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Author Farag Elkamel was then Director, Centre for Development Communication, Cairo, Egypt, and Communicatio Adviser for UNICEF's ORT project. Defines social marketing and contrasts it to commercial marketing. Discusses th Egyptian ORT campaign 1983-1984, and offers comments and recommendations vis a vis the promotion aspect. Use of mass media is recommended: it increased use of ORT in Egypt from 1% to 60% in one year.

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DEVELOPMENT FOR ALL IS POSSIBLE :

Guidelines for the Use of Social Communication and Marketing in Health

Paper Presented at the UNICEF Global Social Communication
and Marketing Workshop

Nairobi, Kenya

February 10 - 18, 1985

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DEVELOPMENT FOR ALL IF POSSIBLE :
Guidelines for the Use of Social Communication and Marketing in Health

By : Farag Elkamel

The main argument in this paper is that social marketing, when understood and used correctly, can be an effective means of inducing social development and change. Furthermore, development can take place when it is needed most, and the lower social strata can reap the benefits of development when social marketing programs keep that objective salient and strive to achieve it.

WHAT IS SOCIAL MARKETING ?

The term "Social Marketing" came as the latest in a series of concepts which revolved around using communication in the marketplace of ideas. In a sense, "social marketing" is an improvement over earlier terms, because it involves more of the elements which are essential for the adoption of socially desired ideas and behaviors. Thus, while "social Advertising" did not involve any genuine or substantial educational effort, and "Social Communication" did not include certain basic elements such as making products avialable to the target audience, "Social Marketing" involves the design and implementation of four basic elements known as the four P's : product, price, promotion, and place. These are also called the 'Marketing Mix".

In social marketing products can be material things, ideas, beliefs, and ways of thinking. They can be oral rehydration solutions, vaccines, breastfeeding, political participation, belief in equal status for women, etc. price can be monetary, as well as physical or psychological effort or sacrifice involved as a consequence of the adoption of the product as defined above. Promotion in social marketing includes several means, including advertising, communication, etc. The fourth "p" refers to place of distribution, where products or incentives are made available to the public.

DIFFERENCES BETWEEN SOCIAL AND COMMERCIAL MARKETING

Our enthusiasm about social marketing and what it can do in the area of social development and change must be coupled with a clear understanding of differences between social and commercial marketing. Such differences necessarily affect the ways each of the four "p's" discussed above is used in social marketing. Some of these differences are listed below.

ASPECT	COMMERCIAL MARKETING	SOCIAL MARKETING
1. Product	- usually is a material object.	- can be an idea, way of life, service, etc.
2. Profit	- is essential	- is non-existent or marginal.
3. Competition	- other similar products	- other different products ideas, practices, etc.
4. Ideal consumer	- anyone who can be persuaded to buy product	- all those who need to adopt the product. Lower middle and poor classes usually are in more need.
5. Justification for Adoption	- modernization - even at the expense of overall national development	- social development

6.	Diffusion	- substantial knowledge and practice gaps between the "haves" and "have nots" always exist.	- Knowledge and practice gaps between the "haves" and "have nots" should not be allowed.
7.	Persuasion Strategy	- belief and attitude change, even if false justifications have to be used.	- diffusion of correct information and facts.
8.	Importance of knowledge	- better knowledge of the real attributes of the product, as compared with other products, does not necessarily lead to more favorable attitude and behavior	- better knowledge of real attributes does necessarily lead to more favorable attitude and behavior.
9.	Market Share	- other similar products are competitors, affecting each other's'market share'.	- other similar products are complementary, and can reinforce each other.
10.	Interests Served	- primarily, marketing people serve the interests of the product and manufacturer.	- consumers' interests are the primary concern of of the program.

The differences between commercial and social marketing listed above are illustrative. They, however, alert us to a most crucial fact : you must approach social marketing with a different mentality, orientation, and different concerns from these you approach commercial marketing with. A special kind of "social sensitivity" is required of those in charge of planning and production of communication material in a social marketing program.

Since our concern in this paper is the use of communication in health programs, it is most critical to understand the interaction between access to communication and socio-economic characteristics of the target audience, and the impact of this interaction on the ability of acquire information. Such interaction for example, caused critical knowledge and practice gaps after a 2-year family planning communication campaign in Egypt, where significant differences in knowledge and practice were created as a result of the program.

The communication strategy of the Egyptian National Control of Diarrheal Diseases Project was drawn with the above guidelines in mind. The strategy outlined program objectives, defined knowledge items the pbulic needs to know in order to adopt the new oral rehydration therapy, and it identified communication channels and concepts for reaching the majority of the target audience.

THE EGYPTIAN ORT CAMPAIGN

The Egyptian ORT Campaign started in Alexandria, in northern Egypt, on an experimetnal basis, in the summer of 1983, and became national in the winter of 1984.

As in most developing countries, diarrheal diseases accounted for about 50 percent of all infant mortality cases in Egypt. In absolute numbers, the figure is estimated to be between 100,000 and 150,000 annually.

A baseline study conducted in Alexandria in the spring of 1983 found that the concept of dehydration was generally unknown to mothers. Almost no one then knew what dehydration really was, what its signs were, or why it was causing death.

Furthermore, a great lack of information was identified with respect to correct management of diarrhea and dehydration. Thus, of the 2100 mothers surveyed in May 1983, only 1.5 percent were aware of ORS, only 3.0 percent knew that continuation of breastfeeding during diarrhea was better, 6.1 percent knew that a child with diarrhea should continue to eat light food, and 27.1 percent knew that giving liquids was part of ORT. Perhaps more important is the finding that only one percent of mothers surveyed reported having ever used ORS.

The Egyptian ORT social marketing program addressed each of the four p's mentioned above. Product included ORS as treatment and prevention of dehydration, liquids and light food during diarrhea, continuation of breastfeeding, and specific measures to prevent the occurence of diarrhea. Price of ORS was set at 45 piasters (about $0.5) for a box of ten sachets. According to marketing survyes conducted by the Egyptian ORT project, this price is affordable by just about all families.

Specific kinds of foods and liquids recommended by the campaign were chosen of regular items available to every household in the country. The effort involved in undertaking the correct management procedures is, however great, within the abilities of the target audience.

Promotion of the product was directed at two distinctive audiences; health professionals and the general public (especially mothers of under three year old children). For the first audience dessimination of specific technical information and training took place through training workshops, seminars, booklets, slide presentations, newsletters, and persons-to-person communication through medical representatives. For

the second target audience promotional activities concentrated on the use of radio and television short messages, especially designed to convey specific information and teach particular skills. A secondary level of activities included radio and television health and women programs. booklets, posters, billboards, and review essays and features in newspapers and magazines. The communication campaigns relied, however, on television commercials as the backbone of promotion. This made possible the control of specific elements : technical content of messages, focussing on single aspects of the problem in single commercials, precise use of words and expressions, pre-test of messages, and choice of time of broadcast to reach a maximum number of the target audience.

Product (ORS) was placed in all pharmacies throughout the country. Several studies found out that pharmacies were within walking distances of most households in Egypt. In addition ORS was made available, free of charge, in ministry of health clinics and hospitals. Special 200cc plastic cups were also distributed with ORS, but quantities produced did not keep up with the demand. ORS shortages were also monitored in certain areas during the campaign.

CAN SOCIAL MARKETING AVOID CREATING OR INCREASING KNOWLDEGE AND PRACTICE GAPS?

Before the campaign, as indicated above, the level of information on ORS, the most effective element in the ORT strategy, was very low. Furthermore, whatever information existed was unevenly distributed. As table (1) indicates, college graduates were about three times more likely to know about ORS than those from other educational levels.

The ORT communication campaigns did not just raise level of knowledge of ORS from a maximum average of 3 percent to an average of 94 percent, but it also did so without creating any knowldege gaps between the "haves" and have nots", educated and illiterate mothers. In other words, the sharp increase in level of knowledge was consistent among all educational levels. Other findings of the evaluation study conducted in October 1984 also show no significant differences due to occupational or urban-rural status, while such differences were highly significant in the 1983 baseline data.

Table (1) : Knowldege that ORS is Used to Manage Diarrhea and Dehydration, by Time and Level of Education.

Level of Education	May 1983*		October 1984**	
	Total	% know	Total	% know
Total	100.0 (2100)	3.00* (65)	100.0 (420)	94.1 (395)
Illiterates	1043	2.78	273	92.3
Read + write	514	2.14	73	97.3
High school	335	3.00	50	98.0
College +	208	7.21	24	95.8

* Only 49.23% correctly identified ORS. Source : Morbidity and Mortality Baseline Survey Commissioned by the NCDDP. Table 18 : Differences are significant at 0.05.

** Source : MEAG Evaluation of 1984 Campaign. Survey Commiossioned by NCDDP.
Table 25 : Differences are not significant at 0.05.

Table (2) : Ever Use of ORS,
By Educational Level and Urban-Rural Residence
in October 1984

Status	Ever Use of ORS	
	(N)	%
Education	(372)	100.0
Total	(213)	57.3
Illiterate	(140)	57.6
Read and Write	(42)	64.6
High School	(21)	46.7
College	(10)	52.6
Urban-Rural	(372)	100.0
Cairo	(36)	42.0
Urban Delta	(29)	69.0
Rural Delta	(76)	67.0
Urban Upper Egypt	(29)	60.0
Rural Upper Egypt	(43)	51.0

Contrary to results of many other social marketing programs, the less educated adopted this new innovation (ORS) even faster than the better educated groups, as indicated in table (2). Since these are the more deprived segments of the population, and the ones who are more likely to be victims of poverty and disease, the campaign seems to have hit the problem right on the nose. It must be said that other elements of the social marketing program, i.e., product, price, and place, have helped "promotion" made this possible by not negatively influencing the possibility of acting upon the information diffused to mothers.

Specific decisions and actions were taken to ensure that the majority of the program target audience received the program messages.

First, language used was very simple, and included actual words and expressions used by majority of mothers. Second, messages were short and focused, which made comprehension easier regardless of level of education. Third, message pretest was conducted among poor and illiterate women to ensure message clarity and liking of format. Fourth, medium used was the one most accessible to the target audience, namely television. Fifth, formats used were the most preferred formats to all kinds of the target audience, especially the lower-status segments. Furthermore, television "talked" to its low-status audience with the same respect it talked to its high status audience with, an element which all studies and observations identify as different in direct doctor-patient communication.

Finally, a decision was made to "expose" the lower status segments of the target audience to the ORT messages more often than exposing higher status segments to those messages. This was reasoned to overcome differential comprehension abilities of different segments of the audience.

In order to achieve this, television messages were inserted right before the evening tlevision series or movies, since audience surveys identified these programs as most favorable to all audience categories, especially the lower status ones. In fact, this scheduling strategy aimed at neutralizing the biasing effect of the better access to TV by the higher status groups.

Since a second force, media habits, was identified as running in the opposite direction. In other words, while Urbanites, richer, and better educated members of the target audience have more access to television than others, they attend to television series and Egyptian movies shown on television less than rural, poorer, and less educated segments of the target audience. These two opposing forces are shown in table (3) below :

Table (3) : Exposure to Television
and
Preference of Egyptian Films and TV Series,
by
Education and Urban Rural Residence

Status Group	Exposure to TV		Preference of Films and TV Series	
	N	%	N*	%
Education	357	87.0	526	58.0
Illiterate	233	84.4	362	66.0
Read & Write	63	91.3	92	55.0
High School	44	95.7	53	42.0
College	17	89.5	19	37.0
Residence	357	87.0	446	58.0
Cairo	82	95.0	98	53.0
Urban Delta	43	98.0	49	52.0
Rural Delta	102	82.0	126	66.0
Urban Upper	47	98.0	72	54.0
Rural Upper	83	78.0	101	44.0

* Multiple Responses were permitted

RECOMMENDATIONS FOR SOCIAL MARKETING COMMUNICATION, BASED ON EXPERIENCE OF THE EGYPTIAN ORT PROGRAM

The implementation of a social marketing program is a very critical stage which can seriously help or hinder the entire process. Following are some comments and recommendations based on the experience of the Egyptian ORT Social Marketing Program. Most of these comments relate to the promotional aspect in particular.

1. A social marketing program must begin by familiarizing decision makers with the meaning of social marketing. For the Ministry of Health Officials in particular both words "social" and "marketing" are alien to their vocabulary. Ministries of Health usually house health social marketing programs.

2. Health professionals are generally not trained communicators, but most don't realize it. Their input in a social marketing program must be limited to the technical content of communication messages. Techniques and formats are the job of professional communicators.

3. As a clear part of the marketing strategy, a clear subject specific communication strategy must be developed and implemented : what may work for commercial products does not necessarily work for ORT or contraceptions. For example, a cosmetics manufacturer basically cares about the volume of sales, an ORT program should care even more about who buys ORS. Such an objective must be reflected in the communication strategy.

4. With respect to messages intended for the general public, formats the elite like may be the exact opposite of what the general public likes. Never forget your real target audience, even if you have to twist a few arms.

5. The communication program must utilize themes and characters which make sense in the local culture. What the technical consultants think is not as important as the opinion of your target audience.

6. Yes, mass media can successfully change behavior, contrary to what the diffusion model says. Mass media alone increased the use of ORT from 1 percent to 60 percent in Egypt in less than one year.

7. Social marketing is generally different from what both advertising agencies and government radio and television are doing. Both of these two systems must be carefully coached to implement your media strategy. While commercial agencies lack the development prespective, government radio and television are not used to the idea of involving the audience in developing communication material.

8. Even the best communication program can not do the job unless the other elements of the marketing program are at par with it. I particularly emphasize training of health professionals, sufficient production and distribution of ORS, and efficient research and evaluation systems.