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SOCIAL MARKETING: Its Place in Public Health

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INTRODUCTION

Social marketing is often perceived as a contradiction in terms and an odd fit for the public health professional. For if marketing, the business of selling goods and services, is pursued singlemindedly—exclusive of all other considerations but profit—it will eventually clash with the social purpose of public health. Yet, in less than 20 years, social marketing for health has emerged as a recognized practice.

Multiple channels of mass communication and new methods of knowledge diffusion have touched all but the more remote and isolated communities. Messages aimed at influencing personal choices and decisions come from several sources at any given time, and often at cross purposes. Useful information reaches an ever larger number of people and improves prospects for good health. But, the same channels of information have also conveyed words and images harmful to health. The changing environment of communication provides an important backdrop for efforts to change attitude and behavior of which social marketing is an example. This article reviews the origin of social marketing, its practices, its strengths and weaknesses, and its place in the future of public health.

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What Is Social Marketing?

Forty years ago, Wiebe (67) asked, "Why can't you sell brotherhood and rational thinking like you sell soap?" Few responded to his challenge at the time. The use of advertising media for a social purpose had existed for decades, and audiences were familiar with public service announcements (PSAs) and campaigns that popularized such slogans as "Uncle Sam Wants You." However, marketers did not consider social causes in terms of product, price, and place until the 1960s and 1970s (60). By the late 1960s, such marketers as Richard Manoff were applying the full range of marketing techniques to nutrition and other health education campaigns (49). The general heightened social consciousness at the time may well have helped initiate marketing's probe into the social arena. Some advocates of change learned and used marketing techniques to advance their causes.

In 1971, marketing professor Philip Kotler and his collaborator, Gerald Zaltman, called the application of marketing practices to nonprofit and social purposes "social marketing." They described it as a "a promising framework for planning and implementing social change" (31). Social marketing attempts to persuade a specific audience, mainly through various media, to adopt an idea, a practice, a product, or all three. It is a social change management strategy that translates scientific findings into action programs. It combines elements of traditional approaches and modern communication and education technologies in an integrated, planned framework.

Social marketing uses marketing's conceptual framework of the 4 Ps: Product, Price, Place, and Promotion. Social marketers adopted several methods of commercial marketing: audience analysis and segmentation; consumer research; product conceptualization and development; message development and testing; directed communication; facilitation; exchange theory; and the use of paid agents, volunteers, and incentives.

Audience analysis is needed to identify segments for specific approaches. Consumer research yields valuable data about the wants and needs of targeted segments and provides a basis for product design and message development. Testing sharpens the effectiveness of products and messages. Specific channels appropriate to the targeted segments are chosen for product distribution and message dissemination. Paid and voluntary agents reinforce and facilitate message dissemination and product distribution by face-to-face communication. Incentives are employed to motivate the sales force and stimulate consumer demand. Exchange theory illuminates the relationship between price and perceived benefit.

However, there is not a universally accepted definition of legitimate social marketing. Such lack of consensus has contributed to misconceptions about the role of social marketing in public health and has probably fueled skepticism and criticism. Although the American Marketing Association has been

challenged to provide a standardized definition (45), the official definitive statement has yet to be written (36).

REVIEW OF THE LITERATURE AND EXPERIENCES

Literature

Social marketers have written many articles about their experiences. Besides discussing and arguing for their respective definitions, they have written about their successes, the difficulties encountered, and the lessons to be learned. In addition, theorists from various fields have explained and critiqued social marketing. The literature on social marketing now spans some 40 years, counting Wiebe's original challenge. But, the bulk of the written work is concentrated in the last 25 years and can be divided roughly into three periods: early theory, experiences evaluated, and increasing acceptance.

EARLY THEORY In the late 1960s and early 1970s, theorists attempted to define and justify social marketing amid criticism from all sides. There were four central questions: What is social marketing? What is its role? Is it possible? Is it marketing?

Ironically, Wiebe has seldom been given credit for his own thoughtful answer to his challenge: "Advertising does not move people to unilateral action. It moves them into interaction with social mechanisms . . . It is the crucial importance of the retail store, viewed as a social mechanism which facilitates the desired behavior, that social scientists often seem to overlook when they yearn for behavioral changes comparable to those achieved by advertisers" (67). Although Wiebe uses the word advertising, his insistence on an adequate and compatible social mechanism and his concept of "distance" (the effort audience members believe the new product or behavior requires, compared with its benefit) indicate that he was talking about social marketing (the comprehensive use of marketing methods for a social cause), and not merely social advertising (the use of advertising media to publicize a social cause).

Debate on the role of marketing for social causes began in earnest in the late 1960s and accelerated in the 1970s, much of it in the marketing journals. Martin's "An Outlandish Idea: How a Marketing Man Would Save India" (50) led the way, followed by numerous discussions of how marketing should change or broaden its concept to meet the needs of society (2, 13, 25, 29, 34, 45). Lazer (35) proposed that marketing's responsibility was only partially fulfilled through economic processes, whereas Dawson (8) and Lavidge (34) predicted the new question for marketers would soon be whether the product or service should be sold at all. Kotler & Levy (28) proposed "demarketing" to reduce demand for certain products. Against this backdrop of questioning

and redefinition within the marketing field, Kotler & Zaltman (31) proposed social marketing as an approach to planned social change and outlined its essential features.

Not everyone greeted marketing's expanded role with enthusiasm. Luck (45) objected that replacing a tangible product with a complex bundle of ideas and practices overextended the exchange-of-value concept, which even social marketing proponents agreed was at the heart of the marketing discipline. Takas (64) noted that the ongoing debate about social marketing was unknown or ignored by most of the business community, for whom the essential concern remained sales for profit. Nevertheless, the new ideas took hold, and, by 1973, several reports and case studies of social marketing projects began to appear in the literature (9, 36).

EXPERIENCES EVALUATED In the late 1970s and early 1980s, while theorists wrangled, practitioners eagerly applied the new approach to several fields, notably family planning, and asked, Does it work? How does it work? What are the constraints?

During this period, many theorists turned their attention away from the debate over definitions and toward the growing mound of data from social marketing efforts (27, 43, 44, 55). Books and articles that explained the social marketing process and gave guidelines for the practitioner included Kotler's *Marketing for Nonprofit Organizations* (26); Manoff's *Social Marketing: A New Imperative for Public Health* (49); applications to specific fields, such as nutrition (24); and studies of strategy mix, channels, and evaluation (1, 4, 59).

In 1980, Fox & Kotler (15) described the evolution of social advertising into social communication and social marketing. Social marketing added four elements to social communication: marketing research, product development, use of incentives, and facilitation. However, objective evaluation was lacking. For example, Bloom (4) deplored the tendency of projects to use "after only" or "before and after" studies with no control group, a practice that might identify ineffective programs, but could not show causal relationships between program and outcome. Theorists also gave increased attention to the conditions in which social marketing efforts were most successful and to the constraints and difficulties likely to be encountered.

Contraceptive social marketing provided early, well-documented successes. *Population Reports* (61) summarized the results of 30 contraceptive social marketing projects in 27 countries, with a lengthy bibliography. The report concluded that social marketing was successful in providing protection against unwanted pregnancies at a lower cost than most other approaches. Nevertheless, parallels between commercial and social marketing were imperfect. Rothschild (54), for example, identified problematic differences with

regard to product, price, segmentation, and, especially, the construct of involvement. He suggested that the public's involvement with social causes may be bimodal (very high or very low), whereas public involvement with consumer goods is typically middle-range, thus making the promotional tools used for marketing commercial consumer goods inadequate for social tasks.

Bloom & Novelli (5) produced a litany of problems that marketers faced in the public health arena. They cited the following difficulties: obtaining consumer research and data, especially behavioral data; sorting the relative influence of determinants of behavior; classifying and narrow-targeting segments; formulating and shaping simple product concepts; pricing; choosing channels and designing appeals; pretesting methods and materials; implementing long-term positioning strategies; and ignoring those segments most vulnerable and often most negatively oriented to the message. Organizational problems included poor understanding of marketing activities; treatment of plans as archival, rather than action, documents; and "institutional amnesia."

Further problems occur because, rather than encouraging people to do something, as commercial marketers do, social marketers must often discourage behaviors that may be attractive to the audience or deeply ingrained. Solomon (62) concluded that "marketing concepts cannot be applied wholesale to social campaigns without a great deal of thought and sensitivity." A veteran marketer has said, "It's a thousand times harder to do social marketing than packaged goods marketing" (15). Social marketing finished its first decade with cautious optimism, a more realistic estimation of both its limits and its potential.

INCREASING ACCEPTANCE By the late 1980s, social marketing had become an accepted practice, while taking some surprising new forms. However, fundamental questions still have not been answered: Does social marketing deliver what it promises? What is the impact of connecting marketing and social causes? What effect does it have at the sustainable behavior level? Is it cost-effective? Is it ethical?

Since the late 1980s, there have been more publications to guide the social marketer, including a comprehensive text by Kotler & Roberto (30). Lefebvre & Flora (37) reviewed the social marketing field from the perspective of health promotion/education. They cited the orientation to consumer needs as social marketing's most important contribution, despite such barriers as the propensity of public health programs to be "expert-driven." They concluded that although not a panacea, "health marketing has the potential of reaching the largest possible group of people at the least cost with the most effective, consumer-satisfying program," if practitioners thoroughly understand its concepts and limitations and have mastered its skills. Although there has been a

broader acceptance of marketing principles in many health spheres, some remain critical of social marketing's ethical dimensions, its impact, and its capacity to deliver what it promises.

Concerns about Social Marketing

ETHICAL ISSUES Questions about the ethics of social marketing surfaced soon after the concept was introduced. As early as 1979, Laczniak et al (32) polled more than 300 experts, such as professors of ethics, psychology, and economics and marketing practitioners, and found a wide range of ethical concerns. Some respondents feared that marketers were getting in over their heads, by acquiring social power without a full sense of the issues or their responsibility. In the words of one, "social marketing could ultimately operate as a form of thought control by the economically powerful." Marketers were, in general, more favorable toward the new discipline, but they too had their concerns. Some feared that the public would associate marketing with controversial causes and, thus, perceive them as "neopropagandists" (that is, the field of marketing would suffer from the taint of social causes). This is a surprising assertion, because the shoe is usually on the other foot in debates about the marketing of causes. Laczniak et al found general concern that social marketing would likely operate without any control and regulation, in contrast with health education, whose professional associations gave serious attention to self-imposed ethical codes.

Because advertising is a key component of marketing, the debate on the ethical aspects of advertising has some bearing on social marketing. Some feel that the negative aspects of advertising outweigh the benefits of a social marketing campaign, no matter how noble the cause. Pollay (53) reported the consensus of 50 noted humanities and social science scholars: Advertising's effect, among other things, is to trivialize real experience and engender materialism, cynicism, anxiety, disrespect for age and tradition, loss of self-esteem, and a preoccupation with sex and competition. Holbrook (20) responded that advertising is a mirror of societal norms, which reflects many wholesome values, such as family affection, generosity, patriotism, positive anticipation, and joy. These opposite points of view probably stem from different assessments of the merit of the consumer society and its capacity to provide human fulfillment.

Health educators also expressed ethical concerns about the new discipline. Some concerns related to the concept of victim-blaming and the debate about persuasion versus coercion, current in the 1970s and 1980s (11, 12, 18, 51, 57, 68). Victim-blaming occurs when individuals are held responsible for their problems, thus obscuring institutional and societal forces over which they may have little control (for example, economic status, working conditions, public policies, and laws). Marketing efforts usually address in-

dividuals and encourage individual behavior change, thus implicitly holding individuals responsible for the solutions to problems.

It can also be argued, however, that social marketing is a tool, like the telephone, which can be used for a positive end, such as fostering human interaction, or for a negative purpose, such as obscene calls. In this review, we regard social marketing as an instrument, but the ethical dimensions of social marketing clearly deserve continuing attention.

DISEMPOWERMENT In addition to ethical concerns, social marketing has been criticized as ineffectual or even counterproductive. For instance, Werner (56) criticized social marketing's emphasis on commercial products, by claiming that it is at odds with the philosophy of community empowerment. Werner alleged that oral rehydration solution (ORS) manufacturers, both private and government, were reluctant to accept a cereal-based ORS for fear of encouraging home-based mixes. According to this view, even the selling of ORS creates dependency and detracts from the empowering knowledge of the principle of treating diarrhea.

Social marketing has also been criticized for reaching the wrong audiences. Luthra (46) pointed out that in Bangladesh, mass media channels, such as television and the press, are primarily accessible to men and the urban elite. She argues that a literacy rate of 16% among women makes instructional billboards and newspapers useless for most mothers. Furthermore, important information about contraceptive use and side effects was not made available in a form appropriate to the target audience until after sales decreased because of user dissatisfaction. Luthra concluded that social marketing is not responsive to the needs and concerns of the user, but is driven by marketing and sales signals defined by Western commercial marketing practice.

THE COMMERCIALIZATION OF HEALTH INFORMATION In the 1980s, with the general ascendancy of supply side economics and the popular acknowledgment of the success of market mechanisms during the latter half of the decade, the bias against commercialism subsided. Commercial terms gained increasing acceptance, even in countries where the economies had long been centrally planned. Public health services became "products," people became "clients" and "consumers," and organizations with a product to distribute became "vendors." The decade saw a marked growth in the practice of social marketing for health, as well as health-related commercial marketing and cause-related marketing.

Health-related commercial marketing emerged in the late 1980s, when the Kellogg Company cited National Cancer Institute (NCI) findings in marketing its high-fiber All-Bran cereal. Kellogg "educated" the public, while increasing its market share from 36% to 42%; thus, it started a major marketing

trend (16). Kellogg claimed that after the campaign, over 90% of Americans knew the fiber-cancer message and had heard it an average of 35 times. The educational aspects of the campaign were questioned by Levy & Stokes (38), however, because the benefits did not generalize to other high-fiber cereals until those companies mounted their own cancer education/marketing campaigns. Although nonprofit sources generally enjoy greater credibility than profit sources, the Kellogg-NCI combination is perceived as almost as credible as the nonprofit source alone (19). Thus, Kellogg may have raised its credibility, while NCI gained greater exposure at no cost, as a result of what Freimuth et al (16) called "seductive" collaboration.

Cause-related marketing is a similar commercial/social marketing blend. In this strategy, corporations donate a percentage of their profits to a cause, thus lending marketing expertise and support to a cause, while enhancing their images and making profits. In the early 1970s, for example, the US Committee for the United Nations International Children Emergency Fund (UNICEF) cooperated with several companies that announced in their marketing efforts their support to UNICEF, thus tying the amount of their contributions to the volume of sales of their products. Caesar (7) describes other examples, such as American Express' pledge to donate one cent to the Statue of Liberty renovation fund each time its card was used. During that period, American Express raised $1.7 million for the renovation project, while increasing the use of its cards by 30%. Studies to measure impact for the corporate sponsors, as well as for public health, are needed (16).

As the 1990s begin, our review of the literature shows that social marketing has become more pervasive in public health. Although some complain that it is often adopted piecemeal and without a system of operational procedures, it has arrived at the end of its second decade with a measure of maturity—generally considered a useful practice, but still not fully understood by many health professionals.

Examples of Social Marketing from Developing Countries

Although marketing is deeply rooted in business practice in the United States and other developed countries, the deliberate practice of marketing for public health has found its most complete expression in the less developed countries. Various social marketing activities have been undertaken for nutrition, family planning, and other public health projects in Asia since the late 1960s and early 1970s; subsequently, these activities were extended to Africa, Latin America, and the Middle East. Public health problems in the developing nations are so large and urgent that both immediate actions and innovative approaches are required. For the adoption of public health marketing practices in developing countries, it is fortuitous that the few modern mass media available are usually government owned and operated and, therefore, more obliged in principle to devote time to social development activities. The

overwhelming and sometimes monopolistic power of these centralized media was evident to public health professionals. The family planning pioneers in developing countries knew that their cause was controversial and were eager to argue their case in various public fora, particularly through the media. Thus, family planning has often led the way in innovative communication strategies, including social marketing techniques.

Nine illustrative projects, chosen for their variety of subjects, approaches, and geographic representation, have been divided into three groups (see Table 1). The information is based on documents and reports provided by the institutions responsible for the projects. The descriptions are necessarily brief. Readers are encouraged to refer to the sources and institutions cited for more complete information, including statistical data.

The above-mentioned standard social marketing procedures were used in these projects, except where particular techniques are mentioned. These examples do not yet demonstrate long-term impact on behavioral change; therefore, the cost of behavioral change is not available. More evaluations and studies are needed to determine cost-effectiveness.

TANGIBLE PRODUCTS A diarrheal disease control program in Egypt achieved impressive results. In December 1984, one year into the campaign, approximately 90% of the mothers surveyed recognized the dangers of de-

Table 1 Examples of social marketing

Program	Organizations Involved	Date
Tangible Products		
Egypt—National Control of Diarrheal Diseases Project (NCDDP)	John Snow Public Health Group	1983–1988
Dominican Republic-Contraceptive Social Marketing	Futures Group, AED, Doremus, Porter & Novelli, John Short Associates	1984–1989
Bangladesh—Contraceptive Social Marketing	Population Services International, Manoff Int.	1974–1987
Kenya—Condom Promotion	Population Services International	1972–1974
Sustained Health Practices		
Cameroon—Weaning Project	CARE, Manoff Int., Educational Development Center	1985–1989
Indonesia—Weaning Project	Manoff International	1984–1989
Malaysia—PEMADAM Dadah/Drug Prevention	Government of Malaysia	1976–present
Services Utilization		
Colombia—National Vaccination Crusade	UNICEF, WHO, PAHO	1984–1994
Philippines—Expanded Program Immunization	HealthCOM, AED	1984

hydration, compared with 32% in May 1983; 95% knew of oral rehydration therapy (ORT); and, among those who used ORT in 1984, approximately 60% mixed the solution correctly, compared with 25% in 1983 (58).

In the Dominican Republic, contraceptive social marketing implemented by Profamilia, a local family planning association, achieved its objectives: increased availability of Microgynon birth control pills, increased use among lower socioeconomic women, increased contraceptive prevalence, and increased involvement from the private sector with consequent expanded market outlets. In collaboration with a private sector orals manufacturer, Profamilia reduced the price of Microgynon by 50% and sold the oral under a new logo. In a five-year period, Profamilia generated enough sales revenue to recover all operating costs and become self-sufficient. Microgynon purchasers represented an expanded market (34% new acceptors), as well as brand switchers already in the commercial market (66%). Some 89% of the clients surveyed planned to continue using Microgynon (17, 63). Equally impressive, however, is the overall trend in the total orals market. During the five-year period, the contraceptive social marketing program contributed to a 30% increase in the total orals market, without eroding the market shares of other leading orals manufacturers.

Bangladesh is acclaimed as having one of the most successful contraceptive social marketing projects. In one decade, the program sold over 130 million condoms and over 2.2 million cycles of oral contraception. In 1984, the project served 40% of all contraceptive acceptors (many being rural) by selling low-cost products through retail and wholesale outlets. Qualitative research techniques, such as focus group discussions and in-depth interviews, were used to identify the major resistance points to using contraception. Investigators concluded that men should be the primary target audience of the media program, because they were the most resistant, ignorant, and unwilling to consider family planning. Research concerning current users confirmed that husbands were an important source of instruction. Fourteen months after the radio portion of the campaign began, the number of persons who believed that modern family planning methods are unsafe decreased and interpersonal discussions about family planning and recognition of the personal economic benefits of family planning increased. Contraceptive social marketing efforts in Bangladesh drew attention to both the private and public sectors, expanded the market, and used indigenous institutions in program planning, operation, and evaluation (33, 46, 58).

Through mass media in Kenya, social marketing emphasized the quality image of Kinga condom, reflected in product design, package, and moderate cost. Commercial shopkeepers and a mobile sales team were used as condom distribution channels and proved effective in extending accessibility to rural areas. The promotional campaign had a significant impact on contraceptive practice. Current method users among survey respondents rose from 21% to

35% in one year, whereas the control group showed little change. In addition to promoting sales, the campaign created a high level of brand awareness. After six months of marketing, 85% of male survey respondents were aware of Kinga condoms. Of those who had heard of Kinga, 80% were able to describe its purpose as a contraceptive, rather than as a venereal disease prophylactic, a function that was deliberately included in the campaign messages. Before being educated about Kinga, only 23% of survey respondents spontaneously mentioned condoms when discussing contraceptive methods. Six months into the campaign, this figure had risen to 57% (3).

SUSTAINED HEALTH PRACTICES The Cameroon Weaning Project indicates that social marketing techniques can be successful in strengthening community-based health education in remote areas. The Cameroon Project provided a unique opportunity to employ social marketing under extremely tough conditions, because of the limited resources of the implementing agency (a private voluntary organization) and the difficult social and ecological environment. Despite the difficult circumstances under which the program was undertaken, moderate gains were demonstrated. Improved skills of CARE staff in conducting quantitative and qualitative research, applying appropriate communications skills, and disseminating simplified information improved knowledge levels and infant feeding practices among illiterate, rural mothers (21).

The Indonesia Weaning Project was designed to develop low-cost, nutritionally-sound, sustainable solutions to reduce weaning problems. In addition to radio, posters, and recipe leaflets, community leaders and health workers channeled nutrition education to mothers. Evaluation using control and case groups showed that knowledge of weaning methods, nutritionally-sound feeding practice, and child growth increased most among communities that also received face-to-face communication from health workers (47, 48), thus showing the importance of a marketing approach, rather than a media-based advertising campaign.

The Dadah/drug prevention program (PEMADAM) in Malaysia is exceptional, because it markets social policies. The comprehensive campaign combines marketing principles and other strategies, such as community and national-level involvement, in a broad approach to drug prevention education that aims to make drug abuse socially unacceptable. PEMADAM is attempting to instill societal principles through social marketing, aimed at linking an understanding of human behavior with effective social planning at a time when social issues are critical (65, 71).

SERVICE UTILIZATION In Colombia, the drive for universal child immunization combined communication and marketing strategies, mobilization

of political will and support from various sectors of society, and deployment of volunteers at a grass-roots level. Local leaders and health promoters were influential in disseminating information in the community through home visits. The strategy of bringing demand in contact with the service, which they called channeling, helped increase immunization coverage from 20% in 1979 to 60% among children under one and 80% under four in 1984 (23). The experience prompted UNICEF to institute a broad approach to its immunization programs in other parts of the world.

In the Philippines immunization project, mass media motivated mothers to bring their children to the clinic for face-to-face education. This strategy is progressing towards the goal of 85% immunization coverage by 1993. In a 1990 survey sample, computed coverage among 12–23-month-old children was 64%. Although the coverage effect has been moderate, a substantial effect in timeliness of coverage has been observed. The percentage of children who completed the entire series of vaccinations before their first birthday increased from 32.2% to 56.2% within one year. In addition, a significant improvement in client knowledge, especially concerning the logistics of vaccination, was noted. Mobilized national support has been responsible for much of the success to date (6).

In these illustrative cases, social marketing has been effective in increasing acceptance of tangible products, such as the condom and the ORS packet. To change health practices, however, social marketing needs to be part of a broader strategy that includes linkages with service delivery, skills learning, and community education. If the goal is sustained behavior change, and if the change has structural implications, social marketing per se has less impact.

Views from Practitioners

For this review, we contacted 15 practitioners for a modified Delphi inquiry. The five who responded corroborated the findings in the example projects of tangible products. Family planning projects have found social marketing particularly effective in getting their products accepted. Contraceptive social marketing programs are providing protection to over 8 million couples in the developing countries, which represents 1.5–2 million births avoided annually, or about a 2% decrement in annual world population growth (P. D. Harvey, Population Services International).

To measure impact, the quantity of each contraceptive sold is converted into couple years of protection (CYPs). A survey of 63 family planning projects, which marketed contraception and sterilization in ten developing countries, found that the cost of providing CYPs was $2–6 per year, significantly lower than other methods of delivering family planning in the countries studied (22). However, measures other than cost, such as pre- and post-surveys of population, should be used to evaluate impact, because distribution

or sales of contraceptives does not always mean that the devices are effectively used (J. Rimon, Population Communication Services).

As a result of its effectiveness in marketing tangible products, some practitioners now plan to use social marketing to promote other products, such as Vitamin A supplements against xerophthalmia, antimalarial drugs, and prophylaxis and treatment for sexually transmitted diseases (P. D. Harvey).

Some practitioners raised concern over the high cost of mounting a social marketing project. If a large proportion of budgets is spent on advertising and packaging, mostly at full price, then social marketing projects are hardly sustainable (J. Rimon). In such cases, dependence upon external subsidies and technical assistance must continue.

Practitioners also expressed concerns about cost and accessibility. One prominent practitioner argued that social marketing family planning projects provide services that are not patronizing and do not undermine the dignity of recipients, because the products are purchased through an essentially neutral market system in which virtually all groups participate (P. D. Harvey). However, even subsidized products, such as the ORS packet, can come close to a day's wage in many countries. If products that must be purchased are the sole focus of a social marketing project, certain segments of the population, usually the poorest, will be excluded. Thus, numerous approaches are needed to achieve coverage, including health education, communication, training, and social marketing with differential pricing targeted for various population segments to achieve coverage (56).

Several practitioners urged stricter professional standards, such as greater rigor in segmenting audiences and tailoring messages for more impact on behavior. These standards would require an accommodation between the marketing perspective, which targets segments most likely to change, and the public health/epidemiological perspective, which is typically concerned with the poorest, highest risk, and least accessible populations (M. Rasmuson, Academy for Educational Development).

Interpersonal communication strategies are important. The Stanford Three-Community Heart Disease Study and the subsequent Five City Project reported that quality media campaigns can inform, motivate, and produce changes, but face-to-face communication is needed for skill-building, monitoring, and feedback (14, 37). Though often cited as a project that included marketing, the Three-Community Study did not consciously employ marketing strategies at the time (N. Maccoby, Stanford Center for Research in Disease Prevention).

When social marketing first appeared, enthusiastic supporters thought it might solve many public health problems. However, practitioners, while arguing for its effective use, have been cautious about its impact and aware of requisite conditions. More rigorous analysis and objective evaluation of social

marketing projects would clearly help validate the effectiveness and cost-effectiveness of the practice.

STRENGTHS AND WEAKNESSES

Strengths of the Social Marketing Approach in Public Health

KNOWING THE AUDIENCE Social marketing has had a beneficial impact on how the public health sector educates the public and persuades communities and individuals to adopt healthy practices. With its emphasis on clients, social marketing has sharpened the focus on the public. It has brought more precision to audience analysis and segmentation. In addition to demographics, psychographic data (attitudes, preferences, personality traits) and social structure data (church, worksite, family) are increasingly seen as vital in designing projects. These data provide critical information for the formulation of better targeted and more effective messages, thus leading to more appropriate message design, more effective delivery, and, above all, better reception by the public, the ultimate beneficiaries of public health measures.

SYSTEMATIC USE OF QUALITATIVE METHODS Marketers are diligent users of focus groups and other qualitative research methods, which add insight to the quantitative information gathered by such instruments as questionnaires. Health educators have long used group discussion primarily to resolve community issues. But, their more recent use of focus groups to obtain customers' views of their campaigns and products and to pretest messages reveals the positive influence of marketing.

USE OF INCENTIVES Social marketers make deliberate and systematic use of incentives and special promotion efforts, such as contests and competitions, which use rewards to draw clients to the market place. This method was not a regular feature of the motivational efforts of public health projects in the past. Purists might consider any offer of reward a kind of bribery, but the competition for attention in the midst of the exploding commercial clutter has made it an acceptable practice.

CLOSER MONITORING Most public health projects pay insufficient attention to monitoring and often neglect management. Social marketers are committed to close tracking of progress, an important management principle.

STRATEGIC USE OF MASS MEDIA Social marketers use of mass media in delivering messages to specific audiences to create awareness or foster and reinforce certain health practices contrasts sharply with the media outreach of the majority of public health projects. Marketing projects, which usually

include intensive and prolonged use of broadcast media, purchase air time slots specifically aimed at targeted audiences, whereas underfunded public health projects often depend on the largess of the media for free air time. In the latter situation, it is the media program directors who, as an obligation to a good cause, decide which PSAs to air and when. When PSAs are broadcast during slack hours once or twice a month, they can hardly be expected to have the same impact as a systematic, well-targeted media campaign.

REALISTIC EXPECTATIONS Although risk-taking is part of the commercial world, entrepreneurs do not take on impossible odds and would refuse any hopeless venture. Social marketers follow that tradition. In public health, however, officials are too often asked to undertake a $10,000/5-person job with $500 and one person. Such doomed projects erode credibility, which, in turn, hurts public health's standing in its competition with other development priorities. Social marketing cannot help but improve the chances of public health programs through more realistic estimations of the requirements for success.

ASPIRING TO HIGH STANDARDS Just as important, social marketing, with its roots in the commercial world, often aspires to attain the best information materials and talent. This has alerted many public health professionals who have all too often been compelled to accept second rate work as a result of perennial budgetary constraints.

RECOGNITION OF PRICE Operating from the conceptual framework of the 4 Ps, marketers accept that there is a price for any new product or behavior even in a voluntary exchange, although not necessarily in monetary terms. Public health professionals have only recently accepted that cost comes in many forms, such as inconvenience, opportunity costs, and incongruence with local culture. The notion, if it is good for you, you must want it, still lingers in the health field, but social marketers do not make such an assumption. In fact, marketers ask, "How can we make people want it?"

Weaknesses and Negative Aspects of Social Marketing in Public Health

TIME, MONEY, AND HUMAN REQUIREMENTS Marketing practices require a heavy investment of time, money, and human resources that many public health agencies cannot afford. However well designed a project may be, without proper financing and staff, it will not succeed. A special event to generate support and promote a health practice requires careful preparation and implementation; it cannot be handled by volunteers alone.

Social marketing will continue to run into bureaucratic obstacles, such as unrealistic time frames, inadequate funding, and understaffing. Because governments are principal players in public health, especially in the developing countries, many of these bureaucratic constraints will not go away. Social marketing practitioners should develop innovative ways to overcome these obstacles and adapt themselves to the realities of development and the constraints of the bureaucratic environment. Otherwise, social marketing may face a gradual diminution of its role in public health.

MARKETING ELEMENTS MISSING Marketing is part of a commercial enterprise with many elements, some of which are missing in the public health arena. Checking the requirements of commercial marketing against the realities of social marketing for public health programs is a good way to identify inherent problems. The commercial equation typically includes research for new products; market surveys of public interest in potential new products; manufacture of products with quality control; the dynamic price-product-need triangle and the interaction with wholesale and retail networks to get products distributed and made accessible; commissions and/or bonuses to motivate sales force; dismissal of incompetents; bankruptcies for mismanagement; dividends for share holders; and government regulatory oversight. Any one of these elements affects the others, as each serves as a check and balance for the entire enterprise. Too often, several of these elements are missing in public health initiatives.

Perhaps the four most intractable obstacles to the success of social marketing in public health are aspects of the 4 Ps (52). Public health does not have the flexibility to adjust products and services to clients' interests and preferences. Commercial companies often drop a product line when products prove unpopular. It is more difficult to discontinue a needed public health service. In social marketing, price, or the clients' assessment of the cost of the service or product, may include such factors as travel time, effort expended, physical discomfort, and the social consequences of innovative behavior, which may transgress taboos, norms, or the client's perception of his or her ability to change. For example, the cost in terms of effort and inconvenience for rural women to take their children to be immunized is the enemy of many immunization programs. Although a network of retail points at convenient locations is a sine qua non for any successful commercial marketing effort, there is a limit on the number of places at which public health products are available. Behavior change through social marketing requires the commitment to a sustained promotional effort. However, few public health projects have the resources to support prolonged promotion activities.

THE DEATH OF PSAs AND OTHER FREE SERVICES? Social marketers' practice of buying air time may have a serious negative impact on the future of

PSAs. The health sector has depended on broadcasting services to give free air time to PSAs. In many countries, once the broadcast media have been paid to air public health spots, they are no longer willing to give free air time to health (39). The same could be true for the print media. Paying for time and space creates a serious problem for the tradition of free promotion for public health. Efforts to influence public service air time policies may be a good starting place to tackle this issue.

A BROADER APPROACH

Allied Practices

Because social marketing is not the only practice in the field of social change, it is useful to touch upon the allied practices of development communication, health education and promotion, and public relations. Although they have different starting points, and each has developed a theoretical framework for its methods of work, they all encourage people to change attitudes and behavior and facilitate the adoption of new behavior. They all tend to have an eclectic approach and have benefited variously from psychology, anthropology, and sociology. Indeed, each of these practices is quick to incorporate that which it perceives to be of value.

Development communication specialists are concerned with interpersonal, group, and mediated communication. Many of them come from a background of mass communication; others have their roots in interpersonal communication. Both groups stress the importance of the two-way dialogue, especially when working with communities, which emphasizes the critical importance of meeting people's felt needs. Development communication strategies now include education and social marketing elements.

For decades, health education has championed the principle of community involvement. Health educators are expected to put the interest of the community first in designing any project. They consider communication a skill and marketing a tool. Health educators also emphasize understanding the various determinants of health behavior. Health education students are now required to take communication and social marketing courses as part of their training. As an example of this dovetailing of disciplines, the World Health Organization's (WHO) expert committee on new approaches to health education in primary health care urged health education practitioners in 1982 to adopt a people-oriented approach. The committee also called for strengthening the communication skills of health education specialists (70).

Public relations began as a way to improve public perception for institutions and individuals. Many of its early practitioners came from journalism. Through evolution, it now encompasses media outreach, special events, in-house communication, and community education. Many universities that grant public relations degrees now offer courses in communication, advertis-

ing, journalism, and marketing. Public relations specialists not only project their institution's or client's views to the public, but also reflect the public's interest and perception in their feedback to employers and help devise policies and strategies beneficial to both their employers and the public. Both the health education specialists and public relations practitioners in the US have recently introduced an accreditation program to ensure professional and ethical standards among their ranks.

Social marketing and its allied practices all claim that their respective approaches are comprehensive. They most certainly have overlapping claims and methodologies. All of them require their practitioners to analyze audiences, design tailored messages to suit specific segments, and pretest approaches and materials. They all work with mass media, stress operations research and data collection, facilitate behavior change, practice empathy, orient themselves closely to their audiences, and recognize the principles of involvement and empowerment (40).

A Prospective Look

With the advent of the lifestyle illnesses, social marketing, which depends heavily on media, is likely to play a bigger role in public health. Lifestyle illnesses, such as cancer, heart diseases, psychosocial disorders, malnutrition and overnutrition, accidents, and sexually transmitted diseases, are, in fact, transmittable by the impact of words and images on lifestyle. Similarly, words and images are needed to combat them. With the explosion of human interaction and communication, abetted by more than 400 million annual travelers in recent years, these diseases need to be approached not as noncommunicable diseases, as most are currently classified, but as new "communicable" diseases. With its disciplined approach to mass media work, social marketing can and should play a useful role in combating these new communicable diseases (39).

Since social marketing carved out its niche in public health in the 1970s and 1980s, many health professionals and development specialists have realized that social change is a complex and challenging process. Health behavior cannot be separated from such issues as policy; economic and social circumstances; personal attitudes; political and religious allegiances; societal norms; and the entrenched interests of businesses, institutions, and certain professional groups. Increasingly, health and development specialists are advocating a broader look at these problems and tackling them in a more comprehensive way. At the international level, WHO and UNICEF, now support a broader approach to change.

WHO'S HEALTH PROMOTION The World Health Organization recently called for action in health promotion, a broader version of health education,

which includes advocacy for health supportive laws and public policies, intersectoral solidarity, alliances with various social institutions, partnership with mass media, and grass-roots education strategies to empower people for health action. Dr. Hiroshi Nakajima, Director General of WHO, has said: ". . . Health is a product of social action . . . Active community participation and supportive social policies are necessary for progress" (69). The evolving WHO concept encompasses lifestyles and other social, economic, environmental, and personal factors conducive to health.

UNICEF'S SOCIAL MOBILIZATION In launching its Child Survival and Development initiative 1983, UNICEF has found it necessary to mobilize various societal sectors for several inexpensive interventions to save millions of lives. Social mobilization (SOCMOB), as this multisectoral effort is called, is a process that seeks to facilitate and enhance the approach to development issues that aims at "going to scale," from a micro level up to national scale.

Social mobilization enables national governments and development assistance agencies to move beyond the project phase of many development progams. It first aims to create the political will for constructive change and then to translate that will into the establishment of viable social service policies and actions to meet basic needs.

A continuum of mutually reinforcing, well-researched, carefully targeted, rigorously implemented activities is required for the mobilization process. The umbrella of SOCMOB covers advocacy, marketing, media, training, community education, and grass-roots organization activities.

Often, these activities are undertaken by various groups, without a broad strategy that considers the critical linkages between and among them. They often wind up as isolated, sometimes spectacular, efforts that fizzle out like fireworks (42). The SOCMOB approach aims at avoiding this fireworks syndrome.

Because many development objectives involve far reaching changes, SOCMOB is a promising strategy for specific health programs, as well as more global issues that affect development generally. Where needed, SOCMOB can be used to generate the critical political will that is essential for development; it also aims at the involvement of individuals at the community level in adopting positive behaviors.

There is a place for marketing in both these approaches, as they stress the need to understand people and tailor inputs to the specific requirement of the communities concerned. The elements of marketing considered most critical for promoting healthy behavior include consumer or market research, product or service quality, a distribution network, product or brand image, price and consumer affordability, accessibility, consumer satisfaction, and promotion

(H. S. Dhillon, WHO). Mass media, which have a special place in marketing, are partners, not merely channels for health messages (41).

Toward the beginning of the 1980s, Fox & Kotler (15) predicted that within the decade, marketing would be a regular feature of a growing number of nonprofit organizations. This is certainly the case, as far as the health sector is concerned. Social marketing, which helps stimulate demand and fine-tune the design and delivery of health messages and services, has a secure place in public health. The new thrusts of UNICEF and WHO, two of the key development organizations at the global level, are likely to confirm this in the years to come.

Nevertheless, social marketing cannot solve public health problems on its own. Within the ranks of marketers, there is an active push for integrated marketing communication, which includes communication and education approaches. Social marketing, too, may be moving toward the broader approach. Not long ago, frustrated social marketers complained that health was simply not part of the marketing domain. It may still be so, but marketing is fast becoming part of the health domain.

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