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"Social Marketing and Brazil's Breastfeeding Programme" summary of address by Gerson Da Cunha, UNICEF, Sao Paulo, given at the Social Communication and Marketing Workshop, held in Nairobi, 10-17 Feb 1985. UNICEF

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6 pp

Discusses the marketing of breastfeeding in Brazil: the role of mass media, and general principles, especially the social marketing aspect.

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SOCIAL MARKETING AND BRAZIL'S BREASTFEEDING PROGRAMME

Summary of the address given at Nairobi

Gerson da Cunha

The Government of Brazil's Breastfeeding Programme was launched in 1981. It attempts to tackle a set of forces originating in the target groups shown in Figure 1 over leaf. The objective is to transform these negative forces into influences favouring exclusive breastfeeding till the fourth to sixth month.

As the model suggests, the forces interact, and any one of them could cause the problem. Therefore all must be tackled. But how?

The Jelliffes' celebrated Human Milk in the Modern World says at one point, "Breastmilk substitutes can advertise their products to mothers and doctors, and have done so for decades. But no comparable promotion reminds them of the benefits of breastfeeding."

What if the methods used so successfully to sell breastmilk substitutes could be harnessed, as professionally, to promote breastmilk? They can be - and have been so used.

MARKETING BREASTFEEDING

Several lessons of the marketing were applied:

1. The promotion was continuous over a substantial period.
2. Specific groups were identified as targets, for which specific action was designed - within a unified plan plan and theme.
3. The actions and theme were repeated persistently.
4. The mass media were used as advertising along with training and other interpersonal methods.
5. Strategic alliances were formed in the health sector to "redistribute" programme messages and facilitate desired practices.

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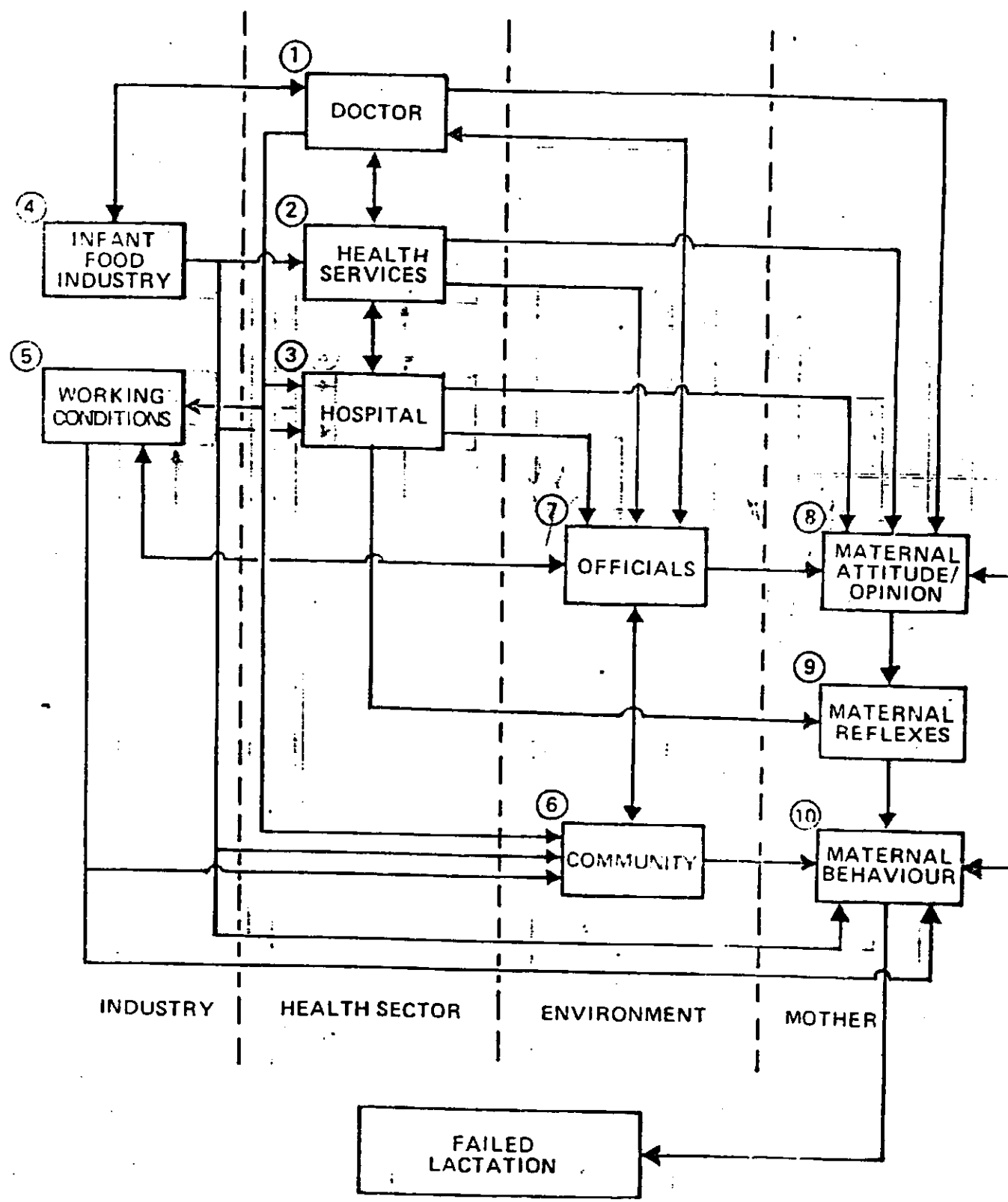


Figure 1

6. A professional quality of service was emphasized in all aspects of the programme.

Most of the communication thinking, planning and materials ran on fairly orthodox lines. Two activities may deserve special notice: the use of a "slide-sound set" for high level advocacy and of the mass media as advertising.

The first triggered the planned response at once: a screening to two Ministers yielded the decision to launch action in a breastfeeding programme.

THE MASS MEDIA

The mass media were deployed because apart from their speed and reach, TV and Radio are the only direct route to our target mother. She is otherwise encircled by barriers of bias, mistaken information and practice etc. They can deliver the undistorted, high frequency message so essential in behaviour change.

But what message to survey? The programme's advertising agency had recommended qualitative research. This suggested that communications main tasks were "selling" mothers not just the act of breastfeeding, but the need:

- a. for exclusive breastfeeding in the first 4 to 6 months;
- b. for reassuring them on their ability to do so, assuring them there is rarely any "weak" milk etc;
- c. for simple instruction on how to breastfeed.

The research suggested that a lot of conventional promotion could actually be counterproductive. Beautiful mothers tranquilly breastfeeding, copy on the "love, nutrition and protection" theme - this sort of thing could aggravate the anxiety of mothers already battling the normal difficulties of nursing. This, in turn, could further inhibit her all-important psychosomatic lactation physiology.

The pre-tested campaign theme was "Breastfeeding - the 6 months worth a lifetime." This was brought to life on radio and TV by leading personalities from the film, TV and music worlds, as well as Socrates, footballer, World Cup captain and a doctor.

The advertising agency, CBBA, donated its services, charging only out-of-pocket's radio. Radio/TV networks donated time. In 10 months, the programme gained over US\$ 1 million of value for an investment of US\$ 37,000. Up to 60% of target, low income mothers were covered. Nearly a billion "opportunities to see" (OTS) were generated.

The programme's formal evaluation is scheduled for 1985. But even before that happens, much anecdotal information and some well-dispersed studies forecast positive results.

SOME GENERAL PRINCIPLES

The programme offers some principles that may be applicable beyond Brazil's own frontiers:

1. The programme plan began in a communications analysis. That is programming and communications could be seen as parts of the same thing.
2. Resources are donated when the programme shows it knows how to use them well.
3. Thinking should begin with the human needs to be met, not the scientific truths of breastfeeding.
4. This approach flowed from the first step in communications action: systematic consultations of mothers, using qualitative research methods.
5. In communications, "value was added" to the humdrum practice of breastfeeding through the TV testimonials given by celebrities.

6. A distinction exists between "education" and the "persuasion" required in attitude or behavioural change. Mainly, the technology of the first does not anticipate resistance to it; that of the second does. In our intervention-type programmes, the message will always encounter psychological resistance. It must, or it would not be required! We need both educational and persuasional strategies. But the roles of the two should not be confused.
7. There are advantages of going national from the start. Some pro's and con's are obvious. Some pro's are not e.g., pilot scale work often does not throw up the problems that only the national scale can. The end reality is the big one, not the pilot. Also, going national, while attracting more difficulties, also nets more new resources and alliances.

THE SOCIAL MARKETING ASPECT

Marketing is a proven methodology that offers useful leads to thinking and action in the social field. "Marketing theory", says Seymour Fine, "is too good to waste on soap." The perception of its "commercialism" may be because commercial marketers have "adroitly been permitted to monopolise it," to quote Richard Manoff.

In fact, social marketing methods have long been in use within UNICEF, unbaptised. As in most good programmes, it makes the consumer (in our terms, the beneficiary) the centre of everything: message, media, communications product etc. It makes the end goal something meaningful and practicable in human terms, not a goal born in a textbook of nutrition, or pediatrics. It recognizes that its business, like ours, is helping to form millions of small decisions, individually taken, inside countless heads that will lead to things being done differently.

Marketing, like any good programme, recognizes that its objectives propose a transaction. The new practice, we suggest, will yield this or that health benefit. That is, the benefit involves a "performance cost". A woman must boil water, or go for the oral rehydrate - things she has not spent effort on before - to "acquire" better family health. A good marketing effort, like a good programme, never asks people to incur in the transaction a higher performance cost than they are prepared, or can be motivated, to pay.

Marketing, like good programmes, are concerned with effective distribution; in our case, this means a wide reach of our ideas. It manufactures as good a product as possible within the price. It aims the product at a pre-selected segment of the market. All these have obvious programme parallels.

In other words, social "marketing" offers us at least a conceptual framework for action, a procedure and methodology. These have been through the test of a ruthless marketplace. Social marketing may offer an alternative to what Muriel Glasgow and Revy Tuluhungway call our "infomation model" approach. (A nutrition project? Right. Let us tell them about protein. Diarrhoea control? Good. Let's inform them of the danger of germs in dirty water. Etc.) The marketing alternative at least begins in the textbook of real life, not in academic subject matter.

Gerson Da Cunha

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