CHAPTER – III
THEORETICAL BACKGROUND OF SOCIAL MARKETING

3.1 Introduction

Marketing is a deliberately planned, orchestrated, and implementing process of mutually satisfying exchange facilitation. In product marketing, a company succeeds (makes money) by accurately identifying the needs and wants of target markets by offering products or services that satisfy those needs and wants more effectively and efficiently than competitors’ offers. Marketing cannot be successful if potential consumers do not attach greater value to what a company has to offer than what they, the consumers, already have or do. Marketing first became popular in the mid-1950s among consumer packaged goods businesses, such as General Electric, Procter & Gamble, General Motors, and Coca-Cola. Its orientation toward satisfying consumers’ needs differed from other commercial approaches that focused on getting a consumer’s business either by offering low prices (made possible by low production costs), making the best possible product, or focusing on product promotion. Marketing’s appeal and success spread from packaged-goods firms to companies producing durable goods (furniture, automobiles) for individual consumers and to industrial equipment companies. Soon after, service organizations, such as airlines, banks, insurance companies, stock brokerage firms, colleges and universities, and hospitals, adopted a marketing approach or at least claimed to adopt it. Next, business professionals, including lawyers, accountants, and physicians, became interested in marketing their services and professions. In course of time, more professionals began applying marketing principles to their organizational development plans and program and service strategies.
Eventually, marketing experts began to see the value of using commercial principles and strategies to address social issues.

The field of family planning and reproductive health has been a major focus of social marketing efforts around the world. Significant attention has already been given to maternal and child health, control of diarrheal diseases, increasing the demand and access to quality health services, HIV/AIDS prevention and malaria control. The social marketing of products, in particular condoms for both family planning and HIV prevention, oral rehydration products for diarrheal diseases, and bednets for malaria control has typically been done by setting prices that are usually heavily subsidized by the program sponsors or donors (though in the past few years free distribution of products by social marketing organizations has also been done). Because of this approach to product sales and purchases, these social marketers have become the strongest advocates and practitioners of brands, pricing strategies and distribution networks as core elements of the social marketing approach. In addition, international social marketing organizations have led the development of an approach to services marketing known as social franchising. In the prototype for family planning services, social franchising supports long-term contraceptive methods and broader reproductive health care and seeks to involve the participation of trained health providers. Networks of providers, or franchisees, are service producers in the clinic franchise system; they create standardized services under a franchise name. The result is a network of service providers offering a uniform set of services at predefined costs and quality of care\(^1\).

So pervasive is this approach to social marketing that has often been defined as the distribution and promotion of commodities (family planning products, condoms, bednets) at subsidized price\(^2\). Indeed, for many donors, practitioners and critics of the social marketing
approach in developing countries, the price of products and services is a crucial element of the marketing mix. There is also a shared concern among these stakeholders about the effect of pricing strategies on program reach, product or service usage rates, and its impact on equity and social justice. For example, the social marketing of bednets for malaria control in rural Zambia resulted in improvements in knowledge, access and self-efficacy, yet, there was little change in net use among the lowest SES group, and among non-users, 92 per cent reported price as being the most significant barrier\(^3\). The authors concluded that the costs of bednets would have to be significantly lower than the already highly subsidized cost to improve use among the poorest people in the country and that complimentary strategies to achieve 100 per cent coverage and use are necessary\(^4\). Other people look at those data and call for the elimination of social marketing altogether because of its failure to meet the needs of the poor people\(^5,6\).

In reviewing the evidence for the effectiveness of 65 social marketing programs in five health areas across the developing world, Chapman et al. (2005)\(^7\) concluded:

The social marketing evidence base is growing rapidly and is almost exclusively related to HIV/AIDS, maternal and child health, malaria in the general population, and family planning and reproductive health. In terms of the impact of social marketing on health status, interventions to prevent malaria have the broadest and most conclusive evidence base. In terms of the impact of social marketing on behavior change, the evidence base is large in the area of HIV/AIDS and family planning/reproductive health for product use and maternal and child health, reproductive health and family planning and HIV/AIDS for non-product-related behaviors. Evidence for changes in opportunity, ability and motivation constructs was found for social marketing programs in the area of HIV/AIDS, family planning and reproductive health and maternal and child health.
In contrast to the experience in developing countries, social marketing in developed markets has tended to focus on the prevention and reduction of risk behaviors for chronic diseases and the use of addictive substances (notably tobacco and illicit drugs). Just as the strong support of various donor agencies for a social marketing approach emphasizes access to health-related products and services in developing countries, the focus on risk behaviors and communication and educational approaches to their amelioration in developed contexts can be attributable to the priorities and philosophies of the governments that fund them. As a result, guided by the determinants of these diseases, social marketers have made behavior change their default option or major outcome of interest, putting behavior ahead of product and services in the marketing mix. This has led, in too many cases in our estimation, to the use of persuasive communications and other elements of health communication to achieve these ends and a lack of attention to developing products and services to address public health needs.

Social marketing, which differs from, yet is based on, marketing, is the “process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than commercial profit.” The key features of social marketing are taken directly from commercial marketing. Social marketing is a generic term: It is not specifically about using marketing techniques to change health behavior. For example, social marketing campaigns have been used to influence behavior related to road safety, sanitation, rainwater harvesting, and violence against women, child labour abuse, and population growth as well as health behaviors.

Social marketing is not another term for media advocacy, health communication, social advertising campaigns, or social communication. Media advocacy is the strategic use of mass media to advance public policy by applying pressure to policy matters. Health communication is
the crafting and delivery of messages and strategies based on consumer research in order to promote the health of individuals and communities. *Social advertising campaigns* are advertising tools that attempt to influence attitudes and behavior related to social causes without any tie-in with accessible, affordable products and services. The limitation of social advertising campaigns led to the evolution of *social communication*, which expands promotional efforts beyond the mass media approach and incorporates a network of appropriate people to assist in the “selling” of a particular cause. Thus, a social communication campaign for good nutrition could include the participation of local hospital and spiritual healers. In order for the message to take hold, however, and to actually influence behavior change, additional programmatic elements must be added - elements that add up to social marketing.

Over the past four decades, social marketing has been used successfully to increase health care and use of health education program, improve client satisfaction, and achieve social and individual health behavior change. It has been effective in increasing contraceptive use, reducing blood pressure, increasing consumption of fruits and vegetables, and increasing public awareness of the association between certain risk factors and particular health conditions. Three notable long-term social marketing successes based on the United States are the National High Blood Pressure Education Program, the Pawtucket Heart Health Program, and the Stanford Five-City Project Smokers’ Challenge. Another example of a social marketing program is the Washington Heights low-fat milk campaign in New York City. It introduces the social marketing process, emphasizing concepts associated with a social marketing approach.

### 3.2. The Development of Social Marketing

Social marketing evolved in parallel with commercial marketing. During the late 1950s and early 1960s, marketing academics considered the potential and limitations of applying
marketing to new arenas such as the political or social. For example, in 1951, Wiebe asked the question, "Can brotherhood be sold like soap?", and suggested that the more a social change campaign mimicked that of a commercial marketing campaign, the greater the likelihood of its success.\textsuperscript{10}

To many, however, the idea of expanding the application of marketing to social causes was abhorrent. Luck objected on the grounds that replacing a tangible product with an idea or bundle of values threatened the economic exchange concept.\textsuperscript{11} Others feared the power of the marketing, misconceiving its potential for social control and propaganda.\textsuperscript{12} Despite these concerns, the marketing concept was redefined to include the marketing of ideas and the consideration of its ethical implications.

The expansion of the marketing concept combined with a shift in public health policy towards disease prevention began to pave way for the development of social marketing. During the 1960s, commercial marketing technologies began to be applied to health education campaigns in developing countries.\textsuperscript{13} In 1971, Kotler and Zaltman published their seminal article in the Journal of Marketing ‘Social marketing: an approach to planned social change’. This was the first time the term "social marketing" was used and was often heralded as its birth. They defined social marketing as "the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution and marketing research."

In practice, social marketing was explored by a number of people at a time, including Paul Bloom, Karen Fox, Dick Manoff, and Bill Novelli. Early examples of social marketing emerged during the 1960s as part of international development efforts in third world and developing countries.\textsuperscript{14} For example, family planning programs in Sri Lanka moved away from
clinical approaches and examined the distribution of contraceptives through pharmacists and small shops. They began to experiment with marketing techniques such as audience segmentation and mass communication. Similarly, oral rehydration projects in Africa began to take a more consumer oriented approach to programme development. Important initiatives in the developed world included the Stanford Heart Disease Prevention Program, the National High Blood Pressure Prevention Program, and the Pawtucket Heart Health Program.\(^5\) While many of these early programs were primarily exercises in social communications, they were important for the inception of social marketing\(^{15}\).

### 3.3. Definitions from a Few Social Marketing Veterans

Social Marketing is a process that uses marketing principles and techniques to influence target audience behaviors that will benefit society as well as the individual. This strategically oriented discipline relies on creating, communicating, delivering, and exchanging offerings that have positive value for individuals, clients, partners, and society at large\(^{16}\).

**Nancy R. Lee, Michael L. Rothschild, and Bill Smith, 2011**

Social Marketing is the application of commercial marketing concepts and tools to influence the voluntary behavior of target audiences to improve their lives or the society of which they are a part\(^{17}\).

**Alan Andreasen, 2011**

Social Marketing, more specifically, is the systematic application of interactive marketing principles and techniques that harness audience participation to deliver value and achieve specific behavioral goals for a social good\(^{18}\).

**Jay Bernhardt, 2011**
Social Marketing is the application of commercial marketing principles and tools where the primary goal is the public good\textsuperscript{19}.

\textit{Rob Donovan, 2011}

Social Marketing is a set of evidence- and experience-based concepts and principles that provide a systematic approach to understanding behaviour and modifying it for social good. It is not a science but rather a form of ‘technik’; a fusion of science, practical know-how, and reflective practice focusing on continuously improving the performance of programmes aimed at producing net social good\textsuperscript{20}.

\textit{Jeff French, 2011}

Social Marketing is the application of marketing principles to shape markets that are more effective, efficient, sustainable, and just in advancing people’s well-being and social welfare\textsuperscript{21}.

\textit{Craig Lefebvre, 2011}

Social Marketing is a process that involves (a) carefully selecting which behaviors and segments to target, (b) identifying the barriers and benefits to these behaviors, (c) developing and pilot testing strategies to address these barriers and benefits, and, finally, (d) broad scale implementation of successful programs\textsuperscript{22}.

\textit{Doug McKenzie-Mohr, 2011}

Social Marketing is a way to reduce the barriers and increase the facilitators to behaviors that improve the quality of life for individuals and society. It uses concepts and planning processes from commercial marketing to make behaviors “fun, easy, and popular.”
It goes beyond communication, public service announcements, and education to give you a 360-degree view of potential causes and solutions for health and human service problems.²³

Mike Newton-Ward, 2011

Social Marketing is the activity and process for understanding, creating, communicating, and delivering a unique and innovative offering to overcome a societal problem.²⁴

Sharyn Rundle-Thiele, 2011

3.4. How does social marketing differ from commercial marketing?

There are a few important differences between social marketing and commercial marketing.

In the commercial sector, the primary aim is selling goods and services that will produce a financial gain for the corporation. In social marketing, the primary aim is influencing behaviors that will contribute to societal gain. Given their focus on financial gain, commercial marketers often favor choosing primary target audience segments that will provide the greatest volume of profitable sales. In social marketing, segments are selected basing on a different set of criteria, including prevalence of the social problem, ability to reach the audience and readiness for change. In both cases, however, marketers seek to gain the greatest returns on their investment of resources.

Although both social and commercial marketers recognize the need to identify and position their offering related to the competition, their competitors are very different in nature. As stated earlier, the commercial marketer often focuses on selling goods and services, the competition is often identified as other organizations offering similar goods and services. In social marketing, the competition is often the current or preferred behavior of our target audience.
and the perceived benefits associated with that behavior, including the status quo. This also includes any organizations selling or promoting competing behaviors (e.g., the tobacco industry).

For a variety of reasons, we believe social marketing is more difficult than commercial marketing. Consider the financial resources the competition has to make smoking look cool, yard cleanup using a gas blower easy, and weed-free lawns, the norms. And also one has to consider the challenges faced when trying to influence people to do any of the following:

✓ Give up an addictive behavior (e.g., stop smoking)
✓ Change a comfortable lifestyle (e.g., reduce thermostat settings)
✓ Resist peer pressure (e.g., be sexually abstinent)
✓ Go out of their way (e.g., take unused paint to a hazardous waste site)
✓ Be uncomfortable (e.g., give blood)
✓ Establish new habits (e.g., exercise five days a week)
✓ Spend more money (e.g., buy recycled paper)
✓ Be embarrassed (e.g., let lawns go brown in the summer)
✓ Hear bad news (e.g., get an HIV test)
✓ Risk relationships (e.g., take the keys from a drunk driver)
✓ Give up leisure time (e.g., volunteer)
✓ Reduce pleasure (e.g., take shorter showers)
✓ Give up looking good (e.g., wear sunscreen)
✓ Spend more time (e.g., flatten cardboard boxes before putting them in recycling bins)
✓ Learn a new skill (e.g., create and follow a budget)
✓ Remember something (e.g., take reusable bags to the grocery store)
Risk retaliation (e.g., drive the speed limit)

Despite these differences there are having many similarities between social and commercial marketing models:

- **A customer orientation is critical.** The marketer knows that the offer (product, price, place) will need to appeal to the target audience, solving a problem they have or satisfying a want or need.

- **Exchange theory is fundamental.** The target audience must perceive benefits that equal or exceed the perceived costs they associate with performing the behavior.

- **Marketing research is used throughout the process.** Only by researching and understanding the specific needs, desires, beliefs, and attitudes of target adopters can the marketer build effective strategies.

- **Audiences are segmented.** Strategies must be tailored to the unique wants, needs, resources, and current behavior of differing market segments.

- **All 4Ps are considered.** A winning strategy requires an integrated approach, one utilizing all relevant tools in the toolbox, not just relying on advertising and other persuasive communications.

- **Results are measured and used for improvement.** Feedback is valued and seen as “free advice” on how to do better next time.
3.5. Nonprofit marketing, public sector marketing, and cause promotions involvement in social marketing

Social marketing efforts are mostly initiated and sponsored by those in the public and non-profit sectors. However, in the nonprofit sector, marketing is often used to support utilization of the organization’s services (e.g., ticket sales), purchases of ancillary products and services (e.g., at museum stores), volunteer recruitment, advocacy efforts, and fundraising. In the public sector, marketing activities are also used to support utilization of governmental agency products and services (e.g., the post office, community clinics) and engender citizen support and compliance. In summary, social marketing efforts are only one of many marketing activities conducted by those involved in nonprofit or public sector marketing.

Cause promotions primarily focus on efforts to raise awareness and concern for a social issue (e.g., global warming, domestic violence) but typically stop short of charging themselves with influencing specific behaviors. This change in knowledge and belief may be a necessary prelude to impact behaviors and social marketers may contribute to this awareness building and attitude change—but their eyes are always fixed on whether the desired behavior was adopted.25

3.6. The 6 Phases of Social Marketing Strategy Implementation

Implementation of a sustainable social marketing strategy involves the following six phases:

3.6.1. PHASE 1: Describe the Problem

At the beginning of this process, we must clearly describe the problem which has to be addressed and a compelling rationale for the program. These are to be based on a thorough
review of the available data, the current literature on behavioural theory, and the best practices of programmes addressing similar problems. This can be done through an analysis of Strengths / Weaknesses / Opportunities / Threats (SWOT), which will help us to identify the factors that can affect the program development. Finally, we have to develop a strategy team to help develop and promote the program.

3.6.2. PHASE 2: Conduct the Market Research

Social marketing depends on a good understanding of the consumer. In this phase, we have to find out who exactly are our target audience, and what makes different consumer groups, or “segments,” alike and different from one another.

This study is significant because it is necessary to approach different consumer groups in different ways to be successful in our endeavour. If we do social marketing for sanitation, for example, we cannot be very successful if we have only one standard product, at one given price, available only at one place that is promoted only in one way (e.g. through radio campaigns). We have to segment our consumers into different groups according to their different needs and priorities with regard to sanitation. In market research, we are aiming to get into the consumers’ mind, understanding what they want in exchange for what our program wants them to do, and what they struggle with in order to engage in that behaviour. The objective of the research is to determine:

- How to cluster our target audience into useful segments
- Which target audience segments are most ready to change their behaviour
- What is their utmost need in order to do that
3.6.3. PHASE 3: Create the Market Strategy

The essential requirement for our social marketing program is to communicate properly what we want to convey to the customers to achieve our aim.

Based on the research findings, we start by selecting a target audience segment and the desired behaviour to be promoted. Afterwards, specify the benefits which the target audience will gain for changing or adopting this behaviour. The target audience should really be interested in these benefits. We may also specify the key barriers which can be tackled and solved the program in order to get the desired behaviour.

3.6.4. PHASE 4: Adapt Marketing Mix

To be successful, in our attempt we need to adapt a different marketing mix for all the identified segments in our market research:

We will have different **products** for different consumer groups

- which will have different **prices**
- that will be available at different **places**
- and we will reach them with a different communication tools (**promotion**)  

Depending on the scope of your programme and the available resources, we also need to work on the policy level and train our staff to be able to conduct our social marketing campaign.

These processes and considerations involve keeping on strategy to ensure that each intervention addresses the respective target benefit or barrier, and is accessible and appropriate
for the target audience. We have to conceive a plan, timeline, and budget for each of the proposed intervention, and highlight where key partners and stakeholders are needed and how to engage them. At the end of this phase, we should have a clear comprehensive work plan that can describe and tie together all the parts.

3.6.5. PHASE 5: Plan Monitoring and Evaluation

Social marketing is based on an iterative design model, so monitoring data are used to both ensure the program being implemented as planned and to examine whether our strategy and tactics are suitable for the need. We have to consider whether the changes in environmental factors (such as policies, economic conditions, new programmes, structural change or improvement) would affect our program. We have to design a research plan to evaluate the effects or outcomes of the social marketing program. This involves examining whether:

- desired effects are achieved
- observed effects can be attributed to our program
- the underlying logic of the intervention and its relationship to desired effects are sound

3.6.6. PHASE 6: Implement the Intervention and Evaluation

Finally, after all the planning, we are ready to implement the program and to evaluate. This phase takes steps for launching the program; producing materials; procuring needed services; sequencing, managing, and coordinating the respective interventions; staying on strategy; fielding the evaluation; capturing and disseminating findings and lessons learned; and modifying activities as warranted. Our monitoring plan should be alert to face any issues that
require urgent attention or modification. Staying on top of important stakeholder and partner perspectives and concerns is an important function during this phase.26

3.7. The Social Marketing Process: An Overview

The social marketing process is a program-planning process with some major similarities and differences when compared with traditional health education program-planning models. Though the jargon is different, the planning processes of health education and social marketing are similar. Both include assessing potential consumers and the intervening organization(s); setting clear goals and objectives; and planning, implementing, evaluating, and modifying offers. Key differences are that marketers routinely segment the market of potential customers into smaller groups based on key buying characteristics; analyze market segments in terms of values, motivations, attitudes, opinions, media habits, preferred information channels, and, most especially, benefits sought; consider the competition; develop separate offers for each market segment; develop a personality for each offer to distinguish it in the competition; design each offering with equal attention to product design, price, distribution outlets, and promotion; formally pretest each offer; and conduct a wide range of research activities, such as advertising research, business economics and corporate research, corporate responsibility research, product research, and sales and market research.

Since success in marketing depends on achieving desired exchanges by satisfying the needs and wants of members of target population, the majority of steps in the marketing process are research related. The first step is to identify the problem. When there is difference between the ideal desired state and the actual state of a situation or circumstance, a problem exists or is perceived to exist. There is no foundation for a marketing plan without a problem. Problems are identified through observation, interviews, and surveys of target members, other people or
organizations providing similar or competitive services or unhealthy behavior, and topical experts. Second, an overall, common goal is to be set. Third, a market analysis is conducted. A market analysis is the process of identifying and evaluating a potential market-people with an immediate or potential interest in seeking a solution to the problem at hand.

At this point, market segmentation occurs. Market segmentation is the process of dividing a heterogeneous market into homogeneous target groups by demographic, psychographic (e.g., attitudes, interests, values, lifestyles, and opinions), or behavioristic variables (e.g., benefits sought, user status, use rate, loyalty status, and readiness to change). Once the market is subdivided into homogeneous segments based on the most appropriate variable, the next step, a consumer analysis, is implemented. In a consumer analysis, each of the segment to be pursued is studied thoroughly in terms of knowledge, attitudes, skills, group relationships, media preferences, and related behaviors. The goal is to know the potential audience so that services, products, and programs are developed, priced, promoted, and distributed in ways specifically designed to meet their preferences.

Next, the Influence channel analysis is done to determine the most effective way to make services, products, and programs accessible to the target population. People are influenced in many different ways (e.g., by what they read, with whom they speak regularly, by role models, by films they see etc.). The channels themselves vary according to the type of issue, service, or physical product being offered. The challenge is to identify all the channels of influence that are relevant, analyze them to determine their relative degree of influence, and then coordinate outreach efforts that use the most appropriate channels.

The goal of all up-front research is for health educators to know and understand members of each key market segment so well that they are able, in the next phase, to develop a
marketing mix for each key market segment that meets or satisfies their needs. Marketing mix development is basically a two-step process of initial design and test marketing. To make certain that the marketing mix is appropriate, a pilot test or test marketing is essential. Though time consuming, sometimes expensive, and often perceived as impractical, pilot testing reduces the risk of product failure, corporate embarrassment, and financial loss if any of the marketing mix components are off-target. The resulting tailor made product, program, or service should, if based on accurate information, sell itself. The final steps in the marketing process are generic to all good program planning: program (marketing mix) implementation, evaluation, and modification.

3.7.1. Marketing Concepts

A thorough understanding of how social marketing requires a knowledge of how traditional marketing concepts such as consumer orientation, exchange, market segmentation and consumer analysis, demand, competition, marketing mix, positioning, consumer satisfaction, and brand loyalty can be applied to health-related issues.

3.7.2. Consumer Orientation

To be a consumer-driven health educator, one must adopt a mindset of “the customer is king.” Consumer orientation is the basic concept that an organization’s mission brings about behavior change by meeting the target market’s needs and wants. It is to recognize that customers have unique perceptions, needs, and wants that the marketer must learn about and adapt to. It means conducting consumer research, is the most important activity in marketing-orientation.
3.8. Social Marketing Process

3.8.1. Plan

1. Analyze the problem and situation

a. Problem to be addressed

➢ What aspects of the problem are to be addressed?
➢ What is the epidemiology of the problem at the individual, group, organizational, community, and policy levels?
➢ What are the risk factors important and changeable?
➢ Which of these factors can be addressed, and how can the problem be prevented from reoccurring or spreading?
➢ What will be the consequences of the problem?
➢ What had been done in the past? How well that had worked?

b. The environment in which the program will be implemented

➢ Social, economic, or demographic factors at work in the community
➢ Political climate related to this problem
➢ Current policies or pending legislation that might affect the target audience’s response
➢ Other organizations’ activities regarding this issue
➢ Competition for this audience’s attention
➢ Outlets or channels for services, messages, and products

c. Resources available

➢ Budget
➢ Staff and consultants: numbers and skills
➢ Time
➢ Equipment
➢ Facilities
➢ Access

2. Segment the target audience

   a. Define segments
      ➢ Primary audiences: The people whose behavior is to be changed
      ➢ Secondary audiences: Groups that influence the behavior of intended audiences
   b. Study the segments

3. Develop strategy

   a. Set goals and objectives
   b. Allocate resources

3.8.2. Develop a Preliminary Social Marketing Mix for a Particular Market Segment

   Address all Ps: product, price, place, promotion

3.8.3. Pretest the Marketing Mix

   1. Conduct the pretest
   2. Analyze results
   3. Modify marketing mix based on pretest results

3.8.4. Implement the Marketing Mix

   1. Develop an implementation plan with tasks, time frame, and people responsible for it.
   2. Monitor implementation

81
3.8.5. Evaluate

1. Identify evaluation measures and all possible indicators: satisfaction; loyalty; demand levels; organizational or institutional resources, conditions, facilities, and policies; community changes; and policy and regulation changes

2. Plan evaluation

3. Evaluation of the implementation.

3.9. Exchange

The objective of a commercial marketing specialist is to facilitate mutually satisfying exchanges between consumers and companies. The consumer receives a product or services, he or she values, and the company makes money. *Exchange theory*, the linchpin of the marketing approach, indicates that by using the right promotion techniques to offer the right product at the right price, through the right distribution channels, potential buyers will exchange or give up what they currently have, use, or believe what is offered. If a more desirable alternative is not offered, there will be no exchange.

The essence of marketing-oriented health education is thinking, “For my target population, how can I facilitate a voluntary exchange of what they are currently doing for the behavior I have in mind that will leave us both satisfied?” The difference between commercial and social marketing is that in social marketing, the marketer’s objective for exchange is behavior change, whereas in commercial marketing the objective is financial profit.

3.10. Market Segmentation and Consumer Analysis

No offer can please all at time. So they are to be designed for and promoted to subgroups of all the people. These subgroups, or market segments, are composed of members of the population united by a distinctive feature which becomes the focus of the marketing plan. For
example, the market for smoking cessation offer might be segmented by (1) a demographic characteristic (age, gender, education level, occupation, ethnicity, or religion), (2) a behavior (experimenting with smoking, social smoking only, smoking one pack every day), (3) an attitude (“my health is my business,” “I wouldn’t do anything to hurt anyone else,” “I need to set a good example for my children”), (4) an opinion (smoking is not harmful, smoking can be harmful in some ways, smoking kills), or (5) a value (family, excitement, professional development, control, independence, looking good). In comparison, the market for weight-reduction programs might be segmented by possible perceived benefits sought by different market segments, such as sex appeal, fitness level, pleasure, image, or social connection.

A more complex, research-based attribute by which to segment a market is lifestyle. For example, the public relations firm Porter/Novelli identified seven health styles of target markets: decent dolittles (24%), active attractive (13%), hard-living hedonists (6%), tense but trying (10%), non interested nihilists (7%), physical fanatics (24%), and passively healthy (15%). The study of the market-at-large provides a framework for categorizing potential clients into groups based on key characteristics that then become the driving force behind the development of marketing mixes. Market research techniques include interviews with intended audience representatives and experts (e.g., one-to-one interviews, meetings, panels, brainstorming, community forums, nominal group process and focus groups), telephone surveys, mailed surveys and questionnaires, literature reviews, report reviews, and observations.

3.10.1. Demand

Though the goal of marketing is to facilitate exchanges through satisfaction of client needs, the frequency with which these exchanges or transactions occur varies depending on the market segment. In short, demand for services varies; everyone in a given market does not desire
a particular service, program, or product all the time and at the same level. It would be ideal to have full demand for one’s products, meaning that an organization or company has precisely the amount of business it wants. However, because demands are human needs shaped by culture and personality and backed by purchasing power, they vary.

There are eight demand states, or levels, that health educators as marketers need to know about, recognize, and respond to in order to be effective in their performance.

- **Negative demand** exists when a large segment of a market dislikes a product and would even pay to avoid it. A marketer needs to find out the reasons for the resistance and plan strategies to counteract resistance.

- **No demand** occurs when customers are not motivated by or are indifferent to a product. The marketer’s job is to connect potential product benefits with the needs and interests of prospective customers.

- **Latent demand** exists when customers cannot find an existing product that meets a need they want to satisfy. Marketers need to find out just how large the unsatisfied market is and decide if it is enough to warrant developing new products.

- **Falling demand** reflects a significant drop in the level of demand for a product. The job of the marketer in this case is to identify the causes for the drop off and plan strategies to reverse the trend.

- **Irregular demand** is characterized by fluctuation in the use of a product based on the season, the day of the week, or even the time of a day. The marketer can increase demand during those seasons, days, or times of a day by modifying the price, distribution, promotion, and features of the product.
Full demand exists when a company has all the business it needs. The marketer must then focus on the competition and possible changes in customer need to make sure demand does not drop.

Overall demand exists when the demand is higher than the organization can handle. The marketer is in a position to raise prices, change product features, decrease access to the product, or cut back on promotion activities to reduce the demand level.

Unwholesome demand for dangerous or harmful products distributed by competitors requires marketers in other companies to come up with price, product, distribution, and promotion strategies to persuade people to give up those products.

3.10.2. Competition

No matter what the topic or who is in the market segment, a marketer has to keep in mind the competition he has to deal with. Competition is any alternative to a product. Sometimes it is the same program or product offered by someone else (but who, perhaps, has more credibility), such as two smoking cessation patches offered by two different companies or agencies. Sometimes it is another (somehow more appealing) version of what is being offered—a prettier patch, a shorter series of cessation classes, or a more user-friendly self-help book. Often it is a different and more appealing way of achieving the same benefits sought—a smoking cessation gum versus a patch. And sometimes, it is something more compelling that the consumer wants to accomplish before engaging in an activity, such as losing 20 pounds before trying to quit smoking.

3.11. The Marketing Mix

A marketing mix is a combination of factors put together, based on an understanding of the wants and needs of the target market segment, to make the target market segment want to
exchange what they currently do or believe for a product, service, or idea being offered. A marketing mix can have anywhere from four to eight components. Traditionally, a commercial marketing mix is described as having four components, commonly known as the four Ps of marketing. The four Ps are interdependent and fundamental to a marketing approach; they are the four dimensions of the offer that influence clients’ decisions about whether to make an exchange.

For further input on utilizing the four Ps are given below:

- **Product:**

  A product is physical goods, service, or idea that satisfies a need. *Physical goods* are tangible bundles of attributes that can be offered to a market segment for attention, acquisition, use, or consumption to satisfy a want or need. A service is largely an intangible activity or benefit one party can offer to another to meet certain needs and wants. Its production and delivery may or may not be tied to a physical product. An *idea* is mostly abstract that will help to attain certain needs and wants or to solve problems.

  Ideally, every offer should have three dimensions: a core product that has a value-satisfying component (e.g., getting a blood test for lead poisoning for a 2-year-old child should give parents peace of mind or equal opportunity for their child, who may now escape a major handicap), tangibles (e.g., physical components of the blood-lead test that clients can see, such as a kind person drawing blood, clean equipment, and attractive bandages to place on the child’s arm), and added-value components, which are extras that clients receive after the exchange has been made to reinforce their adoption or purchase decisions (e.g., making certain that mothers whose children have had blood-lead tests are fast tracked to a service they value or get a discount on another product or service).
• **Price:**

  A price is a financial, temporal, emotional, or energy cost the population can pay. Theoretically, an offer should not take any more time, money, energy, or emotion than clients are willing to exchange. Marketers should anticipate and eliminate or reduce these cost barriers. For example, clients who are interested in obtaining prenatal care but are faced with barriers, such as the cost of transportation, babysitters, or the prenatal care service; the emotional cost of asking for a day off from work; the emotional cost of undressing before a care provider and answering personal questions; the time cost of taking an afternoon or day off from work; the energy cost involved in making the appointment, arranging to get to the provider, waiting to see the provider, and worrying about what will be learned from the provider; and the price of taking the risk of giving up the “bliss” of ignorance about pregnancy health care issues. These costs are often far more than a client is willing to pay to do something for which, in the client’s eyes, there is no tangible benefit.

➢ **Place.** Place in the marketing mix consists of convenient distribution or outlet channels for getting a physical offer, service, or idea to consumers. Offer should be available through places that are convenient, comfortable, credible, and prepared to respond properly to clients. A setting that is dirty, in an unfamiliar neighborhood, hard to reach, staffed with untrained or culturally insensitive personnel, not set up properly for the services, or located too close to home for comfort among the people to be reached will jeopardize the exchange.

➢ **Promotion.** Promotion involves a product promotion campaign appropriate for the market segment. A promotion mix usually includes advertising, incentives, face-to-face selling, and public relations. The idea is to develop a promotion mix that uses the media, spokespersons, incentives, language, and tone best suited to appeal to the market segment.
Social marketing experts have expanded the four core commercial components of the marketing mix to address the social and usually nonprofit part of social marketing. Additional components include publics, partnership, policy, and purse strings. Publics are the primary and secondary external and internal stakeholders in the program that must be considered throughout the planning process. Partnership refers to the importance of teaming up with other organizations to deal with problems so complex that no single organization could solve them alone. Policy refers to the need to address environmental and contextual changes, such as laws and public policies, which have to be made to support behavior change. Purse strings are the variety of funding sources (e.g., foundations, government, private donors) needed to support social marketing efforts.

- **Advertising.** It is a paid form of non-personal communication about an organization and its products that is transmitted to a target audience through a mass medium

- **Personal selling.** It is a process of informing customers and persuading them to purchase products through personal communication in an exchange situation

- **Publicity.** It means non-personal communication regarding an organization and its products that is transmitted through a mass medium in news story form at no charge

- **Sales promotion.** It is an activity or material that acts as a direct inducement, gaining added value or incentive for the offer to resellers, salespersons, or consumers

### 3.12. Positioning

Positioning is about creating a personality for an offer based on its key attributes. A well-positioned offer holds a unique place, or niche, in the consumer’s mind. For example, imagine a consumer considering the purchase of an over-the-counter medication. One medication is designed to be and is promoted as “strong on pain, but soft on your stomach.” This product was
created for people who want something that solves the problem but does not cause uncomfortable gastric side effects. It differs from a second medication for the same purpose that was designed for people who need to know their medication is actively working on their problem. Each medication has a different personality and was designed to meet the needs of consumers with different needs.

Another example of positioning is the long product line of different types of toothpastes. Different market segments want different benefits from their toothpaste. For example, there are toothpastes for people who want brighter, whiter smiles; toothpastes for people who want to prevent cavities; toothpastes that taste like candy and sparkle or are multicolored to entice children who otherwise would not brush; and toothpastes made without additives for people who prefer all-natural products. Each is a different product with a different personality and is sold in different ways (e.g., stores, catalogues, Web sites, warehouses or discount stores, elite boutiques) and at different prices, and has different promotion campaigns.

3.13. Consumer Satisfaction

The goal of marketing is consumer satisfaction - giving people what they expect, or more than they expect. Some dissatisfied customers will do nothing about being dissatisfied, but a marketer should not count on it. Research has shown that a satisfied customer will tell 3 people of his or her positive experience, while a dissatisfied customer will easily spread his dislike to many. A full range of actions and reactions by dissatisfied customers are possible: Some will seek redress directly from the persons who offered the product or service, including taking legal action to obtain redress, complaining, deciding to stop buying the product or brand or to boycott the seller, and warning friends about the product or the seller. The more tangible the offer is, easier it is to satisfy a customer. For example, clients who purchase toothbrushes are more easily
satisfied than clients receiving routine dental checkups and cleanings. Those who are educated about the importance of dental cavity prevention and early detection are even harder to satisfy. The reason for this is that physical goods are more tangible than services, and services are less vague than ideas. One can examine a bottle of mouthwash, a toothbrush, or alternative cleaning tools. They can be picked up, tried out, and, if bought (e.g., an electric toothbrush or pick), can be returned if they do not work properly or if one is dissatisfied with how they handle. Services, on the other hand, are far less tangible. A dental cleaning cannot be “handled,” and dental hygienists cannot be tested out in advance. The quality of physical offer can be counted on because they may have to meet legal standards, be inspected, and the like. If one brand of toothbrush is bought, the odds are that the next purchase of that brand will be very similar, if not identical. A dental cleaning, however, is much harder to control. It is experiential, and experiences can vary dramatically depending on factors that customers cannot control, such as their own mood; the functioning, features, and arrangements of the machinery involved; the music being piped into the room; the chair; the lighting; the mood, training, and experience of the hygienist; the receptionist’s attitude; and the day of the week.


A brand is a name, term, sign, symbol, design, or combination of these intended to differentiate products of one company from competitors’ products. **Brand loyalty**, a consistent preference for and choice of one particular company’s product or service, develops among customers over time as a result of consistently satisfactory experiences with a particular company and its products. Every time consumers consider a purchase, they have the opportunity to weigh the advantages and disadvantages of thousands of brands of products. Though many are willing and eager to try out new products, most of them appreciate being able to rely on a
product that has “proven itself satisfactory” and can be readily identified. Many get psychological satisfaction from knowing they are using well-known branded products. Brand names can help stimulate demand, provide protection against substitution, give the brander a chance to identify a market segment of loyal consumers, and make it easier to introduce new products.

There are three levels of brand familiarity. Brand recognition occurs when a customer remembers having seen or heard of the brand. Brand preference is that which customers choose a brand out of habit or past experience, but will accept a substitute if the preferred brand is not readily available. When customers would rather fight than switch to another brand and go out of their way to search for it, marketers have achieved the highest level of brand familiarity: brand insistence.

3.15. Overcoming Challenges to Social Marketing

Although there are many positive rewards to the social marketing process, it is not without its challenges. Possible challenges to effective social marketing include limiting its scope to program or product promotion, attempting full-scale social marketing versus a step-by-step implementation process, failing to evaluate the social marketing effort or campaign, and encountering problems associated with marketing functions.

3.15.1. Do Not Limit the Marketing Process

Marketing is frequently misinterpreted as the effective use of communication strategies to successfully influence or change attitudes and behavior. Much of today’s talk about marketing health care programs and services, marketing patient compliance strategies, marketing physicians, or, most recently, marketing health messages reveal a misguided common tendency among health professionals to use the word marketing to mean “using persuasive communication
strategies.” For example, people often say they are “marketing programs and services” when they mean they are “trying to get people to come to participate in programs and use agency services.” Service marketing programs frequently address only promotional strategies to generate and maintain service participants. “Marketing health education” is often someone’s well-intentioned shorthand for getting good media placements for public service announcements. The effective use of communication strategies to influence successfully or change attitudes and behavior is only one aspect of marketing. Communication strategies, usually promotion or advertising, are substituted frequently for the word marketing. The fact is, advertising is one of many kinds of communication or promotion strategies, and communication or promotion, in turn, constitutes only one of about a dozen fundamental concepts of marketing and only one component of a marketing mix. This basic misperception of marketing may contribute to both skepticism about the value of marketing in health education and to health educator resistance to adopting a marketing approach.

3.15.2. Take a Step-by-Step Approach

There is no law that says everything has to be done in the marketing way or not at all. The fun of adopting a new perspective like marketing is that one can begin by integrating a few of the ideas discussed here over time. Alan Andreasen suggests ten steps for integrating a marketing approach into an organization:

1. Know oneself. Recognize that not every individual has a marketing orientation.
2. Start at the top. Discuss marketing with the power brokers in the organization and get their support.
3. Start doing research. Learn all that is possible about current and prospective clients and competitors.
4. *Rub shoulders with real marketers.* Attend marketing conferences or enter into partnerships with qualified marketing firms and spend time with their marketing staff.

5. *Hire marketing specialists.* Do not limit staff to topic specialists (e.g., experts on child health, injury prevention, heart disease, or tuberculosis). If marketing expertise is needed, hire a marketer.

6. *Reward risk-taking and experimentation.* Support staff and volunteers who are willing to try something new. Remember, one definition of insanity is “continuing to do things the same old way and expecting them to turn out differently.”

7. *Look for consumer barriers to dismantle.* Expect resistance. Address the client’s perceived product, price, place, or promotion barriers—not necessarily barriers that are anticipated.

8. *Continually reassess all four Ps.* When in doubt, check out the product, price, place, and promotion aspects of an offer.

9. *Conduct routine “marketing audits” of the agency’s philosophy and practice.* With time, one will ask, “If this is not working, what is it about the client that was not known or that was ignored and now needs to be addressed?”

10. *Go about tasks in a different way.* Take a chance. Commit to trying one or two marketing techniques and watching the results. The most important concept is being client or consumer centered, that is, designing offer that address client values, needs, wants, and perceptions.

### 3.15.3. Devise an Evaluation Plan

Even with consumer research and market testing of appropriate marketing mixes, it is still very difficult to evaluate social marketing programs. In a classic paper written to explore reasons for the lack of evaluation activity in social marketing, Paul Bloom reviewed the problems confronting an evaluator
The most fundamental, overriding problem facing the evaluator of a social marketing program is that evaluations tend to be expensive, bothersome, risky (i.e., budgets can be cut if results are poor), and capable of detecting only weak program effects. This makes it difficult to obtain cooperation and support for evaluations from program administrators. . . . Even if cooperation and support are available from program administrators, problems can arise in developing measures of effectiveness and choosing a research design.

As in health education, social marketing evaluations are based on program goals and objectives. In the case of social marketing program evaluation, the evaluator must be clear about whether the program was designed to effect cognitive change, action change, behavioral change, or value change—each of which is increasingly difficult to perform and to evaluate. Constructs and variables must be identified and monitored throughout program execution to see if the objectives are being met. Pencil-and-paper scales, interview questions, and record-keeping systems need to be developed that reflect operational definitions of those constructs and are valid, reliable, and relatively easy to implement. One must also, as in any good research project, be on the lookout for any secondary effects that may need to be analyzed.

3.15.4. Overcome Social Marketing Concerns

Besides evaluation, social marketers should expect other frustrations that are specific to particular marketing functions and that commercial marketers do not face.

➤ Market analysis problems. Social marketers have less secondary data available about their customers and have more difficulty in obtaining valid, reliable measures of salient variables; sorting out the relative influence of identified determinants of consumer behavior; and getting consumer research studies funded, approved, and completed in a timely fashion.
Market segmentation problems. Social marketers face pressure against segmentation, in general, and especially against segmentation that leads to the ignoring of certain segments. They frequently do not have accurate behavioral data to use in identifying segments, and their target segments must often consist of those consumers who are most negatively predisposed to their offer.

Product strategy problems. Social marketers tend to have less flexibility in shaping their products or offer, more difficulty in formulating product concepts, and more difficulty in selecting and implementing long-term positioning strategies.

Pricing strategy problems. Social marketers find that the development of a pricing strategy primarily involves trying to reduce the monetary, psychic, energy, and time cost incurred by consumers when engaging in a desired social behavior. They have difficulties in measuring their prices, and they tend to have limited control over consumer costs.

Channel strategy problems. Social marketers have much difficulty utilizing and controlling desired intermediaries.

Communications strategy problems. Social marketers usually find paid advertising difficult to use. They often face pressure not to use certain types of appeals in their messages, they usually must communicate relatively large amounts of information in their messages, and they have difficulty in conducting meaningful pretests of messages.

Organizational design and planning problems. Social marketers must function in organizations in which marketing activities are poorly understood, weakly appreciated, and inappropriately located; they must function in organizations in which plans (if any are developed) are treated as archival rather than action documents; they must function in
organizations that suffer from institutional amnesia; and they must predict how both
friendly and unfriendly competitors will behave.

- **Evaluation problems.** Social marketers frequently face difficulties trying to define
effectiveness of measures, and they often find it hard to estimate the contribution their
marketing program has made towards the achievement of certain objectives.

### 3.15.5. Expected Outcomes

The positive outcomes that can be expected from social marketing are many and
encouraging. The social marketing process is very similar to health education program planning,
and so health educators can feel very comfortable while integrating new tools into a largely
familiar process. As in the health education program planning process, health educators should
spend most of the time on up-front research. In addition, as the result of intensified research
efforts, health educators can expect greater and stronger ties with understanding of the
communities and populations that become target market segments. The extensive research effort
will result in fewer but more tailored interventions. One will no longer be looking for the “magic
bullet” program that solves everyone’s problems with a single event or service.

Creating more designed interventions also paves way to create still more interventions to
be tailored. As practitioners become more involved in social marketing, they can see their
organizations develop a veritable product line of programs, services, products, and messages
(like commercial campaigns) for particular audiences. Does a clothing company sell one type of
outfit at one price to one age group at one store? Of course not. In addition to their premier
clothes line, they have a division that offers “teen clothes” to teens in teen-friendlier settings and
through catalogues. Can the same be said of our smoking cessation efforts? A social marketing
approach results in a wide variety of smoking cessation products for seniors, newly diagnosed
patients who need to quit, teens, pregnant women or women expecting to become pregnant, husbands of pregnant women, health professionals, and employees in high-pressure jobs. Offer may take the form of gums, patches, self-help books, audiotapes, videotapes, compact disc and e-learning programs, regularly scheduled classes, support or maintenance groups, quitting supplies, and kits. Yes, it will take longer to get the interventions up and going. They will be more effective, however, because products will match market segments’ personal needs, support their values, have the attributes and benefits they want, and include behavior changes they are willing and able to make.

An extended product line may well lead to extended partnerships and a more diverse and part-time staff. No one organization can provide all the products and services needed by all possible market segments. Forming alliances among service providers is a practical step that benefits the consumers and all organizations involved. For example, lung associations, cancer societies, and heart associations work closely together to provide a full range of services that none could provide alone. One may want to evaluate staff and consider their responsibilities and how to recruit consultants or part-time workers who are similar to target markets to increase the authenticity of the research and marketing mix design. The research that leads to more well-planned interventions should also lead to more rapid behavior change. If health educators design offer of appropriate services, products, or new behaviors at a cost the market segment can afford; make these offer accessible through convenient, familiar channels; and create awareness about the offer through messages and media that resonate with the market segment, clients can be expected to give the desired change very quickly.

Having tailored interventions will mean spending less money on service or program promotion activities. The up-front research will obviate the need to mobilize any massive
promotion campaigns. Instead, efforts only need to be expended to make the target market segment aware of a product or service and to demonstrate how their wants have been incorporated. Finally, because salespeople or selling strategies will not be relied upon, staff must to spend much time monitoring the implementation of and response to programs and services while evaluating impact. More client feedback can be expected because clients will realize its usefulness and need.

This will ultimately lead to higher levels of consumer involvement within targeted market segments and to greater commitment to programs and services (i.e., customer satisfaction and loyalty) than before.²⁶

3.16. Conclusion

“Marketing is a social and managerial process by which individuals and groups obtain what they need through creating and exchanging products and value with others.” In health terms, marketing is a process of planning and carrying out the development, pricing, promotion, and distribution of offer. Social marketing is the application of commercial marketing principles to social issues. Social marketing products may be health related and can be physical goods such as nutritious lunches, services such as stress management workshops, or ideas and concepts such as encouraging safer sex or preventing heart disease.

Marketing is much more than promotion. Marketing is a process that involves planning, implementing, and managing the design, price, place, and promotion of offer to satisfy the needs of clients and achieve organizational goals. It is also a program-planning tool that can enhance the quality of products and increase the likelihood of their success. It can be used with other planning models. Marketing is not a panacea. No one method is a magic bullet. Marketing’s principles and practices, however, offer new ways to look at new and old problem-they trigger
creativity. Social marketing efforts will be more successful if one partners with the marketing departments of colleges and universities and with real marketing firms (not just advertising agencies). When it is possible, professional marketers as staff or consultants, or recruit marketers can be hired to the board. Lastly, when in doubt about what to do about a health challenge, or when wondering why the programme does not go well, one has to look at the offer from the client’s perspective. The answer is usually found in one or more of the four Ps: product, price, place, and promotion.
REFERENCES


