Operational Guidelines for Social Marketing Projects in Public Health and Nutrition

Unesco
Operational Guidelines for Social Marketing Projects in Public Health and Nutrition

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Nutrition Education Programme

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This manual is dedicated to a woman I once met in a rural village in Gambia who asked, "What can I do to make my baby healthy? The world around me provides such little encouragement and support."

This offhand remark captures the essence of the challenge social marketing faces.
# Table of Contents

<table>
<thead>
<tr>
<th>Unit</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Unit I: Seeing What Can Be Done</td>
<td>9</td>
</tr>
<tr>
<td>Unit II: Planning Research and Data Collection Techniques</td>
<td>22</td>
</tr>
<tr>
<td>Unit III: Setting Behavior Change Objectives</td>
<td>30</td>
</tr>
<tr>
<td>Unit IV: Communications Strategy</td>
<td>39</td>
</tr>
<tr>
<td>Unit V: Product and Services Marketing</td>
<td>49</td>
</tr>
<tr>
<td>Unit VI: Managing Projects</td>
<td>57</td>
</tr>
<tr>
<td>Unit VII: Formative and Summative Evaluation</td>
<td>57</td>
</tr>
</tbody>
</table>
INTRODUCTION

The past decade has witnessed the emergence of the field of social marketing and its successful application in public health, family planning, and nutrition programs. Projects such as the Brazilian breastfeeding campaign, contraceptive marketing efforts in Thailand and Bangladesh, and the United States High Blood Pressure Education Program, testify to the effectiveness of a well-designed social marketing intervention.

Social marketing is an analytical and organizational tool for addressing common problems of at-risk behavior in public health and nutrition, e.g., in appropriate weaning practices, diarrheal disease et al. Though several texts exist which articulate social marketing theory, to our knowledge no one to date has written a how-to-do-it step-by-step guide for social marketing campaign design, implementation and evaluation. This document is designed to serve as an operational handbook for program managers and decision makers. The guidelines and study questions also can serve as a point of departure for the development of training programs.

Social marketing is not simple. It requires the coordination of a variety of skills in health, nutrition, advertising, marketing, social science research and evaluation. There is, however, an established structure for integrating contributions from different fields. It is a structure that imposes a well-defined framework for analyzing at-risk behavior, and then utilizes the tools of education, communication and marketing to achieve behavior change objectives. Yet, at the same time, it is a flexible structure, one that can be used to address a wide variety of health and nutrition-related problems, and utilize a diversity of channels for communicating messages and marketing products and services.

Social marketing has flourished within the context of highly planned as well as decentralized economies. It is not an ideological specific approach, but relies on the systematic use of empirical investigation and community participation to reach its objective of improving the public health behavior of at-risk populations.

EDC (Education Development Center, Inc.) has been at the forefront of the development of social marketing. Various EDC projects in the U.S. and the developing world have applied the structure contained in these guidelines to design interventions to improve maternal and infant dietary practices, strengthen compliance with prescriptive treatment for sexually-transmitted disease, and prevent and control common injuries. Ronald Israel, author of this guide, is the Vice-President of EDC's International Programs Division and is responsible for the direction and management of international projects. Others at EDC, William de Jong, Christine Hollis, Dieter Koch-Weser, Cheryl Vince, and Janet Whital, have been a source of inspiration for these guidelines.

The Guidelines also seek to build on lessons learned from other social marketing experts. These include Gerson da Cunha and Dr. Lucas Hendrata of UNICEF; Richard Manoff and Marcia Griffiths of Manoff International; and William Smith of the Academy for Educational Development. Special acknowledgement needs to be given to Dr. Dennis Foote, who is mainly responsible for the evaluation section of the guidelines; Janet Tognetti, who did much of the background research; Carol Baume, who performed needed editorial services; and to graduate students at the Harvard University School of Public Health who, in a class on social marketing, served as a cohort to pretest the guidelines.

The opinions expressed are those of the authors, and not necessarily those of Unesco.
UNIT I: Seeing what can be done

OVERVIEW

At the beginning, planners must determine to what extent a given problem or need is solvable through a social marketing intervention. He or she must "see what can be done." The experienced judgment of the social marketing specialist is needed to determine the nature of the problem (in behavioral terms), the magnitude of the task (by estimating the amount of technical and material support needed to support an intervention), and to develop a plan of action.

Social marketing is not a "top-down" activity. It requires the involvement of its audience in all phases of a campaign--design, implementation, and evaluation. An effective social marketing project must address community needs, and offer solutions that are acceptable.

However, before beginning intensive community-based planning research (see Unit II), it is essential for social marketers to conduct initial investigations--at both the community and the institutional level--to assess (1) whether the health problem in question is addressable through a social marketing intervention; and (2) to develop a preliminary work plan for carrying out the five stages of an intervention, as diagrammed in Figure 1.

An effective needs assessment should facilitate efficient utilization of available resources. It also should result in an initial statement of the problem-at-hand in behavioral terms, e.g. "The trend away from breastfeeding is focused on the infant feeding practices of working women in urban areas." An experienced social marketer should be able, through initial observations and interviews with community members, health workers, researchers, and public officials, to "see what can be done."

EXPERTISE
REQUIRED: social marketing, planning and administration, behavioral analysis

KEY
TERMS: Conceptual model, audience segmentation, behavioral analysis
A) Those who plan social marketing projects should know the steps involved in designing, implementing, and evaluating an intervention and be able to decide to what extent a given health problem is amenable to such an approach.

- Planners need to have a conceptual overview of how a social marketing intervention works. Figure 1 on page 4 presents a five stage social marketing model. Attendant outcomes are as follows:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Planning Research</td>
<td>Behavior change objectives and other project goals defined</td>
</tr>
<tr>
<td>2) Development of Campaign Strategy</td>
<td>Messages, materials designed, products and services established</td>
</tr>
<tr>
<td>3) Prerequisite Training and Networking Activities</td>
<td>Infrastructure prepared</td>
</tr>
<tr>
<td>4) Project Implementation Activities</td>
<td>Social marketing campaign carried out</td>
</tr>
<tr>
<td>5) Summative Evaluation</td>
<td>Project outcomes assessed</td>
</tr>
</tbody>
</table>

- Figure 1 illustrates the conceptual frame of reference that supports these guidelines. Each unit in the text provides guidelines for accomplishing one or more of the five stages in the conceptual model.

- Social marketing analysis of the nature of public health and nutrition related problems and the setting of behavior (and other types) of change objectives are accomplished through a series of investigatory studies known as "planning research." The specific research instruments and protocols will vary according to the nature of the problem and the resources available. In general, however, planning research will utilize a variety of technologies drawn from social science, modern commercial advertising and market research. These include ethnographic observation, focus group research, in-depth individual interviews and observational studies. Both qualitative and quantitative instruments can be utilized. Whenever possible, planning research tends to be highly participatory because at the very essence of social marketing is a dialogue between social marketers and the community (Units II and III contain Guidelines for the use of specific planning research techniques in establishing project objectives.)

- Once project objectives have been defined, social marketing's next task is to design a campaign strategy. There are three principal questions that need to be answered: (1) What channels of communication will be used? (2) What kinds of messages and materials need to be developed? and (3) What kinds of products and services (if any) need to be promoted? Many of the same research techniques utilized in Stage 1 can be applied to generate answers to these questions. (Unit IV contains Guidelines for designing messages and materials; Guidelines for the application of social marketing techniques to product and service development are contained in Unit V.)
Before a social marketing campaign can be implemented, social marketers need to make sure that the requisite infrastructure is in place, that those involved in implementing the campaign are sufficiently prepared, and that supportive communications and distribution networks are established. A media plan for disseminating messages and materials with the aim of reaching as much of the target audience as possible with the greatest frequency must be put in place. If support products or services are needed, planners must ensure their access to the target audience. Relevant health professionals and other face-to-face channels of communication must be sure of their role in the campaign, and relevant community support groups must be ready to mobilize their resources. (Units IV, V and VI have Guidelines for establishing relevant training and networking activities.)

Major activities in a social marketing campaign include the dissemination of messages and materials, face-to-face education, the distribution of appropriate products and the provision of related services. These are not static, isolated events, but rather dynamic processes that require coordination and constant revision. A management system needs to be established which effectively coordinates and monitors implementation activities so that mid-course corrections can be made. (Guidelines for managing project implementation efforts are found in Units VI and VII)

Summative evaluation measures outcomes in terms of whether or not the project was successful in changing target audience behavior or, in some cases, health status. Summative evaluation can also yield information relevant to the project's operational level of efficiency, as well as provide planners with insight into the validity of the model used to construct the project intervention. (Unit VII contains Guidelines for designing and carrying out social marketing project summative evaluation studies.)

At the outset, in order to know whether or not a social marketing intervention is feasible, a project needs assessment should be carried out.

You aren't given much to work with.

Be wary of knee-jerk slogans and prescriptive messages.

A question guide is a useful tool for carrying out a social marketing needs assessment.

A social marketing needs assessment should result in an initial statement of the problem in behavioral terms.

A statement of the dilemma in biomedical terms is just the beginning of social marketing analysis. One of the goals of social marketing project design is to translate epidemiological data into units of behavioral analysis. For example, is the infant feeding problem rural or urban based? Does it relate to women who deliver in hospitals or who deliver at home? Is it connected to an increased consumption of formula? Of course it's difficult to obtain definitive answers to these questions without carrying out qualitative and quantitative research (see Units II & III). However, a needs assessment should be able to frame the
FORMATIVE EVALUATION
(Feedback/Feedforward)

PLANNING RESEARCH
- Translate epidemiological concerns into behavioral issues
  - Review medical data
  - Segment market
  - Conduct behavioral analysis
  - Identify behavioral change constraints
  - Conduct behavioral trials

STAGE 1

DEVELOP CAMPAIGN STRATEGY
- Communications
  - Position behavior
  - Develop messages
  - Educational
  - Motivational
  - Develop materials
  - Plan dissemination
- Marketing
  - Product
  - Place
  - Price
  - Promotion

STAGE 2

PRELIMINARY TRAINING AND NETWORKING
- Messages and materials, products, and services
  - Health professionals
  - Distributors
  - Community groups
  - Media people
  - Policy makers
  - Schools

STAGE 3

IMPLEMENTATION
- Infrastructure prepared
  - Message dissemination
  - Product/service distribution
  - Materials distribution
  - Face-to-face education

STAGE 4

CAMPAIGN
- Impact
- Process
- Theory

STAGE 5

SUMMATIVE EVALUATION STREAM

PROJECT OUTCOME

FIGURE 1: EDC SOCIAL MARKETING MODEL
KNOW THE LIMITS THAT SURROUND THE USE OF MARKETING AND COMMUNICATIONS IN PUBLIC HEALTH

ASSESS WHETHER THE CAMPAIGN WILL SEEK A DIRECT OR MEDIATED BEHAVIOR CHANGE OBJECTIVE

AUDIENCE SEGMENTATION IS ANOTHER IMPORTANT BUILDING BLOCK IN SOCIAL MARKETING PROJECT DESIGN

A VARIETY OF AUDIENCES (PRIMARY AND SECONDARY) NEED TO BE IDENTIFIED

KNOW THE VARIOUS CRITERIA THAT CAN BE USED TO SEGMENT AN AUDIENCE

parameters for subsequent research efforts. By visiting the proposed project site and talking with members of the affected community, relevant health professionals and decision-makers, social marketing specialists should be able to frame relevant behavioral issues that will be addressed by the project.

- Planners also need to determine the extent to which the problem in question is solvable by communications marketing and/or educational means alone. For example, it is next to impossible to promote improved home hygiene if there is not a readily available source of potable water; or to promote sugar and salt solution as a means of treating diarrhoeal disease if either of these commodities is not available. In many situations, prevailing socio-economic conditions or the absence of essential resources make it difficult to conduct successful social marketing campaigns. There are issues of survival and delivery of essential services which must be faced first.

- It is also useful to identify early on whether an intermediary product or service is needed to promote a desired behavior change. Will social marketers have to be concerned with the design of a contraceptive package as well as with the proper use of condoms? If so, this further heightens the complexity of the proposed intervention. Unit III goes into greater detail regarding the important distinction between behavioral objectives that can be achieved through direct actions, and those which rely on an intermediary product or service.

- Another essential component of project design involves identifying relevant target audiences. Audience or market segmentation consists of dividing a heterogeneous audience or market into a number of smaller, more homogeneous submarkets or audience groups. Audience segmentation is a means of organizing reinforcing channels of communication, each focused on promoting the targeted behavioral change objective. Planners identify one or more relevant segments and design alternative communications/marketing strategies to satisfy the specific needs of each.

- Most social marketing projects need to work with a wide variety of related constituencies in order to achieve their goal of changing the behavior of the primary target audience. For example, in family planning programs, religious, political and community leaders often influence an individual or family decision to adopt the family planning concept. Distinctions can be made between influentials (e.g., religious leaders, political leaders, community leaders), decision-makers (husband, wife, husband and wife jointly, physician, pharmacist) buyers (male users, male nonusers, female users, female nonusers) and users (husband, wife, or both concurrently and alternately).

- Criteria for segmenting the target audience market include geographic, demographic, psychographic, and behavioral. Geographic segmentation calls for dividing the market into different geographical units such as nations, states, regions, countries, cities or neighborhoods; demographic segmentation analyzes the audience in terms of demographic variables such as age, sex, family size, income, occupation, and education; psychographic segmentation divides an audience into different groups on the basis of life style or personality characteristics (this type of segmentation has been little used in social marketing due to a lack of research into the life styles of disadvantaged populations); finally behavioral segmentation divides an audience into groups on the basis of their knowledge, attitude, use or response to a product or behavior. For examples audience segments can be defined in terms of "benefits sought" from a product, purchase or use occasions, usage rate, user status (present users, non-users, ex-users, etc.), and buyer readiness.
C) A step-by-step workplan is a useful management tool for social marketers. Each workplan should be supported by a budget that balances design and implementation needs with available resources.

- Developing a workplan is another important task associated with project design. It is still too early to say much about specific messages, materials, or even the marketing strategy. However, social marketers need to define what the project will accomplish (what problem it will seek to solve) and how it will get the job done (what process will be used for solving the problem).

Workplans can be developed for different levels of activity. An "outcomes plan," (A below) consisting of the "outcomes" for each of the five stages in the conceptual model (Figure 1), provides an overall timeline for the project.

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<thead>
<tr>
<th>OUTCOMES PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTCOMES</strong></td>
</tr>
<tr>
<td>Behavior Change</td>
</tr>
<tr>
<td>Objectives Set</td>
</tr>
<tr>
<td>Messages and Materials</td>
</tr>
<tr>
<td>Developed</td>
</tr>
<tr>
<td>Infrastructure Preparation</td>
</tr>
<tr>
<td>Campaign Implementation</td>
</tr>
<tr>
<td>Final Evaluation</td>
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</tbody>
</table>

Each outcome or project stage can also have a workplan. For example:

<table>
<thead>
<tr>
<th>MESSAGE DEVELOPMENT</th>
<th>MONTH</th>
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<tbody>
<tr>
<td>Idea Generation</td>
<td>1-3</td>
<td>3-6</td>
<td>6-9</td>
<td>9-12</td>
</tr>
<tr>
<td>Focus Group Workshop</td>
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<tr>
<td>Develop Message</td>
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<td>Message Pretest</td>
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<tr>
<td>Revision</td>
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<tr>
<td>Finalize Message</td>
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- Any sensible work plan must be based on available funds. In order to develop an initial estimate of project costs, planners should make a cost estimate of needed resources. Included in such an estimate should be costs for project staff, consultants, logistic support, market research, media time, and materials development. The exact resource mix will depend on the needs of each project. However, it is extremely useful to have such a cost estimate in hand before sitting down to design an initial work plan.
KNOW WHAT RESOURCES ARE AVAILABLE IN THE REGION TO CARRY OUT A SOCIAL MARKETING INTERVENTION

BALANCE GOALS AGAINST RESOURCE AVAILABILITY

BE ABLE TO RECONFIGURE INPUTS ACCORDING TO NEED AND COST

A WORKPLAN SHOULD DESIGNATE RESPONSIBILITY FOR PROJECT MANAGEMENT

A WORKPLAN SHOULD TARGET RESOURCES FOR TECHNICAL SUPPORT

A WORKPLAN NEEDS TO BE SUPPORTED BY A BUDGET

In learning about resource costs, social marketers will also inevitably learn about resource availability. Does the country/region where the project takes place have access to appropriate local technical expertise? Are radio, television, and print media government-owned (and thus potentially available free or at reduced cost)? Will the project have access to essential support services, such as office supplies, copying facilities, vehicles, and gasoline?

Once a cost estimate has been made, it will be possible to make a more realistic projection about what a social marketing intervention can accomplish. Funding and resource availability will help determine such basic issues as how many people the project can expect to target (as compared to the numbers of those actually in need); what media, channels of communication and distribution can be used (and to what extent); who will staff the project; and to what degree the activities of project staff can be supported by outside technical expertise.

All of the skills and techniques described in the following units of these guidelines need not necessarily be utilized in every social marketing intervention. Each project must develop a strategy appropriate to its circumstance. For example, ethnographic research (discussed in Unit II) is time consuming, sometimes costly, and need not be the only means for learning about community health behavior (focus groups or sample in-depth interviews are an alternative). The nature and extent of baseline surveys can vary dramatically depending on the goals and objectives of the project. Broadcast media need not be appropriate to use in every case as channels of communication.

An organizational unit needs to be designated to implement and manage the project. Often such a unit is already in existence, e.g., the Health Education Unit within the Ministry of Health. Sometimes such a unit must be created from scratch or pieced together from branches of existing institutions. (See Unit VI for more on this subject.)

Many ministries of health lack the total range of services needed to effectively implement a given project. They must learn where to turn for additional support that is generally needed from the fields of social science communications, market research and advertising. Specialists in survey design and evaluation are generally accessible through universities (or market research firms). Communications experts (message design and materials development specialists) can often be contracted through local advertising agencies, though some operate as freelance consultants. Marketing professionals (pricing, packaging, distribution experts) are available either through market research firms or universities (schools of business and schools of management).

The proposed intervention needs to be supported by a budget. There are several categories of cost that need to be taken into account including staff costs (for personnel involved in running the project), consultant costs (for needed outside technical specialists), materials costs (for developing posters, radio scripts, training manuals, etc.) media costs (for air time, print space, etc.) distribution costs (e.g. for disseminating contraceptives), training costs (for organizing workshops, supporting participants, etc.), and logistics and support costs (office supplies, staff transport, etc.). It is assumed that associated product (e.g. ORT packets) or service delivery costs (e.g. EPI programs) are regular line items in a Ministry of Health budget. If not, these costs need to be considered as well.
### QUESTIONS FOR STUDY AND DISCUSSION

1. Identify a given behavioral problem (e.g., how to get mothers to change their weaning practices), then develop job descriptions for the following technical specialists whose expertise could be brought to bear to implement a social marketing strategy: ethnographers, qualitative researchers, advertising specialists, artists, evaluative experts.

2. Prepare a list of questions to guide social marketing planners in carrying out a needs assessment for an intervention designed to promote increased use of contraceptives in an urban African setting.

3. Present students with epidemiological data (or ask students to identify their own data set) and ask them to draw a list of related behavioral issues that need to be examined.

4. Draw up a list of public health behavioral problems (e.g., a high prevalence of bottle feeding, couples who don't practice family planning) and ask students (who can be grouped according to problem areas) to analyze each problem in terms of relevant audience segmentation categories.

### References:


UNIT II: Planning Research and Data Collection Techniques

OVERVIEW

Every social marketing intervention should have an ongoing functional research component built into it. Social marketing research is never an end in itself, but rather a continuous process of gathering feedback from the target audience in order to feed forward to ongoing campaign activities, e.g., the establishment of behavior change objectives, the design of messages, materials, etc. Research techniques, drawn from the fields of modern commercial advertising, marketing, and social science are used to help plan social marketing projects, and carry out formative and summative evaluation activities.

Planning research is the term used to refer to research activities needed to establish measurable behavior change objectives and other project goals, and to collect baseline information on target audience knowledge, attitudes, and practice. Formative evaluation refers to the use of research activities to learn what adjustments need to be made to improve an ongoing social marketing intervention. Summative evaluation refers to research activities conducted at the end of a project which assess campaign impact.

This unit will provide an overview of the way in which planning research can be used to help define campaign goals and objectives. It also provides an introduction to basic research tools that can be used to carry out planning research, formative and summative evaluation studies. Unit III narrows the discussion of planning research to look at the specific task of setting behavior change objectives. Unit IV provides guidelines to the processes of formative and summative evaluation.

Most social marketing interventions rely on a mixture of qualitative and quantitative research methods. Qualitative methods focus on individuals and small groups and usually provide insight as well as rapid feedback regarding audience knowledge, attitudes and practices. Quantitative methods are used to statistically validate basic assumptions (hypotheses) and provide us with measurements of change in audience behavior over time. Quantitative methods are usually applied to large populations. Social marketing planners need to be familiar with the ever-expanding range of research techniques (both qualitative and quantitative) and know when each one is appropriate. Research applications ought to be determined by weighing information needs and relevant research against resources (money, time and skill) available for data collection and analysis. Table 1, "Types of Data Collection" on page 20 is a reference guide to the uses of different types of research tools for social marketing planners.
A) Planning research enables us to better understand: (a) who is the primary target audience? (2) what is their health/nutritional status? (3) what are their knowledge/attitudes and practices regarding health/illness/health services? (4) who informs their choices about health related behavior? and (5) what behavior change objectives are within their reach?

- As discussed in Unit I, audience segmentation is an essential part of social marketing program design. In order to be able to design appropriate messages, materials, and an overall communications strategy, the social marketing planner has to be able to understand the socio-cultural characteristics of his audience. Basic demographic information is often readily available from census and other archival data, which will help provide a profile of the community in terms of age, sex, economic status, educational level, etc. However, it is often useful to segment the audience by attitudinal, behavioral, or life-style characteristics, e.g., users versus non-users of health services, mothers who exclusively breastfeed versus those who don't, those who believe in preventive health versus those who don't, etc.

- Wherever possible, information on target audience health/nutritional status (e.g., mortality trends, growth charts, morbidity prevalence rates) should be collected from existing epidemiological data. Health/nutritional status measurements of the community should only be carried out in large projects with budgets that can support the costs involved. If funding does exist, the Ministry of Health or relevant health institutions should endeavor to collect that data which (a) profiles specific mortality/morbidity patterns of the target audience and (b) investigates the determinants of illness, i.e., what, if any, behaviors can be correlated with disease prevalence.

- In developing a social marketing strategy, a primary objective is to understand target audience knowledge, attitudes, and practices toward a health-related behavioral problem. Thus, for example, if the issue is child spacing and birth control, community family planning practices will guide the development of contraceptive products; attitudes towards children and family size will influence the development of promotional messages and materials; and knowledge of contraceptive procedures will define consumer information needs.

- Qualitative research techniques are often very effective for collecting information on the health-related knowledge, attitudes, and practices of key segments of the target audience. Focus groups, unstructured interviews, projective techniques, and other qualitative research methods enable social marketers to engage the community in candid discussions about feelings, attitudes and personal preferences towards health practices, products and services. Qualitative research enables social marketers to probe the factors that motivate people to behave as they do. Often the adoption of certain practices or attitudes are derived from a person's psychological or social environment. A woman who says she hasn't enough milk to breastfeed her child may lack the support of her family or friends. A couple may want to have many children because they are concerned about the maintenance of their family farm or about their security in old age.

- Research also is needed to help social marketers gain an understanding of the way in which health information gets transmitted among members of the target community. How are health-related values and perceptions formed? To what extent are mass media, community health workers, or other family members influential in forming the health-related knowledge and beliefs of the community? In many cases researchers have found family members, peers, or community opinion leaders to have more influence than the media or the medical profession in influencing health practices.
B) A variety of qualitative research techniques can be used by social marketers for planning research, formative and summative evaluation studies. Qualitative research explores target audience motivations and their insights into proposed messages, materials, products, services, and behavior change objectives.

- Social marketing emphasizes the identification of health-related behavior change objectives for each project. Meaningful objectives can only emerge after extensive planning research into community knowledge and attitudes. This particular kind of research needs to be highly participatory in order to give community members an opportunity to identify and test out new behavioral solutions to health-related problems. For example, the development of improved weaning practices needs to be grounded in new recipes that meet nutritional requirements, appeal to infant taste, and can be easily made by mothers. An immunization campaign must deliver inoculations at a time and place convenient to those for whom coverage is intended.

- Research techniques (e.g., focus groups or in-depth interviews) that identify "resistance points" to change and elicit reactions to new proposed practices (e.g., a new weaning food recipe) are most helpful. A well thought-out social marketing strategy must devise ways for overcoming socio-cultural barriers to change. So important is the establishment of meaningful behavior change objectives, that a separate unit of these guidelines (Unit III) is devoted to the subject.

- Planning research techniques (e.g., ethnography) help social marketers understand the community's conceptual universe. Traditional cosmologies, ideologies, outlooks and belief systems often greatly affect prevailing health practices and attitudes towards disease and wellness. For example, many cultures have elaborate ways of classifying foods (hot/cold, blood strengthening/blood weakening, etc.). Most have traditional taboos that help influence dietary intake. Understanding traditional value systems enables a social marketing specialist to develop messages and materials that promote health in terms acceptable to the target community.

- Qualitative research involves watching people in their own territory and/or interacting with them in an open-ended exploratory way in their own language on their own terms. Qualitative research refers to a variety of research techniques from ethnographic observation to focus group interviews. Qualitative research is less formally structured than quantitative research. Often the precise questions to be asked by interviewers and the order in which they are to be asked are not specified in advance, but are drawn from the context of the interview itself.

- Qualitative research is also used to explore the perceptual domain of a population of interest; to learn the language that they use to describe their universe, and how they use it; to learn about their problems from an insider's point of view; to learn about the cultural attitudes, beliefs, and motivations that regulate their behavior; to discover their priorities for action and change in response to their perceived problems.

- Qualitative research is used as an exploratory technique to gather information about basic attitudes, perceptions, and feelings of a community or group. This information should be gathered prior to the design of an intervention (to help shape the formulation of messages and materials products and services) and continually during the course of a campaign (as a way of providing feedback and feedforward to project developers, managers, and evaluators).
C) Ethnography helps planners understand existing health-related attitudes, practices, and belief systems.

**QUALITATIVE RESEARCH**

**ALSO CAN BE USED TO**

**INFORM QUANTITATIVE**

**STUDIES**

- Qualitative data can be used as an input to more structured quantitative research because its insights can enhance the validity and the reliability of quantitative research instruments. It provides information about what questions are relevant in a given context; helps ensure that questions are couched in appropriate terms, and that sensitive questions are positioned and asked in a way that maximizes their chances of being reliably answered.

**QUALITATIVE AND**

**QUANTITATIVE RESEARCH**

**ARE INTERRELATED**

- Dialogue generated from qualitative research studies often provides insights that can be used as the basis for the development of messages and the design of health products and services that meet consumer's needs. Subsequent qualitative studies can be used to validate hypotheses about target community knowledge, attitudes and practices (KAP) generated through qualitative research.

**EXPERIENCE AND**

**JUDGMENT ARE**

**REQUIRED TO SELECT**

**APPROPRIATE**

**RESEARCH TOOLS**

- There are no hard and fast rules which define the appropriate technique to use for a particular study. In many instances the researcher may want to use a combination of techniques (quantitative as well as qualitative). Time required, available funding and information needs are the three variables that must be balanced when making a judgement about research design. Table 1, page 21 lists the advantages and disadvantages of various research methodologies.

**INTERPRETATION OF**

**RESEARCH DATA**

**REQUIRES A TEAM**

**APPROACH**

- After gathering data from various sources, social marketers still face the problem of using findings in such a way that decisions can be made. It is prudent to invoke a team approach in interpreting research findings. If, for example, research data is being used as a basis for message design and materials development, creative message specialists need to be brought into the analysis process (ideally they should be consulted in the research design process as well). Program managers and evaluators need to be involved in interpretation of data for program evaluation.

**IN RECENT YEARS,**

**THE DISCIPLINE OF**

**ANTHROPOLOGY HAS**

**PROVEN TO BE AN**

**INTEGRAL PART OF**

**HEALTH SCIENCE**

- Ethnography, one kind of qualitative research, is based on the use of a trained anthropologist to observe and record information about community life and customs. Over the last few decades, anthropology (the use of ethnographic observation) and other social sciences have increasingly sought to become relevant to the solution of social problems such as health. At the same time, fields such as health have become increasingly aware that the occurrence and treatment of disease does not take place in a social vacuum, and that western scientific medicine is ill-equipped to deliver its services to people who have radically different ways of conceptualizing health and disease. These developments have led to a convergence between anthropology and the health sciences, and the use of ethnographic methods to help design and implement health-related interventions.

**ETHNOGRAPHY**

**PROVIDES INSIGHTS**

**INTO EXISTING**

**HEALTH PRACTICES**

- Ethnography can help program planners acquire knowledge about what people know and what they don't know, how they carry out health-related activities such as washing and feeding, and how key decisions are made in the household (such as purchasing decisions and decisions to seek health care). Data from ethnographies can be used to guide focus group discussions and structure questionnaires in quantitative surveys.
Ethnography is a qualitative research method that has traditionally been used in anthropology. It uses observation and analysis to understand a culture from its own perspective. What distinguishes ethnography from other types of social science research is that the ethnographer enters the community without a specifically preconceived hypothesis, a set of prepared questions, or a list of important variables. The ethnographer generates hypothesis about target group behavior during fieldwork through the processes of participation, observation, and communication with the people who are the subjects of the study.

Participant observation is a technique of observation that involves the actual participation of the ethnographer in the life of the community that he or she is studying. He or she takes up residence in the community, often adopting local eating patterns and clothing, and taking part in local activities. In other words, the participant observer attempts to live as much as possible like the people that he or she is studying, and—in so far as the community allows it—attempts to become a member of the community.

Participant observation often yields in-depth knowledge of prevailing health behaviors that would otherwise be difficult to obtain. It is particularly useful in a cross-cultural situation, where social marketers lack extensive information about prevailing health practices. For example, an ethnographic observation of household nutrition practices in a rural community in Africa revealed the way in which traditional weaning foods were prepared and formulated, thus establishing the need for dietary improvements for the community. The observations were validated by similar studies done in other households in the community.

Ethnographers also often rely on key informant interviews. Key informant interviewing involves the selection of those individuals most knowledgeable about community attitudes and practices related to issues under study. Good key informants are individuals who are currently actively involved in their culture, are experienced in it, willing to cooperate, and capable of developing rapport with the ethnographer. Individuals who have spent any significant amount of time outside of the local cultural environment are often not appropriate to serve as key informants. Such individuals may be quite articulate and willing to participate, but their knowledge and perceptions are likely to differ significantly from those of other members of the community.

Ethnographic interviews generally begin with broad, open-ended, non-directive questions that elicit lengthy, detailed responses from the informant. This style of questioning helps the ethnographer begin to get a sense of what is important to members of the community, without initially biasing the data by imposing his or her own culture-bound classifications onto the informant. Good initial questions should not give the informant the idea that there are right or wrong answers, or that any particular type of response will please or displease the interviewer. Non-biased questions can be used in other qualitative research formats.
D) Research techniques used in modern commercial advertising and marketing, such as focus groups, often are successfully applied in social marketing interventions.

- In developed countries, health knowledge is a domain that includes the smaller yet distinct domains of nutrition and family planning knowledge. Within the domain of nutrition, there are smaller chunks of knowledge such as: ways to feed an infant; ways to feed a toddler; ways to feed to family; ways to feed a mother during pregnancy; ways to feed a mother during lactation; ways to feed a sick person, etc. The physiology of eating and the physiology of pregnancy are normally perceived as two separate things. However, in some developing countries, India for example, these two physiological concepts are related to each other in a much more direct way. The food ingested and the growing fetus are thought to share the same space in the woman's body. Women therefore think that eating large quantities of food during pregnancy is dangerous because it may crowd the womb and harm the fetus. Low birthweight is a prominent public health problem in this region. A successful intervention to increase birthweight must begin with the knowledge of how people in this area think about health and health-related processes.

- An understanding of culture is important for understanding the specific behaviors that are derived from that particular way of thinking about reality. A specific example of how cultures differ is found in the concept of illness. What is considered in some cultures to be illness is not always considered illness by people in other cultures. In some instances, the symptoms of what we consider to be a disease are so common and so pervasive that the situation comes to be viewed as normal. Women in some rural areas in Latin America, for example, are so accustomed to having infants with diarrhea that they consider diarrhea part of a child's natural development process. It does not come to be regarded as dangerous until it has persisted for several days. By that time, the infant is usually seriously dehydrated. Furthermore, once diarrhea has progressed to the point of being considered an illness according to the folk model, it is often treated with purgatives, because of the idea that diarrhea represents a kind of dirtiness from which the body must be cleansed and purified. According to a biomedical perspective, this is cause for great concern because purgatives aggravate diarrhea, and do not provide a remedy for dehydration. Many infants die of dehydration resulting from prolonged diarrhea. Many of those infants could be saved through the use of Oral Rehydration Therapy (ORT). Ethnography has helped social marketers decide not whether to promote the use of ORT, but how to present ORT in such a way that mothers can accept it.

- Focus group interviews are one of several qualitative research techniques derived from commercial market research. Group interviewing had its origins in psychoanalysis. It is based on the theory that social interaction with peers stimulates a different and more spontaneous kind of response than individual interviews, and that the security provided by a group of people sharing similar problems facilitates the emergence of unconscious or suppressed themes that may be too threatening to take up on an individual basis.
Focus groups are used in both commercial and social marketing as an exploratory technique. They can help develop an understanding of the language and terminology of a consumer or client group, and develop initial hypotheses and insight into the knowledge, attitudes, and motivations of the consumer/client groups toward the product or service of interest. They also are frequently used as a vehicle to pre-test messages and materials, products and services.

The advantages of focus groups are that they depend on relatively small samples, and are therefore less expensive to conduct than quantitative surveys. In developing countries, many individuals are not accustomed to individual interviews. They do not have experience with outsiders coming to solicit their individual opinions and experiences. In these circumstances, group interviews are more appropriate.

The disadvantages of focus groups are that valid results are highly dependent on the skill of the moderator. They cannot be used to make reliable quantitative estimates; to select the "best" product or strategy from among several viable alternatives; or obtain detailed individual histories and experiences. They also are not likely to provide much information about the variation of opinion that exists within a community. Discussion will tend to focus on ideas on which there is consensus within the community.

There are several things to keep in mind when recruiting respondents for a focus group interview: participants should have some relevant experience on which to draw in discussing the issues; the persons selected should be comfortable with each other; they should be able to give original, spontaneous responses. In other words, little or no previous experience with focus groups is best.

Diversity of background, although desirable in other types of research, is not advisable within focus groups. Respondents will feel more comfortable responding to questions if the other respondents are roughly equal to themselves in age, sex, experience, and social class, particularly if the discussion touches on sensitive issues.

It is not a good idea to have two or more individuals in a group who are known to each other. Friends may dominate the group, causing others to feel left out, or they may form splinter groups within the larger group, making it difficult for the moderator to guide discussion. Furthermore, the presence of friends may make some individuals more fearful of expressing controversial or unpopular ideas than they would be in a group of strangers.

In general, 8-12 people are considered an optimal size for a focus group. When there are less than eight, the group may be too small to generate adequate social interaction. When there are more than 10-12 people, it is more likely that splinter groups will form, and with several conversations going on at once, it will be more difficult for the moderator to stay on top of the discussion. Focus groups can be grouped according to criteria such as age, sex, lifestyle, product use, etc.
The task of the focus group moderator is to understand the issues being researched, and help structure the interview to meet those ends by stimulating the discussion, encouraging positive group interaction, controlling negative interaction, and keeping the discussion "on track." At the same time, the moderator must be able to listen with a "third ear" in order to understand what is being communicated by the mood and demeanor of the respondents, and be able to detect the difference between intellectual and emotional responses. Group moderators are often trained psychologists with clinical experience. It is not an absolute necessity, but it helps to develop the kind of insight into human interaction needed for the task, and the kind of introspection needed to recognize one's own biases.

Once the interview has been completed, the moderator must be able to interpret responses and observations obtained from the session to those who are conducting the research. Sometimes the way in which a question was answered is more important than the content of what was actually said. Whenever possible, it is advisable to have a social marketing specialist observe the focus group discussion, and collaborate in analyzing responses.

E) Unstructured in-depth individual interviews and projective techniques also are useful qualitative research tools for social marketers.

- In-depth individual unstructured interviews are a qualitative research method that social marketers can use to uncover basic feelings and attitudes of the target audience. Unstructured interviews tend to rely on open-ended questions that allow the respondent a great deal of latitude in deciding how and what to answer. Examples of open-ended related questions include: "Could you tell me how you feed your baby?" "How did you feel when the doctor said you had high blood pressure?" "Some couples use modern family planning methods to space their children. What do you think about family planning?" Most in-depth interviews begin with broad open-ended questions (as a means of facilitating the development of rapport between interviewer and respondent), and then proceed to a more narrow line of questioning. A skilled interviewer must be able to adjust his or her questioning strategy to the needs of the situation.

- Projective techniques rely on the presentation of an ambiguous stimulus to an individual or group audience that is asked to interpret the presentation. The techniques are based on the assumption that how an individual organizes such stimuli is a reflection of the way that he or she perceives the world and responds to it. Projective methods include pictorial techniques (showing inkblots, drawings, photographs, etc), verbal techniques, techniques using other sensory modalities, play techniques, and psycho- and socio-drama. Specific examples of such methods include the Rorschach inkblot test, the Thematic Aperception Test (TAT), word association, sentence completion, doll play and figure drawing. In one example, individuals were asked to select from a series of photographs the person most similar to themselves in terms of social class. The pictures used represented individuals from a wide range of backgrounds. Respondents also were asked to indicate which individuals they thought were most likely to adopt new health behavioral patterns.
F) Quantitative research techniques are used by social marketers for the following reasons: (a) to profile the target audience (epidemiological trends, health-related knowledge, attitudes and practices, media patterns, etc); (b) to develop a quantifiable baseline of information upon which a summative evaluation can be based; (c) to conduct a scientific appraisal of qualitative hypotheses, e.g., concept testing, product testing, etc; (d) to gauge audience reactions to message and materials; and (e) to serve as a technique in formative and summative evaluation studies. Common quantitative methods include structured interviews, consumer panels, intercept studies, unobtrusive measures, the use of secondary data sources and epidemiological surveys.

**PROJECTIVE TECHNIQUES ARE A USEFUL TOOL FOR ELICITING INFORMATION ABOUT SENSITIVE ISSUES**

- The advantage of using projective methods is that they enable respondents to talk about threatening subjects without direct reference to themselves. They are ostensibly responding to stimuli: an inkblot, a picture, etc. Responses are not accepted at face value, but are interpreted according to a preestablished psychological conceptualization. The administration and interpretation of these tests requires specialized training.

**THE VALIDITY OF MANY PROJECTIVE TECHNIQUES HAS YET TO BE ESTABLISHED**

- The disadvantages of using projective methods is that their validity and reliability have not been conclusively established. Sometimes they are challenged on ethical grounds. Individuals do not respond as if they were talking about themselves, which casts some doubt on whether the attitudes and opinions are reflective of the standards that they apply to their own behavior. Furthermore, respondents often are never explicitly told what the tests are for, and do not know how their responses will be interpreted and used. They may, therefore, choose to withhold information they might otherwise reveal.

**SOCIAL MARKETERS DRAW ON QUANTITATIVE SOCIAL SCIENCE AND CONSUMER MARKET RESEARCH TOOLS**

- The fields of social science and consumer market research should guide social marketers in designing appropriate quantitative measures for their subjects. It is important to follow established rules and procedures for research design, questionnaire design and data analysis in order to validate research efforts.

**STRUCTURED INTERVIEWS ELICIT RESPONSES TO A SET OF INTERVIEWER DEFINED QUESTIONS**

- Structured interviews are designed to elicit responses to a listed number of specific alternatives, e.g., "Did you understand the message?" "How often do you nurse your baby? On demand? 5 times a day? 3 times a day or less? etc." Structured interviews are often used for quantifying the health-related knowledge, attitudes and practices of the target community. Preliminary qualitative research often enhances the nature of structured interviews by identifying appropriate questions to ask. Structured interviews may be administered in person or through mail surveys or by phone.

**CONSUMER PANELS STUDY BEHAVIOR OVER TIME**

- Consumer panels analyze changes in the market by studying the behavior of product users over time. Panels allow for an analysis of the dynamics of user behavior, e.g. the number of new contraceptive acceptors, the number of repeat purchasers and the number who are switching methods or changing from one brand to another.

**PANELS ARE SOMETIMES DIFFICULT TO OPERATIONALIZE WITH LOW-INCOME CONSUMERS**

- In a panel, essentially the same individuals serve as respondents over the period of the study. Sometimes in social marketing this presents a problem, since low-income populations are less likely to cooperate than middle class respondents. Panels also presuppose a certain level of literacy for any requisite record keeping such as purchase and sales transactions.
Central location intercept studies provide information on important consumer issues quickly.

Intercept studies have advantages and disadvantages.

Mail surveys are an alternative to in-person structured interviews.

Telephone surveys also are an alternative to in-person structured interviews.

Unobtrusive measures rely on observational studies.

All relevant secondary data sources should be reviewed prior to developing a research design for a social marketing intervention.

Central location intercept interviews involve stationing interviewers at a point frequented by individuals in the target audience and asking them to participate in the study. Such locations can be pharmacies, clinics, or gathering places like public markets and bazaars.

Central location intercept is a particularly useful method when testing social marketing products or pricing and packaging strategies. By providing a central location for interviewing hard-to-reach target audiences, it represents a cost-effective means of gathering data. However, results are not statistically projectible, and the technique does not lend itself to interviews on sensitive issues.

Mail surveys have been an effective alternative to structured interviews for commercial marketers (though little used to date by social marketers). The advantages of a mail survey are that the respondent can answer questions at a chosen time, there is no interviewer bias or pressure for quick answers, and the sample can be widely dispersed. Disadvantages include difficulties in securing a good list of names and addresses from which a sample can be drawn, a lack of control over the interview situation, a lack of opportunity to probe for follow-up answers, and a longer period of time required to complete the survey.

Structured interviews also can be carried out by telephone. They have the advantages of personal interviews without the inherent high costs of sending interviewers into the field. Disadvantages include suitability limited to relatively short interviews, an inability to use visual aids, and (in some developing countries) a lack of supportive technology.

Unobtrusive measures usually rely on the physical observation of one or more phenomena under study. The observational technique is particularly suited to situations where no other technique or tool will supply the desired information, e.g., interactions between health care provider and client. Unobtrusive measures can be used to analyze the target audience, test alternative programs and evaluate input. Observations of dwellings and artifacts can indicate socio-demographic and psychographic segmentation. The effects of promotional programs can be gauged by observation of supportive delivery or distribution systems, e.g., number of condom sales at various retail outlets. Direct observation is also often used in combination with personal interviews. Observation loses its advantages over interviews if the observation becomes apparent to the target audience.

Secondary data, drawn from archival data sources, are usually less costly than questionnaire surveys or observation-based research, and usually require less time to gather. Some disadvantages of secondary data are its obsolescence, lack of direct fit, and lack of knowledge of how the data were gathered. There is a vast reservoir of information available to the researcher at little or no cost if he or she only knows where to seek it. Secondary data can be obtained from: epidemiological studies, census records, sales and service delivery statistics. Media marketing and advertising research services usually have data (sometimes available only for a fee) on media habits and demographics of a target community. Often a surplus of archival data allows multiple measures of a single variable. For example, records of sewerage flow, water pressure and telephone service have been used to show mass interest in particular televised events.
EPIDEMIOLOGICAL SURVEYS ARE A COSTLY BUT SOMETIMES NECESSARY PART OF A SOCIAL MARKETING INTERVENTION

MAKE SURE YOU KNOW WHAT YOU WANT TO MEASURE BEFORE UNDERTAKING A LARGE QUANTITATIVE BASELINE STUDY

- In many cases, social marketers will need to understand the nature and prevalence of health-related problems among the target population. Often it is sufficient to rely on secondary data sources, such as existing medical and public health records. However, it may also be necessary to design and carry out epidemiological research to specifically support a social marketing intervention. Epidemiological surveys are particularly essential to social marketing interventions whose explicit objectives are to improve the health status of a community. In such cases, social marketing will want to document the prevalence of morbidity/mortality patterns that they seek to change. The need for primary research will be greatest in rural areas of developing countries where there is frequently an absence of any secondary epidemiological data.

- Quantitative instruments are generally used to collect pre-test and post-test information needed to evaluate the impact of a social marketing campaign. A common mistake is to design and collect baseline information before other planning research techniques (both qualitative and quantitative) have been used to define behavior change objectives, campaign products/services, messages, materials, etc. Baseline information for campaign evaluation purposes should only be collected once measurable intervention outcome and process variables have been defined.

<table>
<thead>
<tr>
<th>TABLE I</th>
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<tbody>
<tr>
<td><strong>TYPES OF DATA COLLECTION</strong></td>
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<tr>
<th>MAJOR PURPOSE</th>
<th>COST</th>
<th>TIME REQUIRED</th>
<th>SKILLS LEVEL</th>
<th>SKILLS REQUIRED</th>
<th>RELIABILITY/VALIDITY</th>
<th>SCALE</th>
<th>SCOPE/INFO</th>
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<td>I QUALITATIVE</td>
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<tr>
<td>Ethnographic Field Work</td>
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<td>High</td>
<td>High</td>
<td>Interviewing, Observation, Analysis</td>
<td>Medium/High</td>
<td>Small</td>
</tr>
<tr>
<td>Focus Groups</td>
<td>Exploration of attitudes; product testing</td>
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<td>Low</td>
<td>Medium</td>
<td>Interviewing, Analysis</td>
<td>OK for limited purposes</td>
<td>Small</td>
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<tr>
<td>Unstructured Interviews</td>
<td>Exploration; Behavior negotiation</td>
<td>Medium/High</td>
<td>Medium</td>
<td>High</td>
<td>Interviewing, Analysis</td>
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<td>Medium/High</td>
<td>Interviewing, Observation, Analysis</td>
<td>Low</td>
<td>Small</td>
<td>Limited</td>
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<tr>
<td>Direct Observation</td>
<td>Exploration of practices</td>
<td>Low</td>
<td>Low</td>
<td>Medium High</td>
<td>Observation, Analysis</td>
<td>Low?</td>
<td>Small</td>
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<td>II QUANTITATIVE</td>
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<tr>
<td>Sample Surveys: Cross-Sectional</td>
<td>Baseline measurement</td>
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<td>Medium</td>
<td>High</td>
<td>Interviewing, questionnaire design, data analysis</td>
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<td>Sample Surveys: Longitudinal</td>
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<td>High</td>
<td>Questionnaire design, interview, data analysis</td>
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<td>Archival Data</td>
<td>Measurement of historical data</td>
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<td>Low</td>
<td>Low</td>
<td>Sorting &amp; counting</td>
<td>Depends on quality of data source</td>
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<td>Unobtrusive Measures</td>
<td>Measurement of practices</td>
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<td>Low</td>
<td>Low</td>
<td>Observation &amp; counting</td>
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<td>Small</td>
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<td>Structured Interviews</td>
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<td>Medium/High</td>
<td>Medium</td>
<td>Interviewing, Analysis</td>
<td>Limited</td>
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<td>Mail Surveys Telephone Surveys</td>
<td>Formative &amp; summative evaluation</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Analysis, interviewing, &amp; analysis</td>
<td>Limited</td>
<td>Small, medium, or large</td>
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QUESTIONS FOR STUDY AND DISCUSSION

1) Develop a research strategy, using qualitative and quantitative methods, for investigating infant feeding practices in an African village.

2) Conduct a focus group with classmates on a health-related topic.

3) Review and write an analysis of secondary data sources on disease prevalence in a region, in terms of its behavioral implications.

4) Develop projective techniques for engaging people in a cross-cultural context in a discussion of sexual practices.

References:

(1) Bartos, Rena, "Qualitative Research, Where It Is, and Where It Came From." Advertising Research Foundation, New York City, 1986.


UNIT III: Setting Behavior Change Objectives

OVERVIEW

A variety of objectives can be put forward for public health/social marketing interventions. Ultimately most interventions hope to improve the health/nutritional status of their target populations. However, it frequently is difficult to validate a causal relationship between a social marketing campaign and a health status outcome. One must first establish a change in relevant health practice and behaviors, and then prove a relationship between those practices and health status outcomes in the target community.

For this reason, social marketers generally focus primarily on measurements of behavior change as an indication of the degree to which they have been successful. A behavior change objective is one or more specific health practices whose adoption is associated with an improvement in health status of the target community. Thus, for example, the use of oral rehydration therapy to treat diarrhea involves a cluster of practices related to diagnosing dehydrated children, preparing oral rehydration solution (ORS), administering ORS correctly, knowing when to seek external help, etc. Breastfeeding to promote and protect growth during the first 4-6 months of life is a behavior change objective that involves placing the infant to the breast soon after delivery, giving colostrum, and feeding on demand. Most successful campaigns identify the most salient practices and promote those with specific target audience segments as behavior change objectives.

Often behavior change is interpreted as accessing services (e.g., immunizations) or purchasing products (e.g., condoms, oral rehydration salts). However, it is important to distinguish between access/purchase/use with the compliance requirements of health services and products. Purchasing contraceptives will not guarantee proper family planning practice. Getting the first shot in a series of innoculations will not insure that a child will become fully immunized. Compliance is a much more significant, but harder to measure, behavior change.

Social marketing intervention objectives also can be targeted toward changing target audience awareness, knowledge, attitudes or beliefs about a given health problem. Such measures are necessary but not sufficient conditions for changing health practices and behaviors. It is possible to produce a change in any or all of the above without a corresponding behavioral change.

This Unit describes a process for establishing behavioral change objectives for social marketing interventions. It begins by describing the job that social marketers have to do to prioritize behavior change objectives through behavioral analysis.

EXPERTISE

REQUIRED: market research, public health, data analysis, behavioral analysis, nonformal education

KEY TERMS: behavior change, behavioral analysis, attitudinal change, behavioral trials, concept testing, decision-making theory
A) The process of setting behavior change objectives begins by an identification and analysis of those practices most pivotal to the health-related behavior of the target community.

**BEHAVIORAL ANALYSIS BEGINS BY LOOKING AT PLANNING RESEARCH INFORMATION**

- Planning research data enables social marketers to understand existing health-related knowledge, attitudes, and practices of the target community. It should enable analysis of existing qualitative data from a behavioral point of view. Systematic behavioral analysis is needed to target priority attitudes and practices that impede health. For example, in a project designed to improve weaning practices, marketers should analyze each step in the preparation and serving of weaning foods. Planners need to know whether infants are malnourished because of the nature of the food, the way it is prepared, or the way in which it is fed to children.

- Behavioral analysis requires social marketers to look at the full range of treatment and/or preventive practices associated with a given health behavior and identify (in collaboration with the community) those practices most appropriate for promotion. Variables to be considered are whether the behavior is doable by the target audience; whether the behavior is compatible with existing practices; whether it can be easily broken down into discreet segments that can be taught sequentially; whether the target audiences can perceive positive consequences; whether the behavior can be performed with existing resources; the degree and frequency to which the practice has to be repeated to have significant value; the degree to which the practice can be readily perceived and reinforced by an outsider; and the extent of the effect of the practiced behavior on the health problem.

**BEHAVIORAL ANALYSIS SHOULD BE ANALYZED FOR SALIENCE, LENGTH AND FREQUENCY, PERFORMANCE COSTS, AND PERCEPTIBLE CONSEQUENCES**

- The target group for behavioral analyses need not be confined to those directly affected by the problem (e.g., mothers and infants with respect to weaning foods). It can extend to other family members, peers, influentials, health care providers, et al. Quite often it is also necessary to focus behavior change promotional efforts on persons who most influence the health practices of those in need (e.g., in the case of breastfeeding in urban areas: doctors and nurses).

**HEALTH PRACTICES OF BOTH PRIMARY AND SECONDARY TARGET GROUPS NEED TO BE ANALYZED**

- Behavior change objectives often are translated into "educational" social marketing messages. These messages usually articulate critical practices whose adaptation will help insure attainment of targeted objectives. Educational social marketing messages prescribe a specific action or practice in conformity with a behavior change objective. In the area of infant feeding for example, the following objectives and messages might be prescribed:
  - Objective: to increase the percent of mothers who breastfeed their babies exclusively from birth to hospital discharge.
  - Message: breastfeed your baby soon after delivery and exclusively on demand.

**BEHAVIORAL CHANGE OBJECTIVES SERVE AS THE BASIS FOR "EDUCATIONAL" SOCIAL MARKETING MESSAGES**

- Social marketing motivational and promotional messages are geared to changing misperceptions or overcoming barriers to adopting behavior change objectives in the target community. For example, in a rural community in Latin America, qualitative research found that mothers expected a treatment for diarrhoeal disease to stop diarrhea and return watery stools to normal. ORT, however, does not cure diarrhea but merely treats dehydration. ORT was promoted as a special remedy for dehydration (the loss of liquids). The development of motivational messages is based on qualitative motivational research that probes community attitudes and perceptions. What do mothers really feel about breastfeeding? Do they conceive of it as a conflict of interest if they work? Are they insecure about their breastfeeding abilities?
Behavioral change can be marketed to the individual directly (through direct action) or it can be facilitated by the provision of a new product or service. In the case of family planning, the products to be marketed are the means (e.g., condoms or other contraceptives) by which contraceptive behavior can be altered. An ideal family planning social marketing campaign should have the dual task of promoting (through more effective distribution, pricing and promotional mechanisms) a family planning product as well as providing consumers with the knowledge and motivation to appropriately use contraceptives. Similarly, in the case of high blood pressure, where one of the objectives of the program is to get people to have their blood pressure checked at regular intervals and comply with any treatments prescribed by the health practitioner, the products to be marketed are health care services; the social marketer’s task is to find out how those services can be tailored to the needs of vulnerable communities and then to inform and motivate consumers to effectively utilize the services and comply with their prescriptions.

Some behavioral change objectives do not require the marketing of a supporting good or service. Personal hygiene, for example, is a question of individual knowledge, skills and motivation. In this case, the products to be marketed are knowledge and practices that will facilitate individuals in taking direct action to solve their problems.

### MARKETING STRATEGIES FOR BEHAVIOR CHANGE OBJECTIVES

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Marketing/Promotion Focus</th>
<th>Type of Behavior Change Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>family planning</td>
<td>manufactured goods e.g., condoms</td>
<td>purchase and use</td>
</tr>
<tr>
<td>high blood pressure control</td>
<td>service e.g., high blood pressure</td>
<td>access and compliance</td>
</tr>
<tr>
<td>personal hygiene</td>
<td>screening</td>
<td>skill and adherence</td>
</tr>
<tr>
<td>reduces incidence of diarrhoeal disease</td>
<td>direct action</td>
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</table>
B) Social marketing specialists need to understand the constraints and costs involved to their target audience in establishing meaningful behavior change objectives.

**SETTING BEHAVIOR CHANGE OBJECTIVES INVOLVES A COLLABORATIVE EFFORT BETWEEN SOCIAL MARKETERS AND THE TARGET COMMUNITY**

- The process of setting behavior change objectives for social marketing interventions involves taking the knowledge acquired through analysis of planning research back to the target community, establishing a dialogue with members about their perceptions of the problems, sensitizing them to the possibility of improving their well-being through behavioral change, and encouraging them to try out new, mutually acceptable behaviors.

- Change itself has to be introduced gradually in order to give people time to experiment with new ideas, adjust, and begin to gain confidence in what they are experiencing. In order for a change to persist over time, people must perceive it to have been beneficial. Certain changes may be difficult to bring about because of cultural constraints. Others may involve too great a commitment of scarce time and resources to be locally feasible, or they may foster a dependence on outside sources of supply and distribution that are politically undesirable and economically impracticable. The challenge of designing an effective social marketing intervention is to develop a product/behavior mix that is culturally and economically feasible, and which satisfies the objectives of the program. The selection of products, services, and actions to be promoted, as well as behaviors targeted for change, must come out of a process of interaction between program planners and the community which results in a high degree of consensus. Achieving necessary consensus is difficult because there are cultural and perceptual barriers as well as economic and social constraints.

**SOCIAL MARKETERS NEED TO CONSIDER CULTURAL AND ECONOMIC CONSTRAINTS WHEN SETTING BEHAVIOR CHANGE OBJECTIVES**

- Identifying constraints to change or "resistance" points to the adaptation of new behaviors is essential. A campaign's success in large measure depends on social marketing's ability to address constraints with appropriate educational and motivational techniques. The major types of constraints which can be addressed by education and communications are: 1) gaps in knowledge; 2) gaps in skill; 3) cultural or ideological constraints; and 4) social constraints.

- From a cultural point of view, what is perceived as problematic by program planners—for example, the prevalence of anemia in pregnant women or vitamin A deficiency in children or high birth rates and mortality rates—will not necessarily be perceived as problematic by the community. People in many parts of the world have become accustomed through long exposure to perceiving as normal conditions that others would consider unhealthy (for example, low birth weight babies, dizziness or feelings of weakness due to anemia, parasitic infections, goiters, etc.) In such instances, it may be necessary in early stages of a social marketing campaign to nurture community awareness about the nature of the at-risk behavior.

- A long experience of poverty and deprivation can condition people psychologically. A chronic lack of resources and opportunities may lead to an almost fatalistic acceptance of their condition. This kind of attitude, which in some ways represents a successful adaptation to poverty, has important implications for social and behavioral change. Individuals living in highly deprived circumstances frequently attribute their fortunes and misfortunes to uncontrollable outside agents, and do not perceive themselves as being capable of effecting desirable changes in their environment through their own actions. Overcoming this kind of environmentally induced and culturally reinforced passivity requires a long, slow process of sensitization and learning.

- From an economic point of view, certain kinds of problems may not be immediately resolvable even though their existence and nature are not in question. It is ill advised to develop a campaign to teach people to boil water if there is no fuel. In such cases, it is unwise to attempt a social marketing intervention.
SOME COMMUNITIES ARE CONSTRAINED BY CONFLICTING OBLIGATIONS

BEHAVIOR CHANGE OBJECTIVES MAY THREATEN EXISTING SOCIAL RELATIONSHIPS

A VARIETY OF CONSTRAINTS WERE FACED BY MOTHERS WHO FAILED TO PARTICIPATE IN A NIGERIAN EPI CAMPAIGN

RISK IS A KEY FACTOR INFLUENCING CHANGE

CONSUMER DECISION-MAKING THEORY IS A USEFUL ANALYTICAL TOOL FOR SOCIAL MARKETERS TO USE IN ANALYZING TARGET GROUP BEHAVIOR

• There also are economic tradeoffs which require careful consideration when promoting behavioral change. Taken out of context, breastfeeding sounds like an intrinsically healthy and desirable activity. Even where bottle feeding is becoming more and more widespread, many mothers are still willing to acknowledge that breast milk is best for babies. Breastfeeding, however, takes place within a certain economic and social environment. More time spent breastfeeding will probably mean less time available to spend working in the garden, attending to other family members, or participating in economically desirable activities. A mother who is truly committed to breastfeeding may have to forego possibilities of wage employment altogether in order to be constantly within reach of her infant. Many mothers, particularly those who are single heads of household, are not free to make this choice. Most people cannot be expected to readily accept or support a change in behavior which they perceive to be against their own self-interest. In such environments, social marketers have two choices: (a) to attempt to sensitize the community to the value of a proposed behavior change objective; or (b) to promote strategies that work within a given socio-economic context (e.g. in the case of breastfeeding convince employers to set up creches, allow ample maternity leave.)

• Change may therefore also be difficult from a social point of view. Social interventions almost invariably work to the advantage of some individuals more than others, and this will invariably affect the social dynamics of both the community and the family. At the micro-level, behavioral changes may violate the accepted patterns of labor division and resource allocation within the family, causing confusion and conflict among its members. At the broader community level, where status considerations are important, some groups may be opposed to changes that would alter their relative advantage over less privileged groups. Social marketers need to understand relevant relationships, and, if necessary, position behavioral change objectives to accommodate them. The promotion of maternal nutrition objectives, for example, may need to be based more on an appeal to a husband's sense of care and responsibility to his wife than on messages targeted directly at mothers.

• A recent study of an immunization campaign revealed much about the risk factors that constrained mothers who did not participate. Included in the reasons given for failure to participate were: misconceptions about contraindications; no faith in immunization's effect; fear of side effects; unawareness of the need; unawareness of the place to go; place of immunization was too far to go; and the time of immunization was inconvenient.

• The greater the perceived risk of a certain behavioral pattern, the easier it is to persuade a person to change.

• Consumer decision-making theory, a body of knowledge developed by the behavioral sciences, enables social marketers to understand factors that affect risk taking in the health arena. Decision-making theorists postulate that individuals will adopt new preventive health practices if: they perceive the severity of the outcome; they believe one can be ill and not know it; and they believe that the action that has been recommended will achieve the desired end.
C) Social marketers can apply proven commercial marketing techniques of concept testing and behavioral/product trials when setting behavioral change objectives.

**CONCEPT TESTING PROVIDES REACTIONS FROM THE COMMUNITY ABOUT PROPOSED BEHAVIOR CHANGE OBJECTIVES, PRODUCTS AND SERVICES**

- Once behaviors have been analyzed, behavior change objectives must be tried out ("concept testing") on a small segment of the target population to see if the community actually finds them acceptable. The testing process should include a procedure for ranking the alternative concepts in order of preference. The feedback obtained determines whether the objective is most likely to be successfully adopted when introduced on a broader scale. Concept testing also can be applied to the development of social marketing products and services (see Unit VI).

**CONCEPT TESTING REQUIRES CONSUMER RESEARCH**

- The process of concept testing in a commercial marketing context typically consists of asking members of the target audience a series of questions such as: Do they understand the proposed new behavior or product concept? Do they understand the benefits of the proposed product? Do they believe that the benefits will accrue to them? Does the proposed product meet a real need? Could they improve upon the design of the new product? Who in the family will be responsible for the decision to adopt it/purchase it? Is the proposed product perceived as more or less desirable than more traditional ways of satisfying the same need? Does the consumer think that under ordinary circumstances he or she would actually purchase or adopt the product being proposed?

**BEHAVIORAL TRIALS ARE A WAY OF TESTING OUT NEW HEALTH PRACTICES IN THE ENVIRONMENT OF THE TARGET COMMUNITY**

- It often is difficult for communities, particularly in cross-cultural situations, to grasp new behaviors in the form of abstract concepts. Behavioral trials can be used to augment or replace concept testing in certain situations. In Indonesia, for example, investigators persuaded a number of mothers to try a new weaning food concept on an experimental basis for a predetermined period of time. Given the nature of the task, this proved to be a more effective way of discovering whether the proposed behaviors were realistic than asking mothers verbally if they thought a specified combination of ingredients, to be fed to their babies X number of times per day, would be acceptable. The successful execution of this behavior involves a series of steps that are difficult to specify in advance, and a number of intangible elements, such as finding extra time to prepare the food and assessing the infant's reaction to it. The advantage of behavioral trials is that they take place in a realistic setting where unanticipated problems and effects can actually be observed and resolved before mass dissemination of new concepts takes place. Behavioral trials are therefore a more effective way than interviewing of testing new health practices. They also enable planners to discover the difficulties that might constrain widespread adoption; identify possible modifications or alternatives; and estimate the probable rate of adoption of the behavior in the community at large.

**CARE SHOULD BE TAKEN IN IDENTIFYING BEHAVIORAL TRIAL PARTICIPANTS**

- It is important to consider the characteristics of those who will pilot the adoption of new behavior. Ideally they should be early adopters, potentially heavy users, and opinion leaders who can talk favorably about the product. Qualitative research studies, especially ethnographic observation, should help social marketers identify appropriate participants in a behavioral trial or test-marketing experiment.
D) Non-formal educational techniques often prove useful for engaging the community in the process of setting behavior change objectives.

THE TARGET COMMUNITY MUST FEEL IT IS IN THEIR SELF-INTEREST TO ADOPT BEHAVIOR CHANGE OBJECTIVES

- The process of setting objectives cannot be done without reference to the target population. The goal is a change in behavior that will take place voluntarily and be maintained over time. This requires that the target audience understand and accept the need for change and be willing to work to bring about this change. This can only happen if people feel that it is genuinely in their own self-interest to change, and not because change is temporarily imposed upon them from outside by individuals who have little understanding of reality as they perceive it. In the development literature, there are many examples of behavioral changes, temporarily induced by projects, that were not sustained after the termination of the project because they were perceived by people as having little relevance to their subjectively felt problems and concerns. Awareness of past failures has brought increased sensitivity of the need to understand subjective constraints, and develop a strategy for overcoming them. This means getting the community involved in helping to develop and test behaviors, services, and other health-related products.

- Achieving this kind of understanding is often difficult. In part, this is because the benefits of improved health are not always immediately perceived, and in part, because there are risks and tradeoffs associated with change which may be seen as unacceptable. High blood pressure, for example, is an asymptomatic disease that requires continuing treatment in order to avoid serious cardiovascular problems. However, people do not usually know they have a problem with high blood pressure unless it has previously been diagnosed by a doctor. The challenge is for people who are likely to be at risk to understand the risks they face despite the absence of symptoms, and comply with the treatment, even though they do not feel any different as a result. The required changes in behavior (for example, medical changes in diet, trips to the health clinic, etc.) are not without cost to the individual, and their benefits are not as immediate and tangible as those of a new car or a better plough. Social marketers must increase individual perceptions of benefits, and reduce perceptions of the uncertainty involved in the adoption of new behaviors by establishing conceptual linkages between the new behaviors and problems that are of a more immediate and concrete nature.

- The steps required to achieve this vary according to the setting. In a remote rural village where traditional culture is strong and there is relatively little overlap between separate "realities" perceived by community members and by program planners, the first step is to increase community awareness of health problems and to bring out differences in perception between community members and social marketers. A dialogue needs to be established so that a certain degree of common understanding can be achieved. In more educated urban communities, there will be less need for sensitization activities, and planners can proceed directly to the process of negotiating and trying out new behavioral concepts and analyzing the results.

- For instances in which initial sensitization activities are required, there are some specific participatory activities designed by non-formal education specialists working in Latin America and in Asia which can be used to facilitate the process of communication. These include village visits; "Johari's Window;" and storytelling through pictures, puppets, role-playing, and simulations.

- Once the community has been engaged and becomes sensitized to the need to take action, program planners can begin to think about what kinds of behavioral change might be realistic, and what kinds of services and products are likely to facilitate their attainment within that specific context.
QUESTIONS FOR DISCUSSION AND ANALYSIS

(1) Identify a list of specific practices related to the prevention and treatment of acute respiratory illness. Apply criteria for determining: (a) priority behaviors and practices, and (b) constraints that need to be addressed.

(2) Using secondary data, generate a list of consumer needs and wants in relation to child spacing. How can the list help us develop a strategy for overcoming target audience constraints to adopting family planning practices?

(3) Develop a questionnaire and research design for concept testing new weaning food practices. Are behavioral trials appropriate in this case? Give your rationale.

(4) How would you promote oral rehydration therapy to a community who perceives that diarrheal disease is God's will?

References:


UNIT IV: Communications Strategy

OVERVIEW

The purpose of a social marketing campaign communications strategy is to effectively utilize available channels of communication (media) to promote changes in behavior, product sales and service access. To achieve this goal, social marketers need to develop well-crafted messages and materials, and disseminate them with the greatest reach and frequency possible.

Very often the first task of a communications strategy will be to raise community awareness about health problems at hand. Predisposition to behavior change often is predicated on the extent to which the community perceives a particular condition to be life threatening. Receptivity to educational, promotional, and motivational messages can often be correlated to the level of awareness in the target audience.

The project's behavior change objectives provide parameters for educational messages social marketers need to transmit. Messages and materials more motivational in character are determined by a social marketer's understanding of community perceptions of targeted health problems and proposed solutions. Based on these perceptions, social marketers "position" the proposed behavior change objective, or try to promote it in relation to community concerns.

Successful social marketing campaigns often have made intensive use of mass media (radio, television, billboards, newspaper, etc.) to reach their intended target audience. Mass media are an extremely effective tool for campaigns seeking to increase product sales (e.g. condoms) or access to services (e.g. immunizations). However, mass media alone usually have proved ineffective in changing health practices, and have been most often used to either (a) raise awareness about a problem; (b) reinforce parallel communication efforts carried out by community health workers (CHWs); or (c) position a new behavior, product, or service in the mind of the consumer. CHWs themselves should be viewed as a channel of communication for social marketers, and more attention should be paid to training community health workers in communications skills needed to effectively transmit social marketing messages.

For the development of messages and materials, social marketing frequently draws on modern commercial advertising techniques. The use of focus groups to help design and pre-test messages, the advertising arts of copy writing and media production all have been brought into play in successful marketing campaigns. This is not to say that what works in selling soap will always work in promoting health. Social marketing messages sometimes dictate a degree of technical precision not always demanded in the world of commercial advertising. In addition, social marketers often are faced with the challenge of communicating to non-literate disadvantaged populations, groups rarely dealt with by advertisers.

MASS MEDIA'S ROLE IN SOCIAL MARKETING

| MASS MEDIA ALONE | • Creates awareness  
|                  | • Positions behaviors  
|                  | • Increases product sales  
|                  | and service access |
| MASS MEDIA & INTERPERSONAL EDUCATION | • Changes behavior |

EXPERTISE
REQUIRED: advertising, message design, materials development, media specialists

TECHNICAL
TERMS: positioning, message, material, media, advertising, reach and frequency
A) Targeted behavior change objectives, products or services need to be positioned accurately in order to ensure their adaptation.

**POSITIONING INVOLVES UNDERSTANDING THE WAY IN WHICH THE CONSUMER RELATES TO A TARGETED BEHAVIOR OR PRODUCT**

- A behavior product "position" is the way in which the consumer defines its important attributes-- the place the product occupies in the consumer's mind. While behavior change objectives define a social marketing campaign's educational messages, positioning sets the tone for the development of motivational and promotional messages and materials.

- Products, services, and behaviors can be positioned according to: (a) users, e.g. working women, teenagers, etc; (b) benefits, e.g. ORT lessens dehydration, contraceptives help stabilize family size, etc; (c) usage occasions, e.g. a maternal dietary supplement can be positioned as giving women extra energy during planting season; (d) product attributes, e.g. low price; and (e) competing products, e.g. breastfeeding versus formula feeding.

**FIVE CRITERIA FOR POSITIONING A BEHAVIOR OR PRODUCT**

- Data from qualitative research studies will help social marketers define the way in which a behavior or product is "positioned." Positioning strategies can develop from community perceptions about the cause of a health problem ("God's will"), the attributes of a desired cure (e.g. ORT usually is positioned as a means of treating dehydration, not diarrhea), constraints or resistance points they face (e.g. paying for their child's education if they have a large family).

B) An effective social marketing message is "a carefully crafted communication--generally a single idea--designed to sensitize, inform or motivate a target audience and/or promote a health-enhancing product, service, or practice."

**THERE ARE THREE MAIN TYPES OF SOCIAL MARKETING MESSAGES: EDUCATIONAL, PROMOTIONAL, AND MOTIVATIONAL**

- There are three kinds of social marketing messages: educational, promotional, and motivational. Educational messages are synonymous with campaign behavior change objectives, e.g. specific practices or actions whose adoption will help ensure health-related behavior change. Promotional messages make people aware of new health-enhancing products, services, or behaviors. Motivational messages are designed to persuade members of the target audience to adopt specific practices and behaviors. Promotional and motivational messages reflect the way in which a proposed new behavior is positioned.

- An example of an educational message is "breastfeed your baby on demand for the first four months after birth." It is an explicit statement about a desired outcome. In contrast, promotional and motivational messages emphasize attributes of style and emotion, and appeal to personal feelings. Promotional messages focus on attributes of a product, services, or practice (e.g. "Panther Condoms: a good value for a good price."). While motivational messages are targeted to improvements in personal performance, ability, etc. which will accrue if a targeted health practice outcome is adopted (i.e., "If you care about your child's future, have him immunized today.") the same material can often contain promotional, motivational, and educational elements.
C) Designing effective messages requires a blend of technical know-how and creative insight. Community participation greatly enhances the message design process.

- Designing effective messages and materials requires a blend of creative insight into the human character and marketing know-how. It requires knowledge of how motivation affects behavior; what attitudes are, and how to influence them; and the nature of what an individual goes through when confronted with the decision to purchase a new product or adopt a new behavior.

- The process of message design and testing usually is carried out by experienced, creative professionals (marketers, copy writers, and artists) in collaboration with members of the target audience. Focus groups are a frequently used device to get target group reactions to product or message concepts. Successful messages need to be validated by the reality and perceptual outlook of those who are being asked to adopt new behaviors. For example, in a Latin American ORT campaign, pretesting revealed that mothers heard a radio spot tell them to mix two ORT packages per liter of water when it was really instructing them to mix just one.

- An attitude is a position that an individual takes with respect to some aspect of his or her environment. Psychologists have determined that attitudes have motivational, emotional, perceptual, and cognitive components. Attitudes towards new ideas and behaviors may be positive, neutral, or negative. The motivational, emotional, and perceptual components of attitudes are particularly difficult to affect directly. The cognitive component is most likely to be altered by new information. Psychological research suggests that as the cognitive basis of an attitude changes, the other components will gradually follow suit.

- There are three ways to approach the problem of cognitive change: to reinforce existing positive attitudes; to attempt to change negative ones; and to attempt to create new ones. Changing negative attitudes by confronting them directly usually poses the most problems. A more workable approach is to combine reinforcement of positive attitudes with efforts to create new attitudes through the introduction of new concepts.

- Problem recognition is the heart of the decision-making process. Marketers can and do try to alter their audiences' decision-making processes by first affecting the way in which individuals perceive problems. Problems can be active or passive: in other words, individuals may have problems, but they may or may not be aware of having them. They are more likely to take steps to correct problems of which they are aware. To raise awareness, marketers often utilize
message could be the effects of smoking cigarettes. Social marketers usually try to foster problem recognition. In Honduras, marketers tried to get mothers to recognize dehydration as a serious health problem, and to take appropriate action to correct it.

D) An effective social marketing campaign often will utilize a variety of messages over time.

- Messages will vary according to the stage of the social marketing campaign. What is effective at one stage of the process will not necessarily be effective at another. Researchers have outlined a theoretical model of the adoption process for new products and practices. According to that model, individuals go through at least four distinct stages before adopting a behavioral change decision. These are: attention, interest, desire, and action. Messages must be geared to these distinct stages of the adoption process.

  **Attention:** This is the initial stage during which individuals become aware of the product or behavioral innovation. This can be enhanced by the development of well-designed promotional messages packaged in an attractive materials format.

  **Interest:** This is the stage during which individuals tentatively agree to try out the new behavior and evaluate it. Supportive motivational messages may be appropriate at this stage.

  **Desire:** At this stage an individual begins to internalize a drive to undertake the new behavior on a positive basis. Messages that promote the benefits of adopting new practices are often most appropriate here.

  **Action:** This is the final stage of the adoption process: the individual arrives at a decision to undertake the recommended action(s), and seeks additional information to support his or her decision.

- Short messages are often most appropriate in the sensitization, attention-getting, and awareness creating stage of the behavior change process; longer formats and greater use of educational messages are best suited to a stage of the campaign in which interest in the product or practice has already been aroused; motivational messages are often very effective once the individual is already potentially interested in the product or practices but needs to try out the product on an experimental basis; a mixture of message types is appropriate in the final stages of the campaign, because once individuals have reached the decision to purchase a product or adopt a new health practice, they will seek support to help them sustain new behavior.

E) Effective messages are culturally relevant, believable, and doable by their target audience.

- In order to design an effective message, the designer must first understand what health/nutrition problems the intervention is attempting to overcome, what the marketing and/or behavioral goals are, who the target audience is, and what their "resistance points" to change are. In other words, are there any real or perceived obstacles that might keep the target audience from adopting new health practices, and is there anything the message designer can do to alter the audience's perception of those constraints?

  - The more specific the message, the more doable it must become; specific, precise messages should be closely correlated to those behavior change objectives that the community is capable of adopting. A message will lose its force if it can't be accomplished within existing socio-economic constraints.
GOOD MESSAGES ARE "BELIEVABLE"

• Messages and materials must be believable in both cultural and socio-economic terms. The target audience must believe (a) that they can adopt the proposed health enhancing behavior; and (b) that the benefits they will derive from the new practices will make it worth their while. Promotional and motivational messages should emphasize the benefits involved in behavior change.

• While a given social marketing campaign may strive to promote a whole complex of related behavior change objectives (e.g., different feeding practices for different family members) individual messages and materials should focus only on single self-contained behaviors. It is difficult, especially through mass media, to get an audience to absorb more than one major concept at a time. For that reason messages and materials should be keyed to the promotion of a behavior identified as pivotal as a result of project research investigations. Where possible the message should be repeated within the context of a single material or in a series of complementary materials.

GOOD MESSAGES SHOULD FOCUS ON A SINGLE CONCEPT OR BEHAVIOR

• Good messages attract the attention of the target audience, hold their interest, instill in them a desire for the benefits associated with the new product or behavior, and help them undertake the actions necessary to achieve those benefits. In order to accomplish this, they have to be appropriately tailored and targeted, and they have to be clearly and easily understood. Good messages are deceptively simple-sounding. Each one expresses a single idea about a beneficial action that could easily be carried out by a member of the target audience within the local environment, in a way that is clear, meaningful, and motivating.

GOOD MESSAGES SHOULD ATTRACT AND HOLD THE ATTENTION OF THE TARGET AUDIENCE

• Breastfeeding practices, for example, are strongly related to the time when breastfeeding is initiated, its frequency and duration; whether the infant is given colostrum or not; and how breastfeeding is managed during infant or maternal illness. These decisions are not necessarily up to the mother, but may be decided by her mother, husband, physician, mother-in-law, or another relative, depending on who is considered to have the power to make those decisions within a given community. In order to craft an effective message, the message designer will want to know who the key actors are in the decision-making process.

GOOD MESSAGES ARE TARGETED TO SPECIFIC AUDIENCE SEGMENTS

(F) Materials are the packaging for messages. Materials design should receive as much care and attention as the design of messages.

MATERIALS FIT MESSAGES INTO MEDIA

• Materials are the packaging for the message. Materials development is the process of taking a message from the idea stage, and expressing it through words and/or pictures, in such a way that it can be replicated and disseminated to the target audience through preselected media.

• The actual development of messages and materials is a job for specialists. There are few hard and fast rules for doing it. It is not just the content of the message that is important, but how it is presented. The "how" consists of the style, tone, words, and format (use of space and color) used to convey it. Knowing how to take the content of a message and combine it effectively with the format elements to produce a finished printed advertisement, poster, or broadcast spot often requires teams of technical and creative professionals.
MATERIALS DEVELOPERS UTILIZE A VARIETY OF STYLES

- Style refers to the mood or setting that communication materials attempt to evoke. Some styles commonly used in advertising are slice-of-life, technical expert, and testimonial. A slice-of-life approach to a breastfeeding promotion program might portray a slightly idealized mother in her home breastfeeding her baby; a technical expert approach to breastfeeding might portray a doctor or nurse discussing the health benefits of breastfeeding; a testimonial would include an interview with a mother who has breastfed successfully.

- Style adds meaning to the message the materials are intended to convey. Each style has its own implicit message. A "slice-of-life" approach conveys the message that it is "okay" for mothers of the type portrayed to breastfeed their babies; it is part of their everyday life. The technical expert approach conveys an educated opinion, and the prestige that may be associated with. It can be used effectively to appeal to more educated audiences, or alternatively to uneducated audiences that have a great deal of respect for formal education, and for modern medical professionals. For the preliminary development of materials, it is up to the materials specialists to select the styles that they feel best complement the explicit message, given what they already know about the target audience and the objectives of the project. Pretesting will enable them to test the initial reactions of their audiences, and modify their materials as needed.

THE STYLE OF EACH MATERIAL ALSO CONVEYS ITS OWN MESSAGE

- The place to begin in developing materials for a media campaign is to talk to people, and visit target audience communities, in order to observe everyday common language, symbols, and local visual images. This will enable the target audience to provide some guidance in selecting styles, tones, and formats for project messages and materials.

THE TARGET AUDIENCE ALSO SHOULD PARTICIPATE IN THE PROCESS OF MATERIALS DEVELOPMENT

- The tone of messages and materials can be positive, negative, guilt-inducing, fear or anger-arousing, humorous, and so on. In general, a positive approach is more likely to be conducive to behavioral change than a guilt-inducing one, because it makes people feel good, and gives them confidence in their ability to effect change. A humorous approach is sometimes used, and is particularly effective for attention-getting purposes, but must be invoked with caution. What is considered humorous varies from culture to culture. What is considered inoffensive in one culture may be considered offensive in another.

TONE IS ANOTHER IMPORTANT ELEMENT IN MESSAGE AND MATERIALS DESIGN

G) The use of media is determined by their reach and frequency, accessibility and cost.

MEDIA ARE CHANNELS OF COMMUNICATION THROUGH WHICH MESSAGES AND MATERIALS ARE TRANSMITTED

- Media are the channels of communication through which messages and materials are transmitted. There are essentially several kinds of media: mass media (radio, television, newspaper, billboards, cinema, direct mail, et al.) which reaches thousands and millions of people simultaneously with the same message; support media (materials like flip charts, flannelgraphs, and other teaching aids) which require human presence to interpret; folk media, or the use of traditional art forms to convey health messages; and interpersonal media, or people working with other people in teaching and learning situations.

A MEDIA PLAN CONTAINS THE RATIONALE FOR MEDIA AND MATERIALS EXPENDITURES

- A media plan rationalizes the basis for line item expenditures for media use and materials development. The objectives of a media plan deal with who the marketer wants to reach (which audience segment), where materials are to be directed, and when they are to be scheduled. Media plan strategies define which media and which material formats will best reach targets defined in the objectives; media plan tactics are the details of the plan in the form of statistics that support the where and when decisions.
Media weight (e.g., the type and numbers of viewers/readers, etc. for specific programs, magazines) helps determine where social marketers should invest their media dollars. Weight usually is determined by viewer/listener/reader-ship surveys. Cost efficiency, or the measure of how well time or space units compare in terms of audience delivery is another factor used to determine media use. If a televised spot costs $200 and reaches 200,000 people, its cost efficiency value is $0.10 per person (relatively high). Cost efficiency ratings need to be considered within the context of message length or size of print space.

REACH MEASURES THE PERCENTAGE OF HOMES EXPOSED TO A GIVEN MESSAGE

The ability of a medium to cover an audience is its reach. Reach measures the percentage of houses exposed to a given message. For example, the effective reach of a newspaper is the percent of circulation likely to be exposed to a printed message. Messages designed to attract the attention of a target community—increasing the frequency—are the best means of expanding effective reach.

FREQUENCY TELLS HOW OFTEN A MESSAGE IS RECEIVED

Frequency tells how often a message is received. Frequency distribution is a function of 1) differences in media usage habits; and 2) the placement of the message.

MEDIA PLANNERS NEED TO BALANCE COSTS, REACH AND FREQUENCY

The shorter the message, the more print space/broadcast time can be purchased and the greater the potential reach and frequency. The more expensive the time period or print medium, the greater the reach, but the lower the frequency for a given budget. The addition of several low-cost channels may compensate for the limited reach of an individual medium, by providing an opportunity for transmitting the message with greater frequency.

SELECTION OF MEDIA IS DETERMINED BY ISSUES OF REACH, FREQUENCY, APPEAL, AND COST

Reach and frequency often are determined by the advertising practices of competitors. In a campaign to promote breastfeeding, for example, one ought to gauge the marketing efforts of those trying to promote breastmilk substitutes. Many countries require radio and television stations to keep a log of the advertisements they use.

COMPETITOR'S ADS HELP SHAPE REACH AND FREQUENCY APPROACHES

Decisions about media selection must precede materials development, because in a very important way, they help define the tasks for materials development. A communication strategy therefore moves from a series of broad decisions about design of messages to decisions about what media to use, based on an analysis of the audience, the costs and characteristics of the medium and what production facilities and equipment are available in the local environment. The materials format finally chosen will reflect decisions that balance the need to reach the target audience with the constraints of existing resources.

MEDIA SELECTION INFLUENCES MESSAGE DESIGN AND MATERIALS DEVELOPMENT

The design of messages and materials is also contingent on project media. It is important to note the advantages and disadvantages of different media for conveying messages.

EACH MEDIUM HAS ADVANTAGES AND DISADVANTAGES FOR CONVEYING MESSAGES TO THE TARGET AUDIENCE

For example, television with sight and sound and a high audience rating is an excellent vehicle for creating awareness and building images of new products and services. It also is an effective vehicle for demonstrating new behaviors. However, television is often very costly, and its availability limited in the developing world.
Radio is the most extensively utilized and perhaps the most effective mass medium in the developing world. Creative use of radio must make up for absence of sight and motion. Most of the time radio is used to convey short, either sensitizing or reinforcing (in support of face-to-face education) messages.

Billboards are limited by the distance of the audience and their passing impression. A well-placed billboard can reach many people with awareness or reinforcing messages, e.g., "Have your child screened for lead paint poisoning today."

Face-to-face education, e.g., through a primary health care worker, is perhaps the best medium for demonstration education. It allows for repetitive and two-way communication. However, it is also a difficult medium to replicate on a large scale and maintain good quality control. Its effectiveness is contingent on the ability of each health care worker. Many successful social marketing campaigns (e.g., U.S. High Blood Pressure Education Program, Indonesian Nutrition Improvement Project, Gambia and Honduras ORT projects) have relied on reinforcing face-to-face and mass media channels of communication.

Social marketing audience research techniques can be used to strengthen face-to-face counseling interventions, such as growth monitoring. Carefully crafted messages, developed through social marketing techniques, can be utilized by face-to-face health education workers in counseling situations. This approach has been effectively used in growth monitoring programs where specific remedial messages need to be provided for children who fail to gain weight at different ages. For example, in a growth monitoring program in Northern Cameroon, mothers of children 4-9 months old who fail to gain weight are told in addition to breastfeeding, "to enrich their children's bouille with peanut paste, fresh or curdled milk or egg," and feed this enriched bouille three times a day. Specific behavior change counseling messages also were designed for infants who fail to gain weight at ages 0-3, 10-15, and 16-36 months of age. Program planners are exploring the degree to which these same messages can be transmitted by radio to reinforce face-to-face educational efforts.

Designing messages and materials for cross-cultural, particularly illiterate, audiences requires special skills.

Specific factors in cross-cultural situations which may affect the interpretation of nonverbal elements include perceptions of time, space, and color. For example, it is important that the colors selected for the execution of materials be consistent with the message that is being conveyed. When weight charts were developed for the Indonesian Nutrition Improvement Project, a gradient of colors from yellow to green was selected. In Indonesia, which is an agricultural society, yellow is a color associated with withering and death, whereas green has a strong, positive meaning. In Ecuador, however, mothers equated the color green with illness, and preferred to have a reddish color (identified with the "pink cheeks" of health) designated for children who were well nourished.

Illiterate people do not necessarily understand the meaning of pictures. Research in an Asian country has shown that pictures are a form of symbolic communication that is not the expression of a universally shared logic. The interpretation of pictures has to be learned very much the way reading is learned. Research showed that illiterate populations did not necessarily expect to get ideas from pictures, did not necessarily "read" sequential pictures from left to right or assume a logical connection between them. Younger people, particularly those who have had some schooling, are generally better at deciphering pictures than older and less educated people, even if they have not attained functional literacy.
However, pictures have been shown to be useful to a limited extent if their messages have been explained in advance using other means, and if the pictures are constructed according to the following guidelines: the whole person, or the whole object should always be represented; background, or external detail should be avoided as much as possible; internal detail should be included because it makes the picture more realistic, and enhances recognition; the number of objects shown in any drawing should be limited; drawings should stick to very familiar things, and refrain from trying to depict emotions such as happiness or sadness which are very difficult to represent in a meaningful way; pictures should always be pretested to ensure that they are understood.

### QUESTIONS FOR STUDY AND DISCUSSION

1) Design a quantitative survey to assess health-related knowledge and practices of a disadvantaged population in a developing country.

2) Explain how you would develop a radio message for a family planning campaign in a Latin American country. On the basis of your rationale, what would your message be?

3) Develop a radio script to teach the use of oral rehydration therapy, targeted to a community/country with which you are familiar. Pre-test your material if possible with someone from that community/country.

4) Design a flip chart to promote improved weaning practices among an illiterate population. Write a rationale for your use of images.

### References:

1. Bertrand, Jane, *Communications Pretesting*, University of Chicago, Chicago, II. 1978.
UNIT V: Product and Services Marketing

OVERVIEW

In those cases where behavior change objectives are mediated by products or services (e.g. contraceptives, immunization service delivery programs) social marketers need to be concerned with a wide range of traditional marketing issues ranging from product design to pricing policies. It is here that the four "p's" of marketing need to be considered--product, price, place, and promotion. **Product** stands for the physical make-up of the good or service provided, and the ability of that good/service to meet a specific consumer need. **Price** stands for either the amount of money customers have to pay to obtain the product or (given the availability of no-cost or subsidized products and services) the cost in terms of practices foregone or delayed gratification. **Place** stands for the activities related to distributing the product or service to the target community. **Promotion** stands for activities which communicate the merits of the product and persuade the community to purchase/use it.

It should be emphasized that a successful marketing strategy that promotes greater sales does not guarantee correct product use. Issues of application and compliance are just as fundamental to the goal of behavior change as are sales and access. Increased purchases of contraceptives do not ensure a leveling of birth rates. Simultaneous efforts need to be undertaken to educate and motivate consumers to use the products they buy correctly, if real behavior change is to be achieved.

Social marketers must also be concerned with positioning their product or service with the target audience. A product's position refers to the way the product is perceived by consumers in terms of important attributes relative to supporting or competing needs and wants. (For more on positioning, see Unit IV.)

Social marketing is based on the assumption that behavioral change always involves significant personal costs, which may be both psychological and financial. According to this framework, new behaviors will be adopted if individuals perceive the benefits of change to outweigh the costs. A social marketing intervention is an attempt to alter the perceived cost/benefit ratio. This can be done in two different ways: by increasing peoples' perceptions of the potential benefits of behavior change through relevant communication strategy, and by lowering the psychological and financial costs of change through better access to goods and services and pricing mechanisms that place the product within reach of target consumers.

An important part of a mediated social marketing strategy is selecting or developing a product that is appropriate to the needs of the audience, and to the project environment. The appropriateness of a product is measured not only by its type, quality, and cost, but by an assessment of the means required to distribute it, including transportation, handling, storage, and sales.

Health-related products can be of two broad types: ethical and proprietary. Ethical products are those which cannot be acquired or used without the intervention of a health professional for a prescription, physical examination, measurement, or insertion. Examples of ethical goods are birth control pills, diaphragms, injections, and IUDs. Proprietary goods are those which individuals can purchase and use at their own discretion. Condoms are an example of a proprietary contraceptive. Social marketing interventions frequently opt for proprietary rather than ethical goods because they cost less and are easier to distribute and because they do not require the use of specialized facilities and personnel.

EXPERTISE
**REQUIRED:** marketing, pricing specialist, distribution and logistics specialist, training specialist

TECHNICAL
**TERMS:** demand creation, positioning, price sensitivity, price managing, distribution channel, product testing
A) Social marketers must establish rigorous procedures to insure that the products they develop satisfy the needs and meet the resources of the target audience. The products themselves, product packaging styles, and pricing policies need to be thoroughly test marketed.

- Product testing measures the extent to which suggestions for new product concepts and designs (from technicians, project planners, social marketers, and the community) are realized in the product itself. Test marketing enables social marketers to determine if the community is ready and willing to accept the new product (or service). Product testing can involve functional tests conducted under laboratory and field conditions to make sure that the product is safe and effective; or consumer tests, where members of the target audience are asked to try out the product and rate its attributes. Product tests in social marketing can be a way to identify usage and compliance issues that will need to be addressed through a supportive educational and communications campaign. Often other elements in the market mix (price, promotion, distribution strategy) are also tried out during product testing. Consumer product testing can be carried out either in a real environment or a simulated one (e.g. using paid consumer panels).

- The main elements of package design are size, shape, materials, color, text and brand name. The size of the package and the materials used contribute to the overall cost of the product, and must therefore be coordinated with other marketing decisions. Color, text, and brand are subject to the same guidelines as those used in materials development. Each one conveys a subtle message about the product, and must be appropriately selected. Colors must be culturally acceptable, and convey the desired image for the product. The text must achieve the right balance between promotional and educational functions. The brand name is another element of a carefully tailored product image. It is often a word deliberately chosen to convey a distinct impression of the product. Condom brand names, for example, are often derived from words meaning safety, reliability, protection, and so forth.

- Packaging is an important element in the success of a product. An effective package design promotes sales by attracting attention to the product and holds the consumer's interest by providing descriptive information about it. In addition, good packaging protects the product during shipping and handling, and instills in the consumer a favorable impression of the product. An innovative package design can sometimes dramatically alter the sales of a product.

- The packaging of a product must satisfy a multitude of constituencies. Manufacturers must be satisfied that the packaging is adequate to protect the product from spoiling and breakage during handling. Promotion people must be satisfied that the package has the visual appeal needed to convey the desired image and attract sales. Middlemen must be satisfied that packaging enables the product to be easily stored, transported and handled. Shopkeepers must be satisfied that packaging can be appropriately displayed in available spaces, and that external appearance will enhance purchase appeal. Despite advertising, consumers often get a first impression of a new product from its packaging, and they must be persuaded that the product is one that fits their explicit and implicit needs. Government regulators must be satisfied that the information conveyed to consumers by packaging and labeling provides a fair and accurate portrayal of the product and its characteristics. Package design decisions are therefore arrived at by a process of negotiation and analysis to ensure that the needs of manufacturers, middlemen, and final consumers are met.
B) A consumer image of a product depends upon the way the product is positioned in the marketplace. Positioning refers to the image of the product held by its consumer, i.e. what the consumer thinks the product represents.

**A PRODUCT IS POSITIONED ACCORDING TO KEY VARIABLES IN THE MARKET MIX**

- The way in which a product is positioned in the marketplace largely determines the way in which it is perceived and used by the target community. A product is positioned by key variables in the market mix, such as product price, market segment, product attributes, distribution channel, etc. Positioning of products must be done against the backdrop of each country's socio-cultural environment. The positioning of contraceptives, for example, will vary depending on the age and sex of the target market, its level of disposable income, the community's religious views on birth control, etc.

**DIFFERENT STRATEGIES EXIST FOR POSITIONING PRODUCTS AND SERVICES**

- A product can be positioned using several different strategies including pricing attributes (e.g. low price), benefits (e.g. contraceptive that prevents unwanted pregnancies), or usage attributes (e.g. new weaning practices for working mothers concerned about their infants' health status); and in contrast to competitors (breastfeeding versus bottlefeeding).

**BEHAVIOR CHANGE OBJECTIVES ALSO CAN BE POSITIONED**

- Positioning strategy also can be applied to health related behavior change objectives. New behaviors often are best positioned in relation to target audience "resistance points." For years breastfeeding was glamorized as the "ideal thing" to do, when most women saw it as hard work. More recently, successful media campaigns in countries such as Brazil emphasize that "breastfeeding is hard work but is well worth the effort." A message of empathy is thus conveyed, and is reinforced by supportive health professionals and community-based mother support groups.

**THE SAME PRODUCT CAN BE POSITIONED DIFFERENTLY ACCORDING TO MARKET SEGMENT**

- The same product can be positioned differently according to market segment. Improved maternal nutrition practices can be positioned to mothers as a means of improving the health of their infants and to fathers as a means of improving the health of the women they love.

**PRICE IS AN IMPORTANT POSITIONING VARIABLE**

- Price is an important positioning variable, because its level in relation to consumer income and the prices of other goods provides the consumer with a subtle message about product image and quality. Two condoms, identical in quality, different in color and package, sold at two different price levels (and retail outlets) may be perceived by consumers as two very different products. The more expensive one will probably be perceived as being of better quality, despite the fact that in all but external appearance, they are identical.

**PRICING POLICY HELPS POSITION PRODUCTS**

- Demand for a product varies according to its price/quality combination, where it is sold, and the amount of advertising to which consumers are exposed during the marketing process. These factors interact with others that are specific to the individual such as age, income, education, stage in the life-cycle, and so on. Some consumers will demand products that are of high quality and high cost. Other consumers will seek the lowest possible price, even though this sometimes entails a sacrifice in quality. Social marketers often will try to position their products so that they retain a high-price appeal despite their low price. (For more on pricing, see Unit V, Section D.)

**EXPLICIT TARGET GROUP POSITIONING CAN HELP ENSURE THAT THE PRODUCT REACHES ITS TARGET AUDIENCE**

- Explicit target group positioning can diminish a product's prestige and appeal for other groups, and help to ensure that it will be consumed by those for whom it is intended. In the past, condoms were often perceived as something that men might buy for illicit sexual activity, but not something that they would use at home with their wives. Marketing techniques, including advertising, packaging, and store
PRODUCTS CAN BE POSITIONED BY CLASS

Displays were used to reposition condoms as a reliable, respectable contraceptive for both men and women. Advertisements featured both men and women discussing the benefits of contraception. Packaging took on a less masculine look, often portraying respectable-looking women. Brand names were created using words that had a positive connotation within the target environment, and were often associated with the concepts of reliability and protection.

Product class is another positioning variable. A class is a group of products that have a common function. For example, traditional and modern ways of treating infant diarrhea are alternative ways of treating the same problem. Contraceptives are a product class. A social marketing campaign may deliberately position modern contraceptives in the same class as traditional family planning methods in order to create conceptual linkages that will facilitate adoption. On the other hand, it may wish to stress the fact that modern contraceptives are very different from traditional methods of contraception in order to emphasize the benefits of behavioral change. The choice of strategy will depend on an analysis of background research.

PRODUCTS ALSO CAN BE POSITIONED IN TERMS OF COMPETING PRODUCTS

However, some social marketing products can be positioned as better health-related behavioral alternatives. Breastfeeding, for example, can be positioned as a healthier way to feed an infant than bottlefeeding. In commercial marketing, the position of a new product is often dictated by that of the competition, because the objective is to get people to discriminate between the two products, and adopt the newer one. Theoretically this is not the case in social marketing, since by definition it does not attempt to market products or to serve market segments that are already well-served by other organizations.

(C) The selection of distribution channels affects a product's reach and cost.

DISTRIBUTION CHANNELS LINK MANUFACTURERS TO CONSUMERS

A distribution channel is the series of intermediaries through which a product passes to reach the final consumer. Its function is to bridge the gap between the needs of the manufacturers of products, and the needs of consumers. It enables marketers to deliver the right products, in the right places, in the right quantities, at the right time.

The needs of producers conflict with those of consumers. Producers frequently specialize in manufacturing a small number of different products in large quantities in order to benefit from economies of scale. Individual consumers typically purchase small quantities of many products from different production sources. Through distribution channels, middlemen act to reconcile the needs of producers with those of consumers. They purchase large quantities of products from a number of different manufacturers, transport them to the areas where they are to be sold, and break them down into smaller quantities to be sold to individual stores and consumers. They serve as a critical information link between producers and consumers. Their contact with the local environment enables them to provide manufacturers with important feedback on how successful their product is in a particular region. This helps them adjust their production and marketing functions to the changing needs of the environment.
SELECTING DISTRIBUTION CHANNELS FOR SOCIAL MARKETING PRODUCTS IS AN IMPORTANT DECISION

INDUSTRIALIZED AND DEVELOPING COUNTRIES HAVE DIFFERENT DISTRIBUTION SYSTEMS

SOCIAL MARKETERS EXTEND THE COMMUNICATIONS AND DISTRIBUTION SYSTEMS FOR CERTAIN PRODUCTS RELEVANT TO THE NEEDS OF AT-RISK POPULATIONS

THE CHOICE OF DISTRIBUTION CHANNEL WILL AFFECT THE PRODUCT'S PRICE AND LEVEL OF SALES

• Selecting a distribution channel is another critical marketing decision. It involves analyzing such variables as product pricing and packaging, the tastes of the target market, the nature of available distribution channels, the condition of the local physical infrastructure in terms of size, number of vehicles, warehouses and stores, and the conditions of roads and other transportation networks. These variables affect volume of sales, the rate of adoption and sustainability of behavior change over time, and the responsiveness of the system to changing consumer needs.

• In an industrialized country, a marketing manager has a wide array of different market mix options. There are a large number of firms in the market that can provide the required transportation and storage services; there are stores of all sizes that cater to the needs of almost every different segment of the population. There is also a well-developed system of transportation infrastructure that permits products to be conveniently transported by air, rail, truck, pipeline, or water. The marketing manager operating in a developing country context frequently will not have as many options from which to choose. Social marketing in developing countries often operates in areas that are not well served by market distribution systems. The social and physical infrastructure required for distribution is often limited at best. There are fewer middlemen, and fewer means of transportation. Some areas of sub-Saharan Africa, for example, are still only accessible by foot or camel during seasonal rains. Village stores are likely to be extremely limited in terms of the information that they provide consumers about the products they sell. This also limits product positioning options.

• The products that social marketers sell may not be new to the business community, but they are frequently new to the particular consumers for whom they are marketed. These consumers frequently have little or no experience with that type of product, and the initial demand for them is not very strong. An important part of the social marketing task is therefore to educate the target audience about the product in order to stimulate demand for it. Contraceptives, for example, are currently available in virtually every country of the world, and in many of these countries they are distributed free of charge. However, many people lack access to the product because they have no knowledge about it, and/ or because they live in isolated areas that are expensive for both government and private business to serve. Social marketing extends and strengthens the communication and distribution systems for socially beneficial goods and services. Social marketers, in theory, do not compete with profit-making companies because they only operate in areas previously unserved or underserved by their products.

• In areas where there are a variety of shops that cater to the special needs of different segments of society, the choice of distribution channel can have an important effect on the customer's perception of the product, the price that can be charged for it, and the volume of sales that can be achieved. This is because different consumers look for different products in different distribution channels. One consumer, for example, may only be comfortable buying health-related products from a pharmacy. Another may be perfectly happy buying them from a market stall. The fact that a product is sold in a pharmacy or a market stall can affect the potential customer's perception of it. It also affects the administrative and personnel costs of distributing it. Pharmacies are a more expensive outlet because they must be staffed by professionally-trained pharmacists and sales people. Consumers can expect such individuals to be able to provide them with reliable, specialized information about the products they are buying. On the other hand, market stalls are usually staffed by people who have little or no specialized information about the products they sell.

43
Their ability to sell the product depends heavily on the consumer having some advance knowledge of what he or she wishes to purchase, for what purpose, and how to use it.

D) Setting prices for social marketing products involves an understanding of relevant distribution costs, administrative rules and regulations and consumer price sensitivity.

- Market research helps contraceptive social marketers understand the price sensitivity of target markets. The social marketing planner needs to know: what is the ability to pay of consumers in the target market? Within the limits of what consumers can afford to pay, do high prices generate more sales than low prices? Do consumers perceive higher-priced contraceptives to be higher in quality? Are consumers willing to pay higher prices for contraceptives that can be purchased in a less time-consuming or less embarrassing manner? How do consumers react to changes in prices? Are consumer buying patterns more influenced by changes in price than by changes in communication, packaging or other marketing tools? Do distribution channel members provide better support for high-margin, high-priced contraceptives? How do channel members react to changes in margins and prices?

- The marketing of a product involves transportation and transfer from the manufacturers to its final consumers. During this process, the product passes through the hands of a variety of middlemen, who perform the essential functions of transporting, handling, storing, and selling. The process requires time and resources such as trucks, warehouses, and so forth, and the middlemen who perform these functions must therefore be compensated for their costs, so that they can continue to provide these services. The costs of the marketing process must therefore be reflected in the price of the product. The final price must provide an adequate margin for the middlemen who transport it, stock it, display it, and sell it, but still remain within the means of the consumers who will use it. At the same time, the price must also satisfy the manufacturers and distributors of competing products; the governmental agencies that establish price policy and regulate economic activity; and in the case of social marketing, the agency that funds the project, and the social objectives of the project itself.

- Production and distribution of manufactured goods are two different functions that, for reasons of efficiency, are rarely taken on by the same organization. Price, therefore, is best thought of not as a single number, but as a composite number that has several subcomponent prices within it. Product pricing reflects the separate costs of producing, storing, transporting, and handling the goods. These subcomponent prices are referred to as "margins." They are usually negotiated as a proportion of the estimated final price. The size of the margin varies depending on the type of product, the expected volume of sales, and any special handling requirements that the product may have.

- Margins are usually larger on items that sell in small quantities, and smaller on items that sell frequently and in larger quantities. The margins for products distributed through social marketing interventions will have to be negotiated with middlemen just as they would in a regular marketing campaign. In cases where there are legal constraints on what middlemen can demand for their services, the constraints can sometimes be gotten around by providing middlemen extra goods free of charge, bonuses for increased sales, and so on. Social marketers will have to negotiate prices with the government, middlemen, and retailers to arrive at a price that is consistent with the multiple cross-cutting objectives of the project.
A 1% RULE OF THUMB FOR PRICING SOCIAL MARKETING PRODUCTS

PRICE ALSO IS AFFECTED BY LEGAL AND ADMINISTRATIVE CONCERNS

THE ISSUE OF SUBSIDIZED PRICING NEEDS TO BE THOROUGHLY CONSIDERED

A rule of thumb that has been established by practitioners in the field is that the price of a one year supply of a socially-marketed good should not exceed 1% of the target consumer's total annual income and that the cost of a single package should not exceed the amount of "loose change" that the consumer is likely to carry in his or her pocket. Impulse goods are those which cost so little that the consumer can afford to buy them with loose change without any planning or forethought. Social marketing product prices should also compete favorably with those of other "impulse" goods.

There may be legal constraints that limit the range of pricing options available, or political pressures to maintain artificially low prices. In some cases, the price that is optimal from a marketing perspective may not be realistic for other reasons. These instances will require careful analysis, but can often be resolved through negotiation.

Product quality decisions depend on several factors: the source of supply, the costs of production and distribution, and what consumers are willing and able to pay for the product. The costs of production are often less important in social marketing than in commercial marketing because social goods such as contraceptives are frequently provided to the project free or at a nominal charge by government agencies. Government-sponsored social marketing projects are frequently under pressure to keep prices down for political reasons. A decision to provide the product at subsidized prices must be made with full knowledge of what the costs of subsidizing the product will be, and the fact that to do so may threaten the long-run success and financial viability of the project.

Surveys can be used to gain information used for setting pricing policies. For example, information can be collected on attitudes and intentions consumers have toward contraceptives at varying prices and margins. Surveys also can reveal information about consumers' ability to pay for contraceptives, and their willingness to pay for contraceptives that can be purchased in a less time-consuming and/or less embarrassing manner (e.g. over-the-counter condoms).

The first step in working out a price for a product is market research to find out who the middlemen are; what kinds of margins they typically get for distributing certain kinds of products; what minimum margin would make it worth their while to handle a product; what percentage of the target population's income is typically spent on health-care related goods and services; what target group individuals usually carry around as "pocket money" or loose change; what other goods compete for their disposable income, and how much they typically cost; what other goods might be perceived as substitutes for the one being promoted; and how sensitive purchases are to changes in income and price.

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SECONDARY DATA SOURCES OFTEN PROVIDE USEFUL PRICING INFORMATION

- There are readily obtainable reference books that publish regularly updated information about key pricing variables such as average per capita income and spending patterns for certain kinds of goods. One such book is the Annual Yearbook of the International Labour Organization which is available in many libraries. Sometimes pricing information can also be obtained from local advertising agencies. Data that cannot be obtained by these means may require a survey that is too expensive or time-consuming for the project to undertake. In these cases, reasonable estimates can sometimes be obtained by interviewing a small but randomly-selected group of people.

DIRECT OBSERVATION CAN ALSO PROVIDE USEFUL PRICING INFORMATION

- Another way of getting rough estimates is through direct observation in local markets. Advertising agencies may also be a good source of information on local incomes, prices, and spending habits.

MARKET EXPERIMENTS CAN BE CARRIED OUT TO DETERMINE PRICE POLICIES

- Experiments also can be conducted where different price levels are tested in carefully controlled laboratory or real-market situations. Multiple experimental groups or geographic regions are designated, and different prices for a given product are charged within each group or region. If the groups or regions are basically similar, then any differences that occur in sales figures can be unambiguously attributed to the differences in the prices being charged.

ROUGH ESTIMATES ARE OFTEN THE ONLY AVAILABLE TOOL

- Often it will be impossible to obtain all of this information for a reasonable cost, and within a reasonable amount of time. The social marketer will therefore have to make price decisions based on whatever rough estimates he or she can readily obtain. The problem with rough estimates is that they can be wildly wrong. However, one can obtain and compare rough estimates from two or three different sources. If these price estimates are fairly close, then the marketer can be reasonably confident of having at least identified the right order of magnitude.

E) Promotional strategies, tied to price discounts or extra benefits, are often used to increase target audience use of social marketing products.

PROMOTIONAL STRATEGIES CAN ENHANCE THE USE OF SOCIAL MARKETING PRODUCTS

- Special promotion efforts are part of an overall strategy used by companies to stimulate the sale of their products. They usually occur at key points in the marketing cycle, and can be particularly effective in stimulating sales of a new product, or in boosting sales of a product that has already reached a more advanced stage of the product life cycle. A traditional strategy has been to provide with the product free samples, discounts, coupons, specially priced trial packs and bonus packs. This strategy works well for products that have immediate, tangible benefits.

PROMOTIONAL TECHNIQUES TARGETED TO THE ADOPTION OF NEW BEHAVIORS ALSO CAN BE DEVELOPED

- Promoting new behaviors is more difficult, and often requires a more personalized approach. The easiest way to do this is to "tie" the behavior to a product that has an immediate and tangible benefit. An approach that has been successfully used in both industrialized and industrializing countries is to organize contests or lotteries with prizes for successful adoption of a set of behavior change objectives. This provides a direct incentive for members of the audience to pay close attention to educational messages in order to increase their chances of winning a prize. The prizes might consist of cash, a free supply of a health product, a totebag or poster, or a calendar conveying themes from the campaign. Unlike the behavior, the tried good is tangible, and that is what many consumers respond to. At the same time they have an incentive to learn about the new behavior. The Gambia, for example, conducted a Happy Baby Lottery in conjunction with its Oral Rehydration Therapy campaign. Women who could
properly mix the diarrhea medicine won a simple prize. The lottery provided women with the motivation to get a flyer which taught them how to prepare home-based ORT solution. It also provided them with practice in mixing the solution in supervised settings.

F) Health service programs, such as immunizations, merit special attention by social marketers.

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<tr>
<th>SERVICE DELIVERY PROGRAMS MERIT SPECIAL DESIGN CONSIDERATIONS</th>
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<tr>
<td>• There are many similarities between product and service marketing. In each case a marketing program is built around design (of the product or service), price structure, distribution system and promotional program. However, there are unique attributes of services that merit special attention by social marketers. Marketers of health services should understand how the demographics of their target community affects the demand for services. An analysis should be made of the socio-cultural barriers to health service utilization. Are there, for example, misconceptions about immunization side-effects? Do hypertensives in the community realize the importance of having their blood pressure monitored? How can these barriers be addressed in a marketing program?</td>
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<th>PLACE, PRICE, AND PROMOTION ARE ALSO IMPORTANT IN THE SERVICE DELIVERY MIX</th>
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<td>• Health planners need to commission research that will enable them to systematically decide the length, breadth and type of service mix offered. In low-income rural communities in developing countries, there is a need to develop a flexible outreach program, providing services at a time and place convenient to community members. The Colombia national immunization crusade set up immunization sites at key locations within each target village, rather than at a central dispensary.</td>
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<td>• One of the most difficult challenges is to ensure consistency of quality in service delivery. Although it is impossible to standardize output, health workers need to be trained to carry out activities, deliver messages, provide advice, anticipate and respond to the questions and anxieties of their clientele. Much can be learned in this regard from private sector performance training techniques and human resource personnel development programs.</td>
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</table>
QUESTIONS FOR STUDY AND DISCUSSION

1. Describe how you would position a contraceptive product to sell in a country with a low literacy rate, and a strict pro-natalist position on birth control?

2. What type of market testing strategy would you suggest for (a) home-based oral rehydration therapy; (b) packaged ORT; (c) an immunization service delivery program?

3. The Government of Country X has been forced (by IMF restrictions) to raise the prices for basic food commodities, e.g. flour. How can it justify these price changes to consumers?

4) Select a developing country and identify existing distribution channels that can be used to distribute a social marketing product. To what extent will these channels require that additional margins be paid to middlemen, and how will these margins affect total product cost? What services need to be provided to help these middlemen sell the product?

References:


UNIT VI: Managing Projects

OVERVIEW

Managing a social marketing intervention is no small task. Four types of management issues confront most projects. Resource allocation issues are essentially time and budget questions. How much of the total pie ought to get allocated to the wide range of tasks that must be completed if the project is to meet its goals? Institutional issues relate to the way in which the project is organized. What configuration of public and/or private sector resources are needed? How can institutional resources be coordinated? Program design issues touch on procedures for deciding the project's substantive issues. Many projects rely on the input of a broad array of technical specialists. What decisions should be delegated to experts? How should the social marketing project manager assess the advice of project specialists? Finally, program implementation issues refer to the need for systems to coordinate and supervise mandated project activities. It is not enough to design earth-shattering messages and materials if they fail to reach the target audience on time.

While there are certain universal principles, e.g. "make sure the materials reach their destination on time," many management problems are project specific. They must be decided within the context of available resources, a given level of expectations among those involved, and specific project goals and objectives. This unit will identify general principles of social marketing project management and also provide guidelines for analyzing issues that are project specific.

EXPERTISE
REQUIRED: project management

KEY
TERMS: resource allocation issues, institutional issues, program design issues, program implementation issues, project work plan
A) The budgeting of resource support for a social marketing intervention requires a careful analysis of project goals, objectives, and work plan.

- Perhaps the most fundamental decisions facing a social marketing project manager relate to cost and time allocations: how much money and time should be spent on research? how much on message design and materials development? on media time and/or space? on training? evaluation? etc. Answers to these questions depend upon weighing the following variables: goals of project, length of campaign, cost/availability of resources (especially media), funds available, evaluation needs, complexity of behavioral problems, target audience characteristics, knowledge/skills/attitudes of personnel. All of these variables should be reviewed in tandem at the outset of each project for their impact upon resource allocations and upon whether a project should be undertaken at all at available funding levels.

- A project with large-scale, ambitious goals will quite naturally require significantly more in overall resource allocations. Ambitious goals usually involve promoting changes in health status, complex behavioral changes (see below) and/or changes within a large or diversified target audience. When faced with lofty objectives, social marketers should try to scale down project expectations unless existing resources will support the work that needs to be undertaken.

- Obviously a short campaign will cut down on the amount of resources needed to carry out a project. Short mass media campaigns usually can do little more than raise awareness. There is a well known case of an intervention that devoted a year to doing basic planning and baseline research, then implemented a six month mass media and face-to-face education campaign. The campaign proved to be too short to make use of formative evaluation feedback. Six months after the campaign was over, the situation in target communities was the same.

- Media time is often one of the greatest constraints facing social marketers. Access to prime time radio or television or prime print space is often quite costly, particularly in countries where the media are privately owned. It often is possible to get air time and print space donated or at a reduced rate, but it is difficult to count on donated time for extended periods. Thus, the purchase of air time and print space is one of the most critical decisions confronting the social marketer. Such decisions should be based on an in-depth understanding of audience media habits and the reach and frequency of available communication channels. In order to make maximum use of mass media, audiences need to be repeatedly exposed to campaign messages.

- Media is not the only critical cost variable. The production of materials needs to be carefully examined in terms of cost efficiency. Quite often health educators arbitrarily produce a given quantity and quality of promotional materials without concern for their need or potential use. A great many health education materials end up sitting on shelves in government storage rooms. A social marketing approach requires that allocation of resources to produce material be made by weighing the intended impact of each material against its development and production costs.

- Available funds are not always limited to line item allocations from a sponsoring agency, e.g., Ministry of Health. Effective social marketing managers are often able to leverage complementary funds from other agencies, or solicit contributions in-kind or at reduced cost from the private sector, e.g., an advertising agency. Before a final budget is totaled, managers need to take careful stock of all resources available to them.
RESOURCE ALLOCATIONS DEPEND ON EVALUATION CRITERIA

- The need to analyze project results will also help shape the pattern of resource allocation. If the project seeks to demonstrate its ability to change behavior or improve health status, then a significant amount of resources needs to be directed at impact evaluation. Substantial line items need to be allocated to such functions as survey design, data processing and analysis. Some projects can avoid expensive evaluation designs by relying on archival data such as retail sales figures (e.g. for contraceptives). Other projects with less ambitious evaluation designs can use limited random sampling for selected variables, e.g., media exposure and awareness. (See Unit VII for more on Evaluation.)

- Project complexity, and hence resource needs, are also dependent on the unit of behavioral analysis. Simple behaviors, such as vaccination or condom sale, are often easier to analyze than multi-faceted health practices. The preparation and proper utilization of home-based weaning foods for example involves a whole series of interrelated behaviors, any one of which could be critical depending on the specific community and environment. Complex behavior change objectives require significant amounts of resources for planning research and analysis. Planning research should be a requirement of all projects, but is usually more extensive for projects that seek to change complex health practices.

- Social marketers in developing countries are often faced with a diversified target audience—e.g., urban and rural, literate and illiterate, etc. Such a situation places special demands on the need to allocate resources to understand the knowledge, attitudes, and practices of each segment of the community. It is far more difficult to be intuitive about ways of reaching an audience whose belief system you don't understand and who may perceive concepts and images in a different way from you.

- Resource allocations for training will be dependent upon the knowledge/skills and attitudes of project personnel. Health workers skilled in counsel and immunization techniques will require less attention than those who aren't. A country with a strong tradition in survey research will have an advantage in terms of resources needed for training interviewers and observers. A whole range of support personnel—medical, communications, social service, et al., are generally needed to carry out a social marketing campaign; and the training needs of each ought to be considered when budgeting for a health education intervention.

B) There are four principle institutional models that can be used to implement a social marketing project. The self-contained model, the inter-ministerial model, the public-private sector collaborative model, and the contractor model.

SOCIAL MARKETING INTERVENTIONS INVOLVE MANAGING A BROAD ARRAY OF TECHNICAL INPUTS

- To be successful a social marketing approach must blend many different academic disciplines and functional areas of expertise. The scale of the organizational system that needs to be developed is frequently difficult to coordinate. The following diagram is illustrative of functional roles and responsibilities within a public health social marketing project.
THE SELF-CONTAINED MODEL RELIES ON THE MINISTRY OF HEALTH

Under the self-contained model, the Ministry of Health provides all needed funding and human resources to carry out the project. This model is perhaps most appropriate for small scale pilot interventions where personnel resources from other branches of the MOH (e.g., epidemiology, data processing) can be secured for the project. In practice this particular model is seldom used.

THE INTERMINISTRIAL MODEL DRAWS ON OTHER PUBLIC SECTOR RESOURCES TO COMPLEMENT THOSE IN THE MINISTRY OF HEALTH

In this model, the MOH collaborates with other units of government to design and carry out the project. This model is most effective in countries where the state owns and operates all of the major channels of communication. In such cases, the Ministry of Information or Broadcast Ministry can supply requisite broadcast time to the MOH for health promotion purposes.

CERTAIN TECHNICAL SKILLS, E.G. ADVERTISING, ARE PROVIDED BY THE PRIVATE SECTOR IN THE PUBLIC-PRIVATE COLLABORATIVE MODEL

It is often appropriate for the MOH to contract out for services with the private sector. This is particularly appropriate for advertising and market research services where resident expertise often resides within the private sector. Sometimes private sector services, including broadcast time, are available for free or at reduced rates for a cause that is in the public good.

THE CONTRACTOR MODEL RELIES ON A PRIVATE SECTOR MANAGEMENT AGENCY TO DESIGN AND IMPLEMENT THE SOCIAL MARKETING PROJECT

Sometimes governments or international agencies contract out for social marketing management services with specialized private sector firms or non-profit institutions. When this happens, it is important for the MOH to clearly stipulate the goals and terms of reference for the project, and for the contractor to continually consult with and get approval from the MOH on all key decisions.

C) Social marketing project managers must weigh the advice of technical specialists in making decisions regarding project design issues. Design issues range from the configuration of planning research studies to the scope of project evaluation.

A MANAGER SHOULD KNOW THE KEY PLANNING RESEARCH DECISIONS TO BE MADE

- What are the most important data needs of the project? How can appropriate research instruments to collect needed information be designed? What are the implications of research data for research message design, media planning, product testing, et al., project tasks? Social marketing managers must rely on survey design specialists, ethnographers and others for advice on how these issues should be resolved.

- What are the barriers to change confronting the target audience? What are the complex tasks involved in changing target audience behavior? Which tasks should be targeted for promotion in a campaign? What behavioral trials ought to be carried out? How can the needs and concerns of the target audience be balanced against the needs and concerns of technical public health specialists? These are issues that must be taken into account by project managers when setting behavior change objectives for the project.

A CENTRAL DESIGN DECISION IS THE CHOICE OF BEHAVIOR CHANGE OBJECTIVES
AUDIENCE SEGMENTATION IS ANOTHER IMPORTANT PROJECT DESIGN ISSUE

THE FORMAT AND TEXT OF PROJECT MESSAGES MERIT SPECIAL DESIGN CONSIDERATIONS

DESIGNING APPROPRIATE MATERIALS AND COMMUNICATION DISTRIBUTION NETWORKS IS AN IMPORTANT DESIGN FUNCTION

DESIGN ISSUES ALSO PERTAIN TO THE DEVELOPMENT OF SOCIAL MARKETING PRODUCTS AND SERVICES

ONCE BASIC PROGRAM DESIGN ISSUES HAVE BEEN DECIDED, MANAGERS MUST DESIGN A WORKPLAN TO OPERATIONALIZE THE PROJECT

D) Management tasks related to project implementation include: the organization of appropriate training activities to prepare health workers, media specialists and others for their roles in the project; managing product distribution and/or health service delivery system activities; managing the dissemination of messages and materials; and coordinating overall implementation efforts to ensure that project goals are reached.

A MAJOR IMPLEMENTATION TASK IS THE ORGANIZATION OF NEEDED TRAINING ACTIVITIES

- How should the target audience be segmented? Should all members of the community be addressed? Should different but complementary messages be targeted to differing market segments? Should the community be disaggregated in terms of socio-economic factors, age, sex, attitudinal variables, lifestyles, etc.?

- What kinds of messages should be designed? Should social marketers use messages to raise awareness about a given health problem? Inform the community about choices available to them? Motivate them to adopt new practices? Advertising and message design specialists can advise project managers on the best way to resolve these issues.

- How should messages be packaged? What channels of communication are most likely to reach the target audience? How can specific materials be formatted to have the largest impact? How can the timing of the delivery of materials insure their greatest reach and frequency?

- What designs are most appropriate for supportive products? How can product packaging enhance its consumer appeal? How can pricing and distribution systems be designed to enable the product to be widely available at the lowest possible cost? What should the product's positioning strategy be? How can health care service delivery systems be designed to be more responsive to consumer need? What modifications in scheduling, location, cost and service mix would enhance greater participation? How can health service providers be trained to address the needs of their clientele?

- What will be the final mix of marketing/promotion and education/motivational activities in the proposed intervention? How will the implementation of these activities be coordinated in support of targeted goals for changed health-related behaviors and health status of the community? What criteria will be used for evaluating the impact of the intervention?

- The success of social marketing projects often hinges on their ability to train those cadres of workers responsible for project implementation. Special training programs may be needed for a wide range of personnel—from health professionals to broadcasters. The ability of project managers to organize and carry out timely and effective training activities is extremely important. A common mistake in many social marketing projects is to begin to disseminate messages (or market products and services) before relevant support personnel have been trained how to deliver complementary face-to-face education activities.
AUDIENCE SEGMENTATION IS ANOTHER IMPORTANT PROJECT DESIGN ISSUE

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SOCIAL MOBILIZATION CAMPAIGNS REQUIRE ALL-OUT ORGANIZATIONAL EFFORTS

THE DESIGN AND IMPLEMENTATION OF TRAINING ACTIVITIES CAN BE CONSIDERED A MICROCOMS OF THE SOCIAL MARKETING PROJECT

TRAINING CAN BE FOCUSED ON TECHNICAL, PROMOTIONAL OR INTERPERSONAL SKILLS

MANAGERS WANT TO MAKE SURE THAT PRODUCT DISTRIBUTION SYSTEMS MAXIMIZE SALES AND PRODUCT/SERVICE ACCESS

THE IMPLEMENTATION OF DIFFERENT ELEMENTS IN A COMMUNICATIONS STRATEGY NEED TO BE COORDINATED WITH EACH OTHER AND WITH SUPPORTIVE PRODUCTS AND SERVICES

The recent success of large-scale communication campaigns in countries like Colombia, Burkina Faso and Nigeria has lead to the coinage of the phase "social mobilization." Social mobilization is premised upon the assumption that a broad range of resources from both the public and private sector need to be leveraged to insure the success of health education campaigns. For example, the Department of Defense can be used to transport people to immunization centers, the Ministry of Information can provide access to media time, local private sector advertising agencies can design messages and materials, etc. A full-fledged organization and training effort is targeted to identifying resources, organizing appropriate training efforts, and insuring timely participation of all involved.

The design of a training activity, itself, should be considered as a communication activity. One can employ the same process used to develop a large social marketing campaign for the development of a training program for project implementators. Knowledge, attitudes and behavioral change objectives can be researched and identified; resistance points on constraints to change pinpointed; messages and materials developed and pre-tested, and the extent to which learning and behavioral change objectives are reached can be evaluated.

In almost every case health professionals, from doctors to community health workers, have important roles to play—as providers of services, skills, or products, or as teachers/counselors. It is crucial that they validate, through practice or counseling roles, the messages that social marketers are promoting and the behavior change objectives that are being sought. In designing social marketing campaigns, appropriate training programs for health professionals need to be designed and implemented prior to the onset of an intervention. Training programs for health professionals can be organized around (a) skills and service provider issues, e.g., lactation management, growth monitoring, (b) message/materials issues (to insure that health professionals accurately transmit project messages and utilize campaign materials), and (c) counseling skills (to insure that health workers can address the knowledge, service, and emotional needs of the community).

A distribution channel is the series of intermediaries through which the product passes to reach the final customer. Its function is to bridge the gap between the needs of producers of products, and the needs of consumers, by supplying the right products in the right places, in the right quantities at the right time. Decisions about distribution channels must be made in the context of all the other market mix variables. They interact with decisions about personnel, prices, product positioning and packaging, and with environmental variables such as who the target market is, what the available distribution channels are, and what the condition of the physical distribution infrastructure is. All of these variables will have an important impact on the volume of sales, on the adoption and sustainability of behavior change over time, and on the responsiveness of the system to changing consumer needs.

The implementation of overall communications strategy, i.e. dissemination of messages, materials, face-to-face educational activities, needs careful supervision. Channels of communication must be utilized to maximize target audience penetration, the use of mass media must be carefully timed to reinforce interpersonal education activities; and distribution/delivery systems must ensure that supportive products and services are within easy access of target group consumers. If supportive products are not available, the consumer will gradually relapse into old ways despite a readiness to change.
QUESTIONS FOR STUDY AND DISCUSSION

1) Allocate a $2 million budget for a social marketing project by task. Begin by defining your own goals and objectives. Give your rationale for each line item expenditure that you propose.

2) Define a set of goals and objectives for a social marketing project; then write a set of job descriptions for the personnel who will design and implement the project.

3) If you were managing a social marketing intervention, which decisions would you delegate and which would you make yourself?

4) Develop a two year work plan for a social marketing intervention (begin by defining your own goals and objectives).

References:


UNIT VII: Formative and Summative Evaluation

OVERVIEW

Simply put, evaluation is the gathering and analysis of information to guide decisions. The term is used to refer to many different types of data collection and is applied to many different types of decisions, but in each case it applies the same principle of empirically referenced decision-making. The underlying logic of designing evaluations is straightforward: the type of decision being faced determines what kind of information we need to make it, which in turn influences the data collection methodology.

This unit will discuss the types of decisions that are usually associated with evaluation activity and will examine the implications that decision objectives have for how one responds.

Formative evaluation is the process used to inform health education professionals about how to respond to issues surrounding improvement in the functioning of existing projects. There are two major types of improvement decisions in social marketing projects, and the section on formative evaluation treats each one separately. The first is improvement of the process of a project; the second is the development of the content and format of messages disseminated by the intervention.

The term process evaluation is often used to refer to many of the activities that try to improve the functioning of an on-going project. Similarly, general management activities such as the creation of monitoring and feedback systems to keep tabs on how a project is functioning are also elements of the same approach to improving a project. The orientation toward collecting and using information for decision-making begins with the design phase of a project. In fact, in some disciplines, the phrase formative evaluation is used to refer exclusively to the collection of information for planning and design. In this unit, "planning research" refers to this early activity and "formative evaluation" is used to denote the broader range of activities.

Summative evaluation looks at a completed project to assess the extent to which desired outcomes have been achieved. It can consist of the evaluation of both the performance of the intervention and the effect the intervention has on the outcomes sought by the implementors.

The discussions of formative and summative evaluation issues follow roughly parallel structures, examining the objectives of the activity, the techniques used, and considerations related to the collection and use of the information. A final section provides an integrated summary of the topics presented.
A) Decisions about the improvement of the current functioning of a project, often based on inputs from formative evaluation, are "real-time" modifications of what the project is doing in order to improve quality or efficiency.

- Formative evaluation uses a range of data collection techniques. In the following examples, the techniques include rigorous survey methodology, use of routinely collected archival data, and use of informal, qualitative data collection methods. There is a tendency to equate formative evaluation with qualitative techniques, but in fact, any data collection methodology can be used; the important point about methodology choices is that the method used be appropriate for the decision it is intended to influence.

- A few simple examples may serve to clarify what this means in practice. If a project has the objective of improving childhood nutrition by distributing nutritional supplementation food packages, it might use formative evaluation techniques to develop a survey of the actual availability of the packages, and use the resulting information to improve the logistics system that delivers the packages. Similarly, routine monitoring for the purposes of formative evaluation might reveal that some hospital rehydration wards use proportionately more intravenous therapy than seems appropriate, and special instruction can be provided to the hospital staff to shift them to the more advantageous oral rehydration therapy. A third example might be the use of informal trials of draft messages with small groups representative of the target audience, in order to determine whether the vocabulary, presentation format, and content were acceptable to them.

- In the above examples, there are distinctly different types of decisions being made. The first looks at the question of whether the intervention system itself is working the way it is supposed to. The second looks for possible local problems within a system that is functioning reasonably well. The third systematically integrates the use of evaluation techniques into the message development cycle, asking whether the specific messages are effective before they are used on a mass scale.

B) Formative evaluation has two main functions. The first is improvement of the processes for implementing a project, and the second is the improvement of the content of the project's materials and messages. The two functions focus on quite different aspects of improving project performance, and therefore involve very different approaches.

- In what might be called Process Evaluation, the concern is with investigating and immediately improving the management or substantive aspects of the intervention. For example, if health education planned for mothers who visit clinics is not taking place, management needs to know that it is not happening and why. Is it because the educational materials are not being distributed to clinics from the regional warehouses? Is it because of staff resistance, and if so, why are they resisting? Do they not have the time, do they object to the content, are they anxious about performing in a new role? Each possible reason implies a different answer about how to improve the system. The question for process-oriented evaluation is whether the system can be made to work better. In that context, virtually any type of data collection might be useful, ranging from simple open-ended interviews with a few people to surveys of large populations to routine management information systems to informal ad hoc investigation of specific issues.
The second category of project improvement decisions concerns making the educational materials themselves as effective as possible, be they radio spots or programs, posters, teachers' guides, point of sale materials, training seminars, or television advertisements. Meeting this objective usually entails pretesting early versions or mockups of the materials with people from the target audience to discover what works and what does not. Testing at this level can focus on all aspects of the materials—vocabulary, pacing, pictorial clarity, realism, format, etc.—and can use any appropriate data collection technique. The issues and methodologies related to formative evaluation for materials design are discussed in more detail later in this unit under the heading, Message and Materials Pretesting.

C) Good monitoring systems are an essential part of formative evaluation. When implementing a complex program with a range of goals, attention is required to the hard evidence of whether or not the implementation is operating as intended.

Different disciplinary perspectives give different names to this function; for example, in systems theory it is called feedback, in management it is categorized as a management information system (MIS), in evaluation it is referred to as implementation evaluation, in social science it is sometimes called diagnostic research, and government agencies often speak of mid-course corrections. However, all the disciplines are really talking about the same thing, which is the dual process of observing one's environment in a systematic way to monitor whether the original vision of a project is being realized in practice and responding to the information as it becomes available.

The kinds of issues usually associated with process evaluation have to do with the target audience and the delivery of services. The target audience issues incorporate such concerns as the actual coverage attained by the intervention and the identification of access problems. For example, if an intervention relies heavily on radio messages, there are several levels of possible problems related to influencing the target audience. The project messages might fail to reach the audience for a variety of reasons—the stations contracted to transmit them might not be on the air or might not broadcast the messages in the amount or at the time of day they have agreed to; competing programs might have been scheduled by other stations at the same time and diverted the anticipated audience; there might be a nationwide shortage of batteries that reduces audience size; language diversity might be excluding a large segment of the audience, to name a few of the possible reasons.

The key concepts within target audience issues are coverage and access. The process evaluation will have the objective of answering questions of the following types:

"How much of the intended audience are we reaching?";

"Are there identifiable subgroups which are not receiving equitable access to the intervention?";

"Is the true coverage (i.e., receipt and retention of accurate information and the ability to put it to use) substantially different from the nominal coverage?";

"In the observed access, is there any identifiable bias that is influencing the extent to which different subgroups are affected in different amounts?";

The second kind of project improvement decisions concerns pretesting messages and materials for formative evaluation.

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"Is the true coverage (i.e., receipt and retention of accurate information and the ability to put it to use) substantially different from the nominal coverage?";

"In the observed access, is there any identifiable bias that is influencing the extent to which different subgroups are affected in different amounts?";
"Are any previously unidentified constraints influencing the access or response of the target group to the proposed behaviors?"; and

"What are the characteristics of the people who have been reached or who have adopted the promoted behavior, and how are they different from non-adopters? Is there a pattern of abandonment of the innovation by people who have at one point been adopters? What reasons can be identified?

- The issues associated with delivery of services tend to be of a more operational nature. Where the coverage issues look at any possible problems from the perspective of the audience, the delivery of services issues are seen from the perspective of the project manager. The manager is interested in whether the program elements under his control are successfully operating and, if not, how to improve them. His focus is usually on identifiable and discrete activities that contribute to the delivery of the service. Thus service delivery questions would probably display the following types of concerns:

"How many community volunteers has the project recruited and trained? What evidence is there that the training taught them anything?";

"How long are they staying on the job, and how actively involved are they? Are they serving only a subset of their potential clientele?";

"How well are the distribution systems for the physical products and educational materials functioning? Do all of the end user levels have sufficient stocks of material? Has the product life of their stocks already expired? Is there a bottleneck somewhere in the system? Are the correct prices being charged?"

"Are there competing or counter messages in the project environment that need to be responded to? Have rumors detrimental to the intervention circulated? Have small problems such as rare instances of side effects been blown out of proportion?"

"In what ways can cost savings be attained? Have there been areas of rapid growth in budget categories that need to be controlled? Would it be possible to reduce unit costs by adjusting the scale of the operation?"

"What unanticipated outcomes are emerging?"; and

"Is there an identifiable pattern of incorrect information that might reveal a problem in the instructional materials or indicate an area for remedial efforts?"

- Many projects set up internal record keeping systems that can easily be transformed into something approximating a management information system. For example, client contact records can contain information about the prices paid for the last purchase of contraceptives as a check on official price compliance or commercial price levels. Postcards can be inserted into supplies shipped to rural clinics, to be returned when the supplies reach a certain level. This not only gives a reasonable indication of the stock in the pipeline, but may also give early warning of outbreaks of specific diseases. Hospital patients can be provided with radios and a token payment in return for monitoring the broadcasts of a radio station and noting whenever certain spots are played. The purpose of the monitoring activity is to get information quickly, routinely, and cheaply.
D) Timeliness, problem detection, and appropriateness of the level of effort are considerations that should guide the design of formative evaluation studies.

**TIMELINESS IS A HIGH PRIORITY IN PROCESS EVALUATION**

- The first consideration is that speed is of the essence. Because concrete corrective actions will be triggered by the indications provided by study data, data collection should be made as quickly responsive as possible. In general, this argues against large samples and some methods. One of the strongest factors leading to a differentiation between formative and summative evaluation techniques is this concern for timeliness—the need to get information quickly leads to different choices in data collection approaches.

**IT IS MORE IMPORTANT TO DETECT THE EXISTENCE OF A PROBLEM THAN TO ESTIMATE ITS MAGNITUDE**

- A second and related characteristic is that the initial detection of major problems is much more important than the precision with which the size of the problem is estimated. In practice, this means that a quick indication that "many" mothers have misunderstood a specific instruction is much more important than learning weeks later that exactly 42% of the mothers got the item wrong. These two characteristics together are sometimes, albeit incorrectly, referred to as "quick and dirty" research. In fact, the "dirty" part of the name is neither correct nor a virtue. The appropriate type of research is that which quickly returns a result of a sufficient level of precision.

**ONE SHOULD COLLECT PROCESS INFORMATION "UNTIL IT GETS BORING"**

- A third consideration about the collection of information for prompting improvements of project operation is a guideline of how large or intense an undertaking to mount. A common reaction about the collection of information for management decision-making is a fear that it will divert a great deal of effort. When properly done, management should have the feeling that they are spending just the right amount of effort on process evaluation—that is, that they sense a tangible return on their invested efforts in terms of the quality of the project. A common cliche about conducting process evaluations is that one should collect information until it gets boring. This is not a bad rule of thumb, provided that the management in fact has a sincere interest in getting and responding to indications of how their project is succeeding.

**DECISIONS TO BE MADE ON THE BASIS OF EVALUATION STUDIES SHOULD DETERMINE THE RESEARCH METHODS TO BE USED**

- There are no hard-and-fast rules about how much effort should be spent on process evaluation. The data collection methods and the intensity of effort applied to a given evaluation question should always be determined by the decisions resting on the outcomes of the evaluation. If one faces a decision with major economic consequences, such as deciding whether to expand rural services through building fixed health care facilities versus through training village health workers, it is easy to see how even a very expensive evaluation effort is a worthwhile investment. On the other hand, if informal visits to scattered rural markets in different seasons have shown that, say, only one market in thirty lacks either sugar or salt for sale, then it is probably not worth doing a more extensive and expensive survey to get a more precise estimate. For process evaluation purposes, it is sufficient to know that "virtually all" markets have sugar and salt for sale at all seasons of the year.

**EVEN INFORMAL DATA COLLECTION IS MUCH BETTER THAN ACTING ON THE BASIS OF OPINIONS**

- It is worth noting here that informal visits to markets and conversation with vendors to determine availability is completely different from simply expressing one's assumption or conviction that virtually all markets have those items in stock. In the first case, one is basing the statement on empirical evidence, even if it is informally collected. In the second case, one is merely expressing a bias or belief. It is remarkable how often the beliefs held by health professionals in a country about the health-related practices of their rural populations turn out to be wrong.
As one gets into more abstract (and often more important) realms, like the relationship between the traditional and modern health care systems, the necessity for empirical data collection becomes greater and greater. It is paradoxical that outside consultants are often better off in this regard than nationals, simply because they may have fewer assumptions or expectations that they will know "how things really are" in the field. There is no substitute for actually going out and investigating the field situation.

E) Formative evaluation for message and materials design is a special application of the techniques of research for detecting problems. In this instance, the investigative methods for finding problems are applied before the problem has a chance to happen.

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<th>MESSAGE PRETESTING</th>
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<td>BEST USE OF MASS MEDIA</td>
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- Pretesting is designed to catch and eliminate problems before they are allowed to reduce the effectiveness of the project. The professional community in social marketing has evolved this approach because the very nature of a communication based project magnifies any problems that might exist. For one thing, the power of the mass media to provide extremely wide coverage for a single message can turn out to be a disadvantage if the message is wrong or confusing. One runs the risk of simply getting massive distribution of incorrect information.

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<th>NOT TO PRETEST INVOLVES TOO GREAT A RISK</th>
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| The risk of sending inappropriate or low quality messages is that the opportunity for change is not only squandered in that instance, but eroded for the future because of the image created by the less-than-adequate message. For these reasons, messages and materials should always be pretested for both content and format before the media campaign is implemented, in order to ensure that they are effective and appropriate. Many of the characteristics of effective messages and formats were described in Unit IV; they will not be repeated here.

| PEER REVIEW HAS BEEN |
| THE HISTORICAL |
| CRITERION FOR MESSAGE ACCEPTANCE |

- The history of social marketing and communication efforts has pushed pretesting to the highest level of importance, because the experience has shown that it is very difficult to accomplish this. In many ways, the professional culture of broadcasters and producers works against the possibility of comprehensible and acceptable messages. This is because historically the standard by which producers have judged the quality of their efforts is peer review. Programs were good if they impressed the best of the other producers, who could appreciate the sophistication of the production.

| THE CRITERION FOR |
| JUDGING MESSAGES AND MATERIALS MUST BE EFFECTIVENESS IN REACHING THE TARGET AUDIENCE |

- The production values that are likely to please the sophisticated urban elite class (from which media producers usually are drawn) may not be effective with rural peasants. For example, "quality" productions in the traditional view of the producer are likely to feature frequent costs to new speakers or perspectives, rapid pacing, and dense content, often in a magazine format. However, experience has shown that these production techniques are likely to be ineffective with the relatively unsophisticated rural dweller. He is likely to learn much better from, and find more acceptable, slower paced messages with consistent presentation perspective and only one or two main points. In this regard, the media professional's instincts serve him badly; it is often difficult for an experienced producer to grasp the situation of the rural disadvantaged.
Because the task is difficult to begin with and is made doubly so by the risk of misapplication of production technique, pretesting of messages and materials with members of the target audience is absolutely essential. Very often seemingly inconsequential details, such as the choice of a specific word or the inclusion or exclusion of some feature in a picture will prove to be a complete stumbling block to understanding or acceptance. The application of the principle of empirically guided decision-making to message development results in pretesting, and the pretesting results in better messages.

For example, pretesting often reveals that a detail of a picture is not understood. Simple conventions that seem "obvious" to the artist--such as use of perspective, use of left-to-right sequencing to show passage of time, or use of arrows to highlight particular items in the picture--are not understood by a less experienced audience. The very nature of these misunderstandings makes them fundamentally unpredictable; one has to use pretesting in order to find them. Experienced professional producers often know enough about the audience to avoid generalized problems; however, the little things that cause confusion are not "general" and have to be discovered in each instance.

The perceived relevance and the persuasiveness of messages are closely related to the issues of comprehension and acceptability. They too must be defined from the perspective of the target audience--a message is only relevant if the recipient thinks it is, and it is only persuasive if he changes in accord with its recommendations. These issues are strictly empirical. While the collective experience of marketers, social psychologists, and anthropologists can be a useful guide, a message is only useful if it works, and that is a question to be answered through pretesting.

F) The fundamental technique of message and materials development is an iterative cycle of drafting, pretesting, and revision.

Pretesting is a good way of catching potentially serious problems before too many resources have been spent. The feedback generated by the pretesting process will aid in the revision process. The process of trial and feedback should continue until a complete set of clear and concise messages have been generated and shown to be effective.

Like most of formative evaluation, the actual process of pretesting can use relatively small scale and qualitative measurement techniques; in fact, they are generally preferred because of the speed they lend to the cycle. Even with the quickest and easiest of pretesting techniques, however, it is not usually possible to pretest and revise every message and material that is to be used in a campaign. These limitations make it useful to distinguish several different types of pretesting activities. They include pilots, format or prototype tests, and iterative development of specific messages.

When the unit of media production is to be quite large, such as a newsletter, magazine, a half hour radio program or a television program, pretesting of every component quickly becomes impractical. In these situations, often the best that can be done is to produce a pilot program in the style that the others will follow. This pilot can then be tested with representative groups of the target audience to determine such things as appropriate language level, content density, and pacing. This gives an opportunity to formulate a consistent style to help with recognition of and learning from subsequent programs. In this as in simpler levels of formative evaluation for message design, one needs audience input in determining appropriate logos, musical signatures, and other integrating touches.
Format testing is appropriate when the objective is to get audience reaction to particular types of materials.

Iterative testing is appropriate for the development of messages or for single-item visual materials.

Message pretest questions can be simple.

Pretest conditions should simulate real-life transmission.

- Format or prototype tests are the next more intensive step in applying formative evaluation to materials development. They are the minimum appropriate level for productions like radio spots and short programs. In the application of format and prototype tests, multiple versions of the same general approach are prepared for presentation to the audience, in order to get the comparative reaction to the alternative formats. In practice, this might mean that one prepares versions of a specific bit of content presented in different ways, such as drama, testimonial, humor, pedagogical, or talk show formats. These versions are then presented to sample audiences and their reactions are closely monitored.

- The iterative development of specific messages is the most intense level of pretesting for message design. Under this model, the message is first drafted, then tested, then revised, and then put through more cycles of test and revision until a satisfactory result is obtained. The investment in time and resources required to do this is easily justified for messages that are particularly complex or crucial. For example, if one must teach the complex mixing behaviors required for home-mixed oral rehydration solution, it would be very unwise to proceed without extensive pretesting. For items like drug package inserts that will be used by many illiterate or partially literate women, an aggressive strategy of pretesting is a must.

- The types of questions used to stimulate discussion with the viewers of draft messages do not need to be particularly complex. The following list of sample questions designed for pretesting radio spots is illustrative:

  1. Please tell me in your own words what the spot was about?
  2. Did you feel that the spot was asking you to do something in particular? What?
  3. Did the spot say anything that you don't believe to be true? What?
  4. Did the spot say anything that might bother or offend people who live here in ________? What? How would you say that here without being offensive?
  5. Do you think the spot is intended for someone like yourself, or is it for other people?
  6. Was there anything about the spot that you particularly liked? What?
  7. Was there anything about the spot that you didn't like? What?
  8. In comparison to the other spots on the radio these days, would you rate this spot on ________ to be: excellent, good, fair, poor, or don't know?
  9. What do you feel could be done to make it a better spot?
  10. You have just heard two spots again. Of the two, which did you like the best?

Socio-demographic questions can also be asked, to help determine whether there is a bias in ability to respond. You will probably also want to take the opportunity to ask some questions related to the content of the program itself (e.g. family planning, nutrition, etc.), in order to gather information about the context into which you are broadcasting and from which the respondent is answering.

- The guidelines for making pretesting presentations are valid for virtually all levels of pretesting. The presentations should be as like their final versions as possible, within budget constraints. At a minimum, this means with sound dubbed in, rather than read from scripts. The viewing or listening situation should be as close as possible to the real experience.
QUALITATIVE METHODS ARE USUALLY APPROPRIATE FOR PRETESTING MATERIALS

The measurement techniques that can be used in the pretesting process are congregated at the qualitative end of the spectrum. The best source of information is structured but flexible interviewing of people exposed to the drafts. The structure (usually in the form of an interview protocol) helps ensure that all the relevant topics get covered, while the flexibility ensures that the interviewer can follow up on any interesting points that arise. When necessary, the interviews can be conducted as a group, using a focus group technique. It is also often useful, if the audience is reasonably literate, to use small questionnaires to assess the level of understanding and retention of the messages. In general, it is well worth the trouble to persuade the production staff to participate in the pretesting of messages, rather than assign it to a separate staff. This is because most of the learning from the sessions comes in fairly subtle form and is difficult to transmit to a busy producer. The participation by the production staff also contributes to the use of appropriate images and vocabulary in subsequent productions.

G) Summative evaluation is used to assess the overall impact of projects, and to calculate the cost-effectiveness of a particular intervention in comparison to alternatives. Summative evaluation best fulfills the popular image of evaluation as an activity involving rigorous research design, large samples, and quantitative methods.

SUMMATIVE EVALUATION IS USUALLY MORE STRUCTURED THAN FORMATIVE EVALUATION

The scopes of the decisions that are made on the basis of summative evaluations usually are quite large. As a result, the norm for designs for summative evaluations tends to follow the patterns of more structured, quasi-experimental and fully experimental models. However, summative evaluation is not defined in terms of the type of data collection methods used--it can draw on any possible methodology. It is also not the same thing as research, which may use the same techniques, but has the goal of establishing general principles, rather than guiding decisions about a project. Summative evaluation is not merely a way of giving a grade to a project for its performance; while it might judge whether a project is performing poorly or well, the real crux of summative evaluation is the use of the information to guide future decisions about project structure, content, and implementation.

SUMMATIVE EVALUATION LOOKS AT BOTH THEORY AND PROGRAM

A distinction that is often drawn in the context of evaluations is between program and theory failure. Both are possible explanations if the intervention does not produce the expected results. The program failure hypothesis says that the reason the results were not obtained is because the actual implementation was not done correctly or well enough. The theory failure hypothesis attributes the failure to the nature of the intervention; it says that the project was carried out well enough, but that it could never have produced the desired outcomes, because it is not an effective solution for those problems. This is an important distinction for thinking about summative evaluation.

SUMMATIVE EVALUATIONS LOOK AT BOTH IMPLEMENTATION AND OUTCOME

The dual nature of the judgment made by summative evaluations leads to a distinction among two classes of summative evaluation activity--implementation evaluations and outcome evaluations. Depending on the circumstances, a summative evaluation might give more weight to one or the other.

For example, an evaluation of a communication program that promoted participation in immunization campaigns might be perfectly willing to concede that the health value of immunizations was so clearly demonstrated that it was unnecessary to look at health outcomes in evaluating whether the program had merit. They might restrict their assessment to issues of implementation, asking such questions as whether the marginal gain in coverage justified an aggressive and
expensive program of in-village vaccinations, rather than a less expensive program of giving vaccinations only in fixed health care facilities.

An example of an evaluation that gave different emphases to the two sides of summative evaluation might be one that assessed a program of in-school food supplementation for malnourished children. The implementation side of the effort would be trivial to conduct, since it is carried out with easily observable behaviors in easily identified locations. The outcome side of the effort might merit considerably more effort, however, because it is not clearly established that the practical outcome of participation in school feeding programs results in improved nutritional status. Many people argue that the simple result of food programs is a change in intra-family food allocations (or allocations of income to food purchases). This issue is an important one for the summative evaluation of the program, since the intervention might not have any effect on the problem it is intended to address.

THE CHOICE OF POLICY QUESTION TO EMPHASIZE WILL GUIDE EVALUATION DESIGN

- These examples have been pursued at some length here because they offer demonstrations of different, but equally valid summative evaluation models. The choice of policy question to emphasize will guide the subsequent choices of evaluation design, analysis, and measurement. The underlying principle of summative evaluation is thus the use of empirical information to make policy choices about projects. The issues of choice of variables, research design, and measurement techniques are entirely secondary to the choice of what question to answer.

The choice of policy question, the quasi-experimental tradition leads one to categorize the variables into independent and dependent. In general, one has relatively little control over the independent variables, which are the characteristics and inputs of the intervention itself. There are also three main classes of dependent variables that are relevant to summative evaluation—implementation variables, outcome variables, and efficiency. Each reflects on a different aspect of summative evaluation.

IMPLEMENTATION VARIABLES REFLECT INTERMEDIATE OUTPUTS

- Implementation variables are those intermediate outputs from the project, often referred to as effort or performance variables. Examples of implementation variable are the numbers of providers trained, the numbers of clients served, the proportion of total need being met by the project, etc. These variables are usually simple counts of things involved with the project. They measure the amount of work that the project did and to some extent the adequacy of the effort in relation to the problem.

- Outcome variables are the ones usually associated with summative evaluation. They include both the near term (proximal) outcomes and the more distant (distal) objectives of the project. In the health arena, the outcome variables are likely to be expressed in terms of changes in the prevalence or severity of disease, treatments provided by the health system, recovery rates, and mortality rates. Proximal variables usually relate to knowledge and behavior change, while distal variables often relate to health/nutritional status. There is a general relationship as one moves from proximal to distal outcome variables that cost and difficulty of measurement increase. For this reason, much of the art of planning evaluations involves deciding what variables can be accepted as indicators that the ultimate objectives of the project have been achieved.
Efficiency issues can guide decision-making. A summative model tracks changes in knowledge, behavior, and health status.

Efficiency is measured by the relationship between other variables, usually cost or effort and outcomes. The principle of maximizing efficiency by getting the most outcome per unit of effort is a valid objective for most projects. At one level, one might ask a simple efficiency question such as, "Has the cost per case treated gone down?" This is a useful and manageable level of calculation. At another level, health professionals often want to ask questions like, "Is the cost per death averted lower for those campaigns focussing on oral rehydration therapy or for those focussing on acute respiratory infection?" In theory, the answer to such a question would give excellent guidance for how best to invest a limited health budget. In practice, however, comparisons of different projects are so fraught with methodological problems that a confident interpretation of the findings is often impossible. The best strategy is probably to restrict efficiency analyses to the intra-project level.

Some evaluations specify related categories of variables in which a chain of effect is tracked as an indication that the project's impact can be detected as it moves down from proximal to distal objectives. That path begins with exposure to the messages created for the campaign, then looks to see whether people have undergone any cognitive change as a result of the exposure. In this context, cognitive change can be interpreted as learning the contents of the messages and forming positive attitudes about the promoted behaviors. The next step is to investigate whether the cognitive changes cause or are associated with behavioral changes. Finally, if the behaviors have been adopted, then it is reasonable to assess whether there have been health status changes that result from the changed practices. This structuring of variables has the advantage that it provides a receding series of impact measurements. If the path can be traced a good part of the way, one can argue that the entire path has probably succeeded, even though the diminishing amount of effect at each level has dropped below measurable levels.
**QUESTIONS FOR STUDY AND DISCUSSION**

1) How would you design a formative evaluation strategy, including illustrative survey instruments, for monitoring a radio-based mass media campaign promoting breastfeeding?

2) How would you insure that the use of a TV soap opera format to promote family planning in India was effective?

3) What outcome indicators would you use for a summative evaluation of an immunization campaign? Explain your choice.

4) How would your analysis of a social marketing campaign to promote oral rehydration therapy reflect on the nature of the campaign's fundamental hypothesis?

**References:**


