Social marketing: a consumer-based approach to promoting safe hygiene behaviours

There is a shortage of good evidence to suggest the positive impact of traditional; health education approaches to produce sustained behaviour change.

This factsheet argues that social marketing offers a more promising approach to promoting positive hygiene behaviours. It offers a concise definition of the approach outlines its central pillars and gives examples of where such an approach has produced positive results within the wider field of environmental health.

Introduction

I recently pointed out the health messages on a friend's tobacco packet to her, encouraging her to think about the consequences. She shrugged:

> *'Smokers die younger – so what? My granny lived to be one hundred, I definitely don't want to live that long'*

> *'Smoking harms those around me – why should I care about those around me? Anyway, there are other people smoking here'*

This anecdote provides a perfect example of the failure of health education to induce behaviour change. Health-related messages frequently fail to drive a change towards positive behaviours, often because health consequences of negative behaviours are not immediate or are hard to see, or because they are not seen to be relevant or potent enough. Indeed, a wealth of studies indicates that enhancing knowledge and creating supportive environments are not in themselves enough to produce any sizeable impact upon behaviour (Cave & Curtis 1999).

Thus, alternative approaches to health promotion are required.

Social marketing represents one such alternative. This factsheet seeks to define this approach, summarise its defining features and the processes involved, and give arguments and examples to show how social marketing might prove the key to achieving sustained behaviour change. Another Factsheet focusing on sanitation marketing can also be found in this series.

Social marketing defined

The idea of social marketing is not new. However, over the years numerous definitions of the term have been given and a huge range of programmes have claimed to use this approach. Programmes that do not focus on the consumer, do not involve adequate market research, segment the target

audience according to needs, recognise 'competition' or consider the placement or pricing of products (necessary for behaviour change) are not social marketing (Andreasen 1995).

This fact sheet uses the following definition:

Box 1. Definition of social marketing

'The use of commercial marketing techniques to promote the adoption of behaviour that will improve the health or well-being of the target audience or of society as a whole'

Source: Weinreich, 1999, 3

Social marketing – The 5 Ps

One key fallacy of social marketing is that marketing is just about communications, while in fact it goes beyond communications to encompass what is known in industry as 'The 4 Ps': Product, Price, Place and Promotion.

At the heart of successful marketing, whether it is commercial or socially orientated is an understanding of what the consumer (target audience) wants. This contrasts to the traditional educational approach which promotes reasons as to why the consumer *should* change their behaviour.

Marketing recognises that people have many competing priorities in their lives and thus in order to induce behaviour change the particular change being promoted needs to be perceived as a top priority. If behaviour change is to occur, the target audience must both *want* and *be able* to change their behaviour. An *exchange* process is key to the approach, benefit being received in return for behaviour change.

Marketing strategy is developed around the structure of the '4 Ps Framework' - Product, Price, Place and Promotion. An understanding of the 4Ps allows the development of the appropriate product, at the right price, easily available through strategic sales placement, and known about through promotion which also aims to enhance desire.

Box 2. The four central pillars of MARKETING

1. Product
2. Price
3. Place
4. Promotion

In Social MARKETING a 5th P is often added
5. Policy

Product

In the marketing of behaviour change product is often perceived to be a problematic concept. It needn't be. A 'product' may be a physical object (e.g. household latrine), a service (e.g. toilet emptying service) or a practice/behaviour (e.g. sleep under an impregnated bednet).

However, when the 'product' is behaviour, there may be associated physical products necessary to allow this behaviour change, e.g. bednet or soap. These need be considered here.

N.B To have a viable product, consumers must first believe that they have a problem and that this can be addressed by the product (incl. behaviour change). Offering a range of product choices can prove instrumental in meeting this aim.

Price

Behaviour change itself may have no price tag; however associated products that make it easier can come at a price. These products need to be available at an affordable price to the target audience.

N.B. While price is often an important contributor to the viability of a behaviour change programme, it is rarely the most important factor ruling product uptake as many assume, even when the very poor are targeted.

Further, price is not necessarily just monetary. There can be high transaction costs associated with behaviour change. These too must be considered.

Place

The products needed for behaviour change need to be available at outlets accessible to the target audience in order to make behaviour change truly possible. For example, the urban elite may be able to access the supermarket to buy mosquito coils, but for the rural poor they need to be available at the local market. Or, if people are to wash their hands with soap after using public toilets, handwashing facilities must be available alongside in order to make this behaviour possible.

Promotion

Having a product available in the right place, for the right price creates an enabling environment for behaviour change to occur. However, challenging social norms and promoting a new behaviour remains difficult. Awareness needs to be raised, and a desire to adopt the new behaviour created. This is done via promotion based upon an understanding of the motivations of the target audience and knowledge of their primary and trusted channels of communication (Cave & Curtis 1999).

In the case of social marketing programmes a 5th P may be applied – **policy**. Policy can be used to make the unhealthy behaviour harder, for example through the banning of smoking in public places, or by making the desired behaviour easier, by enforcing the provision of handwashing facilities in schools for example. An enabling policy environment can also be vital for sustaining behaviour change in the longer term.

Social marketing: not just promotion

Many behaviour change programmes target only the fourth P - promotion. However, if the products necessary to allow behaviour change are not available in the right places at the right price then behaviour change will be incredibly difficult to achieve.

For example, in Ghana, where a national handwashing marketing campaign is running, a recent evaluation showed that although children reported increased behaviour change at home, this increase was markedly less at school, the primary reason being the unavailability of soap and/or water in schools.

In the social marketing of condoms across Africa, PSI found that as condoms were primarily sold in shops, they were frequently unavailable at night when many people wanted to buy them. Thus they have introduced vending machines in places like bars, allowing people to buy condoms privately at any time (www.psi.org).

Key steps in designing a social marketing campaign

Broadly speaking there are five major stages in the development and execution of a social marketing programme:

1. Planning

2. Communications message and placement planning

3. Pre-testing of materials

4. Implementation

5. Evaluation and feedback

Planning

The first stage of planning is to define – what the desired behaviour, the programme goals and who the target audience (TA) are.

Formative research, known as consumer research in commercial marketing, is then used to gain a deeper understanding of the target audience (TA) and the context of their current behaviours in order to plan programme activities and messages.

Key questions to be addressed include:

• How is the TA behaving now?

• What are the (perceived) barriers and drivers to behaviour change?

• What can the product (behaviour) offer to help overcome these barriers and/or appeal to these drivers and address the TA's needs and desires?

• How does the TA communicate and learn about new products and ideas?

Typically both qualitative and quantitative methods, including in-depth interviews, focus group discussions and surveys, are utilised to gain insight into these questions.

The results commonly lead to TA *segmentation*, that is the division of the target audience into sub-groups of individuals with common attributes and concerns. Typically these groups will respond to different promotional messages and product placement strategies. For example, the National Handwashing Campaign in Ghana divided the TA into two primary segments – mothers of children under five years and school age children. Further, the programme decided to target that section of society that currently washes their hands at key junctures, but with water alone. This represents a sizable proportion of the target audience. Targeting both those not washing hands at all and those washing hands with water in a single communications campaign was not pursued, as different messages would be appropriate to each group.

Communications message and placement planning

At this stage the results of formative research are used to develop a set of possible promotional messages and positioning strategies to drive behaviour change. Commonly these messages, on the surface, have little to do with health concerns. For example, the key driving forces for handwashing with soap in Ghana were found to be a fear of contamination and disgust of the unknown. Further, mothers were driven by a desire to care for their children and appear in a positive social light. As messages were only implicitly health related, health centres were not necessarily the best way of communicating these messages.

Communications insights further indicated that while ownership of radios was higher than of televisions, viewership of the latter was higher, as TV was often watched in groups providing an opportunity for discussing messages seen. Further, the use of visuals meant that television messages were seen to be more trusted than radio ones.

In the case of marketing bednets, it has frequently been found that protection from malaria is not the primary driving force determining net use, but a desire to prevent the itching and irritation caused by mosquito bites and bedbugs experienced in the absence of bednets.

Pre-testing of materials

While formative research allows the development of a set of possible promotional messages and message carriers (stories that carry the message), it does not give a definitive answer to the question of which message will work best. Thus, marketers employ 'concepts testing' whereby proposed materials are tested with small groups of the target audience. This allows the favoured messages to be picked out and refined before the final materials are produced.

Implementation

Key to implementation is the development of a communications plan. This brings together all the results of stages 1-3 and defines strategies for product placement and the placement of communications materials across a range of channels. It defines the frequency and placement of messages. This plan is then used to carry the programme through into implementation.

Evaluation and feedback

Evaluation is implicit throughout all stages of the marketing process; for instance, materials pretesting serves to evaluate materials. Once the programme is being implemented, it must be monitored on a regular basis in order to ensure that the appropriate messages are reaching the desired TA and having an effect. At the early stages of a programme it may prove futile to measure behaviour change itself, as changing behaviour change can take time. However, measuring indicators such as message and product reach, message awareness and interpretation and propensity towards behaviour change are key. Where the programme objectives are not being reached, the marketing mix must be revisited and the programme adjusted accordingly.

Evidence for the impact of social marketing in environmental health

The evidence for the impact of knowledge enhancement programmes on behaviour change may be limited, but is it any better for social marketing campaigns in environmental health? The answer is probably yes.

For example, large-scale social marketing of treated bednets in rural Tanzania showed an increase in the number of infants sleeping under bednets from under 10% at baseline to over 50% three years later. This was further associated with a 27% increase in child survival among the 1mth-4yr olds (Schellenberg et al 2001).

In Zambia, the Safe Water Systems social marketing programme has shown a similar success, with the use of Chlorine for household drinking water treatment rising from 13.5% in 2001 to 42% in 2004

Finally, in Ghana the first phase of a national handwashing with soap marketing programme has just been evaluated. While it was deemed too early to measure actual behaviour change after just six months of the intervention, the initial results are extremely promising, with very high levels of reported behaviour change.

An evaluation of the first sixth month phase has yielded promising results. Among mothers, reports of handwashing with soap before eating have risen by over 40%, and among children (at home) by over 60%. It is hard to believe that such great changes in reported behaviour change have not been accompanied by at least some degree of change in actual practice.

Social marketing: an effective approach to behaviour change promotion?

In conclusion, while the evidence for the effectiveness of traditional health promotion approaches is limited, social marketing may provide a fruitful alternative in the promotion of household environmental health, even at scale (as illustrated by the three examples). Indeed, the marketing approach to the promotion of handwashing with soap is taking off internationally as indicated by the development of national and state-wide handwash marketing programmes (via public-private partnerships) in Ghana, Peru, Senegal, South Africa, Indonesia, Madagascar, Nepal, and Ethiopia among others (globalhandwashing.org). Only if the approach held promise would it be replicating so far.

As discussed in another factsheet (Obika, 2005), interest in a marketing approach to sanitation programmes is also gaining impetus internationally.

Central to the social marketing approach is an exchange process and an understanding of the target audience, how and why they behave and what drives and prevents adoption of the product or new behaviour. It need not be a difficult approach to implement. The references below should also serve as a guide to further reading.

Key references

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