% of people in greater Copenhagen commuted by bike
- planners' goal: 50% by 2015
- public satisfaction with cycling
 - 1995: 17%
 - 2004: 83%
 - 2010: 94%
- survey: why do you cycle?
 - 55% it's faster
 - 33% it's more convenient
 - 32% it's healthy
 - 29% it's cheap



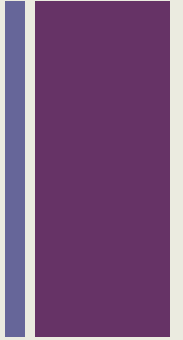


- **New Zealand Push Play**
- This is a community-wide intervention which commenced in 1999
- centred on the promotion of the recommendation of 30 minutes of moderate –intense exercise daily.
- Significant increases in awareness of the message have been achieved, together with an increase in the proportion of people who “thought about being more active”.

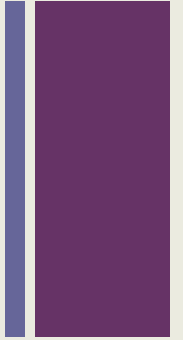


- **Successfully combating obesity using social marketing: VERB**
- The VERB campaign was run by the US Center for Disease Control to promote exercise across test sites in the US.
- the tag line was “It’s what you do”.
- To sell VERB successfully as “their brand for having fun,” the campaign associated itself with popular kids’ brands, athletes, and celebrities, and activities and products that were cool, fun, and motivating.





- The VERB programme was based on extensive research in the US that found the benefits of activity to ‘tweens’ (9-13 ages) were:
 - Time with friends – playing, having fun;
 - Time with family, siblings;
 - Positive recognition;
 - Opportunity to explore and try activities that appealed.



- So the social marketing solutions involved:
 - Mass media – TV/magazines;
 - Viral marketing (spreading the ‘buzz’);
 - Grass roots marketing: letting them stumble onto the brand: discovery, ownership (used community events, concerts, shopping malls;
 - Posters;
 - Tween-friendly website (“sticky”).



■ D-MYST

■ Based in Liverpool, Direct Movement by the Youth Smokefree Team (D-MYST) is a smokefree campaign run by and for young people.

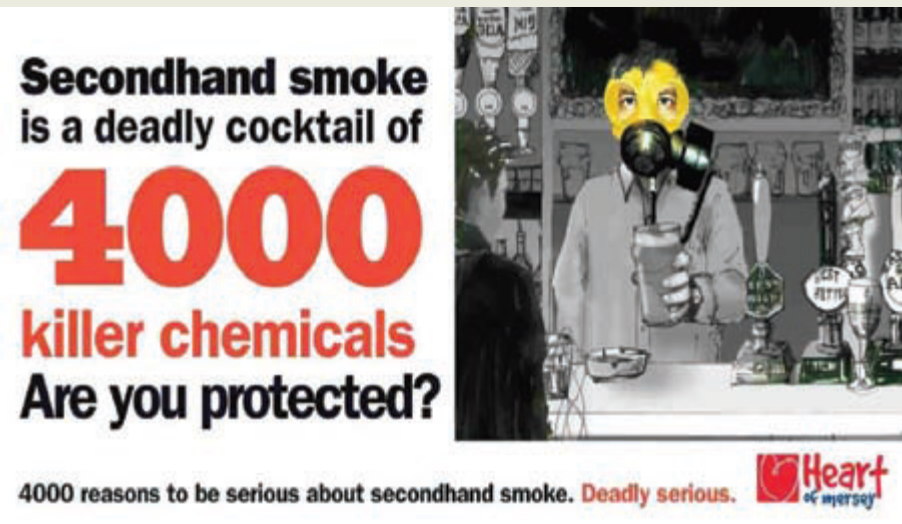
■ Their aim is to educate and raise awareness amongst peer groups about the dangers of tobacco, the manipulative marketing techniques employed by the tobacco industry and the positive benefits of smokefree workplaces.





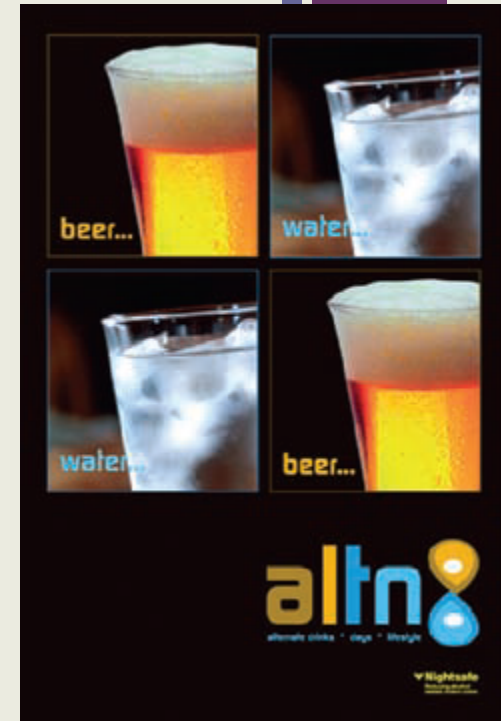
- **Big Noise Group**

- The first phase of this activity is to develop and implement a social marketing intervention to change the snacking habits of children during a 'danger time zone' (after childcare and from 4pm onwards).



■ Heart of Mersey

- Launched in 2003, Heart of Mersey is the largest coronary heart disease prevention programme in England.
- Their most recent campaign is entitled '4000 reasons' and provides information to the public about the dangers of secondhand smoke and the 4000 dangerous chemicals that it contains.



■ ALTN8 (Alternate)

- The Altn8 campaign targets 18-44 year olds and aims to minimise alcohol-related harm through the message:

Alternate drinks, Alternate the days you drink, Alternate Venues.



■ Food Behaviour

- Following the 2003 Scientific Committee on Nutrition (SACN) report *Salt and Health*⁴⁵, the Food Standards Agency (FSA) set a target to reduce adults average daily salt consumption to 6g by 2010.
- As part of the activity to achieve this target, the FSA initiated a salt campaign to provide information about healthy levels of dietary salt and encourage adults to meet the recommended targets.

■ Influenza ('Flu') Campaign

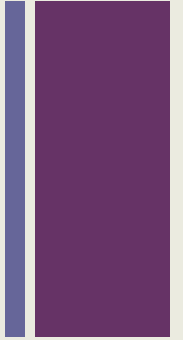


- Aimed at preventing an Influenza (flu) epidemic, the Government has been running high profile flu campaigns for a number of years.
- The Government recommends immunisation for people aged 65 years and over, with an overall national target of 70% uptake of immunisation for people of these ages.
- Adverts ran in the national press and on daytime television with the slogan 'Keep your guard up against flu.'

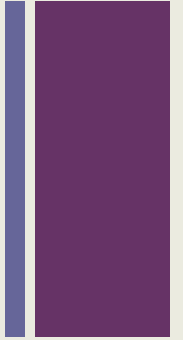




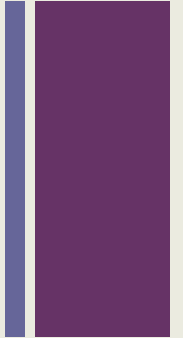
LIMITATIONS



- It is most often focussed on change in individual behaviour whereas other health education techniques aim intervention at families, villages and communities.
- Social marketing may lead people to believe that a particular marketed behaviour is better than other health promoting behaviours, which are not being marketed intensively.



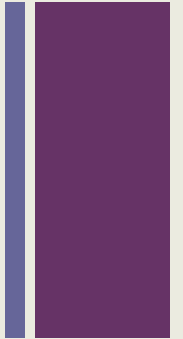
- For example, use of condoms for multi partner sex may be perceived by some as better than abstinence and avoidance of multi partner sex due to intensive social marketing for promoting condom use.
- Social marketing often proves ineffective where major barriers (such as poverty, lack of health facilities, social discrimination and lack of political will) resist change in individual behaviour.
- It is also ineffective where individual efforts are inadequate to achieve the desired behaviour



- Social marketing must ideally involve the consumer in decision making as there are often ethical and social difficulties in determining who must make the decisions or what behaviour must be promoted.
- For example, the decision to promote condoms in India still faces resistance from some sections, who favour promotion of single-partner sex and avoidance of sex outside marriage.
- Social marketing is often a labour and time intensive activity and obtaining adequate funds may be a problem.



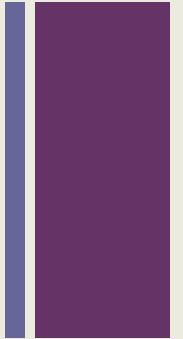
CHALLENGES



(a) Accurate market analysis is most often not possible.

(b) Market segmentation may itself be detrimental to efforts because of discrimination & stigma attached to such segmented behaviour.

For example, clients of commercial sex workers for targeted intervention for promoting condoms or patients of sexually transmitted diseases (STDs) when they visit designated & and well advertised STD clinics may be discriminated against due to their high visibility & stigma.



(c) Pricing strategy in social marketing is also a challenge.

Social marketing often has no control over (and cannot address) issues of intangible consumer costs such as cost of personal embarrassment (as in case of examination by a male doctor for cervical cancer) or fear (as in voluntary testing for HIV).

(d) Strategy for selecting channels for dissemination of social messages is a challenge since incentives & financial returns for the medium of distribution (such as a doctor or a hospital) are minimal, intangible and often non-financial.



Condom use and condom source according to wealth of married women

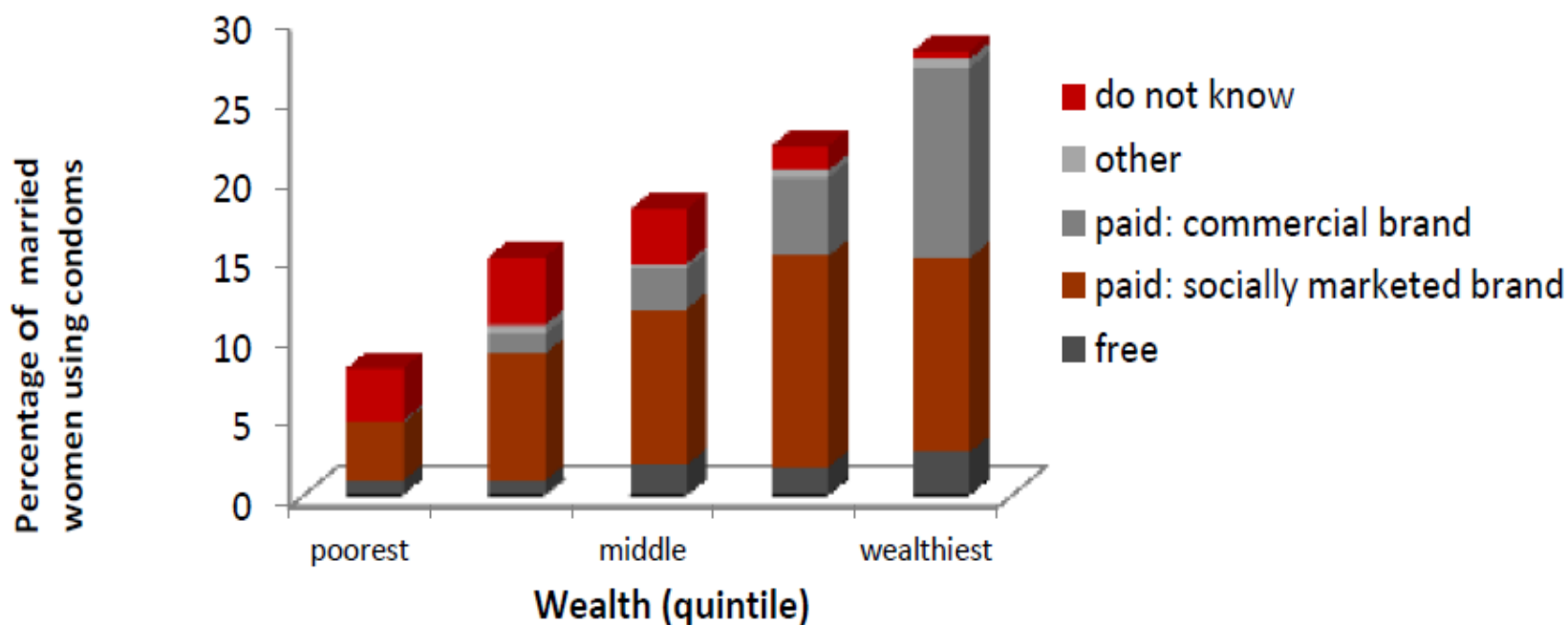
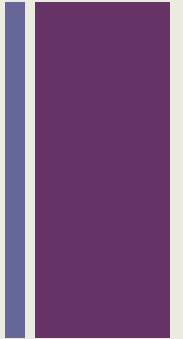


Figure 1. Condom use is lowest among the poor in urban Uttar Pradesh. The poorest women do not use socially marketed condoms to the same extent as wealthier women.

Source: *Third National Family Health Survey, India: 2005–2006*

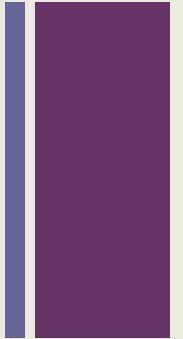


Thank you!





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