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PROPOSALS FOR FAMILY PLANNING PROMOTION:
A Marketing Plan

Prepared by Indian Institute of Management, Calcutta

IN 1963, the Central Family Planning Board of the Government of India set up an Evaluation Committee to examine the current national family planning program and make suggestions for improvements to be incorporated into India's Fourth Five Year Plan. A subcommittee on contraceptive materials was organized. This subcommittee requested one of its members, Mr. K. T. Chandy, Director of the Indian Institute of Management, Calcutta, to call upon members of private industry in India to consider ways of extending the distribution of contraceptive services, especially the condom, through commercial channels. A study group was formed for this purpose, which included the following Indian members:

Prof. T. R. Balakrishnan, sociologist and demographer, Indian Institute of Management.
Mr. J. M. Kantawalla, formerly Advertising Executive, J. Walter Thompson Co., now Resident Director, Press Syndicate, Ltd.
Dr. Krishna Mohan, Market Controller, Toilet Preparations Division, Hindustan Lever Co.
Mr. N. P. Sen, Chairman, Vazir Sultan Tobacco Co., Ltd.
Mr. Subrata Sen Gupta, Clarion Advertising Services Pvt. Ltd.
Prof. Suresh Srivastva, social psychologist, Indian Institute of Management.

The group also used the services of Ford Foundation consultants. From the discussions emerged a 145-page report presenting detailed "Proposals for Family Planning Promotion: A Marketing Plan," with particular reference to condom distribution. The report has been distributed to a number of businessmen and government leaders in India and appears to be receiving very serious interest and consideration.

With the kind permission of Mr. K. T. Chandy, Director of the Indian Institute of Management, we are glad to present the following summary of the plan. Copies of the full report, in limited numbers, are available upon request to the Indian Institute of Management, Calcutta, 56A Barrackpore Trunk Road, Calcutta.

This summary consists primarily of excerpts from the report itself, with occasional compression, paraphrasing, or transitions.

THE purpose of this report is to suggest ways in which the existing marketing resources of the private sector of the economy can be marshalled to throw more weight behind the presently planned family planning drives.

The Target Group

The target group is defined primarily as the 70.6 million married couples in India in which the wife is between 15 and 44 years of age and fecund. The promotion efforts and distribution network proposed would reach the entire target group, indeed the entire population. Initially, somewhat heavy stress should be placed on promoting family planning to urban, middle and lower income, employed couples who already have three or more children. Dense retail distribution can and should be arranged in all urbanized places (where even rural families make the bulk of their purchases) as well as in a fairly large proportion of small village shops. Condoms should become as readily available to all potential consumers as any other product.

The promotion campaign should be heaviest in the 250 cities with populations of 50,000 and above, in which more than 45 million people reside. Slightly less emphasis should be placed on promotion in the 1,272 towns having between 10,000 and 50,000 persons, which contain a population of 25.7 million. Less, but still substantial, promotion should be directed at the 4,856 towns and large villages with urban characteristics, which contain 24.1 million persons. Most of the 342 million persons who reside in 494,454 small villages would be exposed to publicity at larger centers, since it is estimated that in over 90% of rural families at least one member visits a city or town each week. Promotion should be designed to appeal principally to the 90% of the population having incomes below Rs. 500— per month per family (about U. S. $100).

Consumer Behavior and Attitudes

The report then summarizes some relevant findings from earlier studies as a foundation for the present proposal:

Present condom consumption is about 30 million units, enough for only 0.7% of all target couples.
But the rate of increase in the practice of family planning is apparently very high, with the sales of condoms between 1956 and 1961 reportedly increasing by over 100 times.
Most target couples now wish they could restrict their family size.
Contrary to common belief, the husbands are almost as eager to limit family size as are wives.
Most couples who practise family planning intend to prevent all future births, not to space them.
Most families favor family planning and wish to learn more about it.
The condom is a popular method of birth control, and it is an effective contraceptive.

Strategy for Promoting Family Planning and the Use of Condoms

Against this background, the report proposes that a high quality packaged
condom, branded with a Government-owned trademark, be distributed and sold at a very low price through a wide network of wholesale and retail establishments all over the country. Sales of condoms should be stimulated by a very strong consumer advertising and publicity campaign, employing a wide variety of advertising media. Promotion should also be intensive at the retail point of sale. Large, experienced commercial selling organizations should be engaged to secure effective distribution, at the retail point of sale. Large, experienced commercial selling organizations should be engaged to secure effective distribution and display of the product and point of sale advertising material, and to train and stimulate retailers to sell aggressively. In return for performing their services, retailers, wholesalers and distributors should receive their customary percentage gross margins.

The program would obtain its power from:

1. Selling a high quality, well packaged product which has maximum user acceptance.
2. Expanding by perhaps 15 times or more the number of distribution outlets, particularly in small cities, towns and villages.
3. Setting a consumer price as much as 85% lower than present levels.
4. Expanding at least 20 fold the scale (and range) of family planning promotional publicity.
5. Greatly increasing the promotional force and selling effectiveness of trade channels, and particularly of retail outlets.
6. Using some of the most expert professional personnel in the nation to design, coordinate and execute the program.

**Recommended Product and Product Policy**

The recommended product for promotion, at least in the first few years, is a single type and quality of condom—of good quality, reservoir-tipped, individually packaged in strips of six, brand-named with a term familiar to all Indians, and packaged to be sold to retailer in cartons containing 12 sheets of six condoms each.

**Channels of Distribution**

Considering the number of outlets used by other consumer goods, we estimate that more than 200,000 selected outlets are required to give good coverage in urban areas and perhaps another 200,000 relatively large shops are needed in large and small villages in rural areas. In order to secure this number of outlets and to assure that the right mix of outlets and the best retailers are obtained, personal contacts by a very competent sales organization would be absolutely necessary.

In the first one or two years of full national operations, perhaps only about one or two hundred thousand outlets could be stocked, but everything possible should be done to achieve full market penetration as soon as possible. Penetration would proceed most rapidly in cities, of course. In addition to the selected retailers, probably another 30,000 or more small establishments would ultimately stock the product on their own volition, as and if the level of demand increases to fairly high levels. The accompanying table presents an analysis showing a suggested ultimate distribution pattern of retail outlets.

The principal kinds of retail outlets which should be induced to stock condoms are kiranias (dry grocers) and village shops, chemists (drug-stores), cigarette sellers, and general merchants. But others, such as consumer cooperatives, tea-stalls, etc., should also be encouraged to stock.

A particular aim of the campaign should be to make condoms a normal household staple for very many families. It is, therefore, very important that distribution through kiranias be obtained, because it is in these shops that the typical family purchases the bulk of its monthly necessities particularly in smaller places. The kirana merchant knows parents. He knows how many children they have, the ages of parents and children, and the income of the family. After all, he usually extends credit on the monthly purchases of most families. He also knows how best to communicate personally with each regular customer. He is, therefore, in an excellent position to add one more item, a strip of condoms, to the monthly purchases of at least a few of his regular credit customers in a natural, normal, friendly manner.

It is estimated that about 10,000 wholesalers, located in every city, regularly service these retail establishments, and that about 30% of these wholesalers could and should be induced to add contraceptives to their lines, in order to secure effective and frequent distribution to retailers. This would provide one wholesaler for every 133 retailers, who would thus be assured of quick access to fresh stocks.

Finally, in order to sell to the wholesalers and larger retailers at a reasonable cost, distributors should be engaged—

### ESTIMATED NUMBER OF RETAIL OUTLETS REQUIRED FOR EFFECTIVE DISTRIBUTION OF CONDOMS BY SIZE OF CONSUMER MARKET SERVED

<table>
<thead>
<tr>
<th>Size of City, Town &amp; Village</th>
<th>Number of Population Centers</th>
<th>Total Population ('000)</th>
<th>Average Population per Center by Size-Class (col. 3 ÷ 2)</th>
<th>Estimated Rural Consumers Served¹</th>
<th>Total Number of Consumers ('000) (col. 3 ÷ 5)</th>
<th>Estimated Optimum Ratio of Consumer Population to Outlets</th>
<th>Total Number of Outlets Desired (col. 6 ÷ 7)</th>
<th>Desired Number of Outlets per Center (col. 8 ÷ 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,000,000 &amp; over</td>
<td>7</td>
<td>14,831</td>
<td>2,118,714</td>
<td>300</td>
<td>15,131</td>
<td>650</td>
<td>23,278</td>
<td>3,325</td>
</tr>
<tr>
<td>100,000 to 999,999</td>
<td>106</td>
<td>23,346</td>
<td>220,245</td>
<td>3,750</td>
<td>27,096</td>
<td>600</td>
<td>45,160</td>
<td>426</td>
</tr>
<tr>
<td>50,000 to 99,999</td>
<td>137</td>
<td>9,325</td>
<td>68,066</td>
<td>7,250</td>
<td>16,575</td>
<td>500</td>
<td>33,150</td>
<td>242</td>
</tr>
<tr>
<td>20,000 to 49,999</td>
<td>477</td>
<td>14,444</td>
<td>30,281</td>
<td>13,500</td>
<td>27,944</td>
<td>622</td>
<td>44,925</td>
<td>94</td>
</tr>
<tr>
<td>Towns under 20,000</td>
<td>1,723</td>
<td>16,889</td>
<td>9,802</td>
<td>30,400</td>
<td>47,281</td>
<td>700</td>
<td>67,556</td>
<td>39</td>
</tr>
<tr>
<td>Large Villages with Urban</td>
<td>3,817</td>
<td>17,300</td>
<td>4,532</td>
<td>45,000</td>
<td>62,300</td>
<td>725</td>
<td>85,931</td>
<td>23</td>
</tr>
<tr>
<td>Characteristics</td>
<td>544,054</td>
<td>340,200</td>
<td>625</td>
<td>240,000</td>
<td>240,000</td>
<td>2,400</td>
<td>100,000</td>
<td>0,18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>550,221</td>
<td>436,335</td>
<td>—</td>
<td>340,200</td>
<td>436,335</td>
<td>—</td>
<td>400,000</td>
<td>—</td>
</tr>
</tbody>
</table>

¹ We estimate conservatively that at least 30% of the 340.2 million rural population would normally buy condoms in larger places which they frequently visit for shopping and other purposes.

Source: Population data are based on 1961 Census of Population.
both the regular selling agency houses in India and perhaps the distribution system of one or more of the large direct-selling manufacturing concerns.

Pricing Policy

In India condoms are now available free from government sources and at a variety of prices in the market ranging from about Rs. 2 to Rs. 4 for six pieces ($0.40 to $0.80). We recommend that free distribution through present Government channels be continued, but that a small charge be made for Government-subsidized contraceptives distributed through commercial channels. The purpose of charging a price would be to defray the wholesale and retail selling costs and a large portion of the cost of the proposed publicity program. Outright sale would also eliminate the need for an elaborate system for maintaining adequate control over Government-owned inventories in hundreds of thousands of establishments—an operationally impossible job!

The retail price recommended is Rs. 0.30 nP. ($0.06) for a strip of six packaged condoms, or 5 nP. each. At this price a large proportion of the target couples could afford to buy condoms regularly. The National Sample Survey reported that in 1956 per capita consumer expenditures of 37.6% of rural families exceeded Rs. 18 per month or Rs.100—per month ($20) for a typical family with 3.5 children. Assuming an average consumption of six condoms per month per family, expenditure on condoms would thus be less than 0.3% of total consumer expenditures for the wealthiest one-third of the rural families at the suggested price of Rs. 0.30 for six units. Of course, urban families which have generally higher incomes would find the expenditure on family planning supplies even less onerous. This recommended price is far less than the existing consumer price level of the cheapest brands now on the market, as noted above.

The recommended wholesale price to retailers is Rs. 0.24 nP. for six. This would permit retailers a gross margin of 20% or only Rs. 0.01 nP. per unit, a slightly higher than normal margin. We strongly believe that in order to gain and maintain the interest and active support of retailers, it is absolutely necessary to give them their normal margin. Patriotic motives and official appeals will help. But one cannot expect that retailers can afford, over a long period of time, to give prominent locations in their shops and devote valuable time to selling contraceptives, unless they receive a return almost equal to that which they could earn selling other items. And at the same time the recommended margin is sufficient, since a higher margin would probably not attract additional retailers or produce a commensurate increase in retailers' selling effort.

Retailers’ services can be had at a bargain price from the point of view of the program. If the promotion program were a real success and condom sales should rise to the level of 400,000,000 units per year, the average retailer would realize only Rs. 0.83 nP. per week to help cover his operating costs and to compensate him for his time and personal selling efforts and the use of his capital. For this small sum (paid by the user, not by the Government), the nation gains a condom distribution center, open 60–70 hours a week in the best possible locations, in the bazaars where the people come to spend their money.

The recommended price to wholesalers for a retail carton of 12 strips of six condoms, or six dozens, is Rs. 2.75 nP. ($0.58). The wholesalers’ price to retailers per carton should be Rs. 2.88 nP. Thus, the gross margin permitted wholesalers would be Rs.0.13 nP. per carton, about 4.5% of their selling price. Wholesalers would purchase cases of 25 retail cartons (150 dozen) for which they would pay Rs. 68.75 nP. (If a consumer price of Rs. 0.50 nP. per strip is charged, wholesalers would pay Rs. 115 per case.) An average wholesaler would gross exactly Rs. 10 per month at these prices on a total sales annual volume of 400 million units (assuming one-half of this volume moves through 3000 wholesalers).

The selling agents (i.e. distributors) would purchase for distribution to wholesalers cases of 150 dozen units from the Government, or its representative, at a price of about Rs. 61 (or, if the consumer price were Rs. 0.50 nP. for six, at about Rs. 102 per case). Since their selling price to wholesalers would be fixed at Rs. 68.75 nP. per case, distributors' percentage gross margin would be about 11%. The suggested margins for distributors (and wholesalers) are considered normal for this type of product, returns to middlemen being generally very low in India, opinions to the contrary notwithstanding. After distributors pay the costs of performing their required functions, only a small net profit would remain, if any.

Distributors typically receive a higher margin than ordinary wholesalers, which is why we recommend 11% and 4.5% respectively. They must bear the substantial cost of shipments from relatively few warehouses to thousands of distant wholesalers’ establishments. They also often extend credit to wholesalers and maintain proportionately larger inventories. They are responsible for maintaining the overall effectiveness of the entire distribution system, and for collecting and feeding back necessary information from the trade channels.

The precise gross margin to be allowed distributors must be negotiated. Its size would depend upon, among other things, the number of distributors who divide the total market. Distributors usually sell directly to many retailers as well as to the wholesalers. Naturally, on such direct sales, distributors will earn both the wholesaler’s and the distributor’s margins, or approximately 15%.

The sum of the margins of all middlemen would, based on the prices suggested above, come to 32.3% of the consumer price, or about 1.9 nP per condom, a very low figure for the tasks which would have to be performed. Of course, middlemen would receive no other compensation, beyond their percentage of sales actually made by them. And since commissions would come out of the price paid by consumers, the services of this vast distribution organization would cost Government nothing whatsoever.

Promoting Family Planning Through Mass Advertising

We strongly recommend that Government mount a massive, national consumer publicity campaign to promote the family planning movement. In our professional judgment past promotional efforts have been too limited and too fragmentary to give a real indication of whether mass promotion can produce significant effects or not. However, we believe a well-designed program has a very good chance of producing highly beneficial results. We see little intrinsic difference between the promotion of this product and of other products, which have been quite successful.

The bulk of the advertising budget would be devoted to stimulating family planning in general or a variety of programs and methods (e.g., sterilization). Only about 10% of the total bill would specifically support the sale of condoms through retail outlets. Perhaps another 5% might be viewed as directly promoting the condom method. No effort would be
made to promote use of government-subsidized condoms at the expense of other methods or of private brands of condoms. In other words, we view the main task of advertising in the program as the stimulation of the practice of family planning. Technically, this is known as primary demand creation. All methods, all Government programs, and even private contraceptive manufacturers should gain as a result of the execution of the proposed campaign.

If and when a test campaign has been completed successfully and approval to go ahead has been received, the main campaign should be launched at once. To give the greatest possible national impact, we feel that the Prime Minister himself should inaugurate the campaign, not only through a radio broadcast, but also possibly at a mass rally at Delhi which is addressed by leaders of all important parties.

It is hoped that similar rallies will be held at the state level, and, in fact, in all major cities. The initiative for organizing this aspect of the propaganda effort should be left to some non-official, non-partisan committee. This form of “launching” will be most important in demonstrating to our audience and to prospective middle-men that there is no need to be furtive, since there is nothing objectionable in the product or in the philosophy of family planning. Such a launching will help create favorable social attitudes toward making contraceptives as easily and naturally available as other essential commodities.

The media which we tentatively propose be used cover a wide range: films, posters, mobile exhibits, billboards, press advertisements and free publicity, printed literature (e.g., folders, leaflets), shop signs, dispenser showcards, special medical folders, training material, samples, and emblem stickers. The report then devotes several pages to an outline of the campaign recommended for each of these media and arrives at a total recommended budget for promotional costs of about Rs. 12,000,000 ($2,400,000). This would be the largest promotional campaign, by far, ever carried out in India.

**Promotion at the Point of Sale**

The proposed plan would aim to bring about a radical change in this situation. Instead of condom selling being furtive, we believe products would soon become displayed and sold openly. Descriptive literature would be widely available in stores, stockist signs would become common in bazaars, and family planning posters would be displayed in shops. Even more important, we believe large numbers of retailers could be induced to promote the sale of condoms (and the idea of family planning) to their customers quite actively.

It should be pointed out that, unless retailers have a significant turnover, they will not continue to stock the product and a selling force of 400,000 outlets could not be maintained. Fortunately, this is a product for which, after a time, there should be a large proportion of relatively easy repeat orders. If a retailer has only one new customer a week and is able to make repeat sales to 30-50% of previous customers, he might be able to build up a satisfactory level of sales in a relatively short time.

The retailers are “going to have to be sold.” If they can be, the program will gain not merely distribution, but a powerful sales stimulus which is now almost totally absent. Potentially, the force of retail selling may be even more powerful than the entire publicity campaign in reducing the birth rate. We therefore urge that a vigorous effort be made to obtain strong retailer support.

But will it be possible to stimulate the interest of retailers and gain effective support? We believe that to a considerable degree it is possible, provided the steps listed below are taken:

1. Salesmen of wholesalers and selling agents should be given sufficient training to train the retailers. Retailers must have at least rudimentary knowledge of family planning practices, the product, and the most effective selling appeals and techniques.
2. Wholesalers must be encouraged to call on retailers or receive retailers frequently, and initially to devote a disproportionately high amount of their selling time to this product.
3. Normal retail margins should be permitted. The suggested percentage retail margin may perhaps be very slightly higher than typical; but this is reasonable, since retailers would be asked to expend more than normal effort for little total revenue.
4. Selling aids should be periodically distributed to retailers by mail and through wholesale salesmen.
5. At the start of the campaign, samples of the product should be given gratis to retailers, so that they can become familiar and more confident in selling it.
6. Various non-financial incentives can also be used effectively in stimulating and maintaining retailer interest. Letters of commendation and perhaps prizes to successful retailers might be used. Civil leaders and government officials could be asked to inquire about condom sales, when shopping. Regional meetings of retailers and wholesalers could be arranged. Undoubtedly such stimuli should be used even in the first months of the campaign. These stimuli could be quite effective, since they would appeal to patriotic motives present in everyone and would tend to increase the prestige of the retailer in his own community.

The report then goes on to discuss a few special supporting campaigns, particularly addressed to the medical profession, to industry and business leaders, and to large families.

**Need for an Organization to Implement the Proposals**

The report points out the need for an implementing organization to plan, organize and execute the proposed plan and proposes the establishment of a new organization for that purpose—a non-profit corporation established either in the public or the private sector, perhaps as an autonomous society in order to secure the support and participation of influential persons and organizations, both private and governmental.

The Government of India would set up, control, and help to finance the organization, which would be governed directly by a Board of Directors to be appointed from governmental ministries, universities, and the business world. The Corporation should have a head office in Delhi and four regional offices located in Bombay, Calcutta, Delhi and Madras. The regional staffs would be concerned with day-to-day problems concerning suppliers, packagers, advertising agencies and media, but they would mainly work with distributors and wholesalers. Their principal duty would be to secure effective physical distribution and local advertising. They also would be responsible for arranging special activities
such as exhibitions and local community drives. If the proposed marketing corporation were asked to assume responsibility for special campaigns like the medical and industrial programs, regional staffs would have to be augmented by an appropriate number of contact men.

The central staff would consist of about 25 people to deal with such matters as procurement, advertising, preparation of sales materials, accounting and finance, research and evaluation, and new program planning. The total staff might vary from 30 to 80 persons, exclusive of the necessary clerical and service personnel. A provisional estimate on the annual operating costs is Rs. 5,000,000 per year ($1,000,000).

Sales Estimates

Sales forecasting is at best a precarious business, especially when the product is new in many markets. Even after a pilot sales campaign, future demand estimates will be highly speculative.

The report then goes on to estimate, on the basis of past experience, what increases in demand might be reasonably expected to follow from such program elements as a lower consumer price, better quality, greater variety, increase in retail outlets and coverage of the market, product display, intensity and effectiveness of retail selling, reliability of supplies, advertising volume and character, and word-of-mouth support and general publicity. On this basis a total increase in sales over the extrapolated normal levels (in the absence of a campaign) was minimally estimated at at least seven times as large, and ranged up from there. Present consumption has reached 30 million units per year and is increasing rapidly, according to all reports. If the trend continues the normal demand should be at least 50 to 60 million units per year by the time the proposed program could come into full operation. Assuming that the proposed program is implemented and that in time a 745% sales increase is realized, retail sales of the program would reach 400,000,000 units per year and an equivalent of more than 6.3 million couples, or 9% of all target couples, would be regularly practicing family planning using condoms (at an estimated average rate of 72 per year per couple).

Program Cost Estimates

The costs of the program can be divided into three categories: (1) the annual cost of the advertising campaign and the proposed marketing organization, (2) the cost of capital tied up in the program, and (3) probably the most important item, the actual cost of condoms purchased.

How much of the cost of promotion and of the new organization would be recovered by revenues would depend on the sales volume achieved, as well as the price charged. At a consumer price of Rs. 0.30 for six condoms, the entire Rs. 12,000,000 annual promotion budget would be recovered if and when annual retail sales reach 352,000,000 units. The estimated Rs. 5,000,000 operating costs of the proposed corporation (or government department) would also be entirely recovered from receipts if in the future retail sales should rise above 500 million units per annum. If a price of Rs. 0.50 instead of Rs. 0.30 for six is charged, the total budget of Rs. 17,000,000 would be recouped at a sales volume of only 300 million units per year.

One can see that by charging a small price, the cost to the government (beyond the cost of supplying free condoms) can be reduced to a very reasonable figure, provided of course that the promotion program is fairly successful in stimulating use. At a sales volume of only 200 million units per year, which would only be seven strips per month for each of 400,000 retailers, almost Rs. 6,800,000 of the total Rs. 17,000,000 would be recovered from revenues. And remember that for this relatively small extra cost the family planning movement would gain the most massive general publicity program ever conducted in India and an organization capable of mounting a variety of important family planning schemes which would be quite unrelated to mere condom sales.

The report then goes on to work out, in considerable detail, the required subsidy under various assumptions as to sales and costs and concludes, on this score, that the promotional effort should be vigorous right from the outset. Total program cost per condom sold, a measure of social cost, would be very high unless the semi-fixed promotion costs are spread over a sizable sales volume. The total cost per unit would fall very sharply until sales reach about 100 million units per year. This is one reason why we urge that, if the plan is allowed to go forward, it should be backed by heavy promotion from the outset. It should be given every possible chance to succeed in producing a large volume of sales rapidly.

Social Value of the Program

We shall attempt in this section to present an analysis of the social value of the proposed program. The analysis will take the form of a comparison of potential social value with expected economic cost. As will be seen, the probable payoff on the scheme is spectacularly high.

The specific procedure which will be followed in the analysis of social value will be to compare (1) the economic value to the nation of preventing one birth with (2) the government subsidy required to prevent one birth. If acceptable estimates of these two factors can be developed, ratios can be calculated which will give a direct measure of the social value of government investment in the program.

The cost of preventing one birth is the product of (1) the required government subsidy per unit of product sold and (2) the average number of condoms which must be sold to prevent one birth. The report then proceeds through a detailed analysis to the estimate that about 180 condoms may be expected to prevent one birth, or about a 2.5 years' supply. To be on the safe side, the report adds over 50% to that figure and completes its estimates on the assumption that about 290 condoms could be expected to result in the prevention of one birth. The analysis then shows that the average cost of preventing one birth drops very rapidly as sales rise from low levels to about 100 million units per year, showing once again the importance of achieving high turnover as early as possible. At 100 million units per year, the estimate is a cost to the government of Rs. 53 ($10) to prevent one birth; at 400 million units, the cost would fall to Rs. 17 ($3).

If one then uses reasonable estimates of the economic value of preventing a birth, it turns out that except at very low sales levels the expected economic payoff of the proposed program is very great, regardless of assumptions as to cost of condoms, impact of usage on the birth rate, consumer price, or estimate of social value of preventing a birth. At a possibly achievable sales volume of 400 million units per year, the social gains could not conceivably be less than eight times the government subsidy. A reasonable, but still conservative, expectation is that the ‘payoff’ on the government expenditure at this sales level
would be at least seventy-five times the amount of the subsidy.

Compared with the low rates of return on public money invested in many traditional development projects such as power, transport and steel, these payoff factors may seem incredibly high. But there can be no doubt about it. The potential return on investment in this proposed marketing program is unquestionably enormous. It would probably be, in money terms, several hundred times as remunerative as the typical public investment, assuming that "expected" conditions prevail. In addition, of course, the publicity program proposed in this plan would enhance the effectiveness of other schemes for promoting family planning in India.

Finally, the report calculates the expected reduction in the crude birth rate of the nation corresponding to various levels of condom sales (under both conservative and realistic assumptions as to the impact of the program on the birth rate), and concludes that the proposed program is no panacea for the population problem. Even if an annual sales level of 400 million units could be established, the birth rate would decline only about 2.8 points from 39.0 to 36.2 per 1000 population. No more than 7.9% of target couples would be regular users at this sales level. Quite clearly, in order to produce a socially acceptable national birth rate, a number of successful family planning programs must operate simultaneously.

**Availability of Condom Requirements**

It is absolutely essential that the distribution pipeline be kept full at all times once a major program is under way. Supply shortages would almost certainly bring the program into disrepute among consumers, middlemen and the public. Therefore, if a large-scale program is undertaken, the Government must stand ready to procure from domestic or foreign suppliers whatever quantity of condoms may be required to (1) fill the distribution pipeline and (2) supply the maximum expected level of consumer sales at any point in time. We estimate that by, say, the third year of operations, 100 million pieces might be required to fill the distribution pipeline (see table).

The report then goes on to discuss domestic production or imported supply or a combination thereof, together with the foreign exchange requirements under the assumption of import. The report concludes that the authorities who evaluate this scheme should take into account that after two or three years Rs. 5,000,000 to 10,000,000 of foreign exchange ($1–2 million) might be required annually to acquire vitally needed supplies.

**Implementing the Program**

Finally, the report lays out this timetable: incorporation of the proposed organization about six months after preliminary approval, start of a one-state pilot program after 10 months, start of the national program after 18, and full operation after 30. Before initiating a national campaign, the report suggests that a test market campaign should be conducted. The test campaign should be designed to be as similar to the planned national campaign as possible (e.g., the same advertising media, package design, prices, sales plan). It would, therefore, provide some basis for (1) determining whether the main program should be implemented or cancelled, and (2) refining plans for the major campaign. Although it would delay the start of the national campaign, we feel such a step is essential.

One test campaign should be enough. There is always a natural tendency to undertake numerous major and minor research projects in an attempt to minimize the uncertainties of decision-making. This desire for solid facts is understandable, but it should not be a cause of uneconomic delays. In deciding to undertake any research which might delay action, the added social value contributed by the more accurate facts should more than offset the loss of social value caused by delays (plus the research costs). Since for this particular project the cost of delays would be extremely great, decision-makers would be well advised to make do with crude data as much as possible. In any case, really meaningful data can best be collected through the close study of actual operations.

### INVENTORY REQUIREMENTS

<table>
<thead>
<tr>
<th>Distribution Level</th>
<th>Average Inventory</th>
<th>Total Inventory</th>
</tr>
</thead>
<tbody>
<tr>
<td>400,000 Retailers</td>
<td>48 Units (2/3 carton)</td>
<td>14,400,000</td>
</tr>
<tr>
<td>3,000 Wholesalers</td>
<td>1800 Units (1 case)</td>
<td>5,400,000</td>
</tr>
<tr>
<td>Distributors</td>
<td>One month's sales</td>
<td>33,300,000</td>
</tr>
<tr>
<td>Government (e.g., Packagers)</td>
<td>One month's sales</td>
<td>33,300,000</td>
</tr>
<tr>
<td>Minimum total inventory</td>
<td></td>
<td>86,400,000</td>
</tr>
<tr>
<td>Plus: Reserve for heavy demand and special programs</td>
<td></td>
<td>13,600,000</td>
</tr>
<tr>
<td>Total inventory estimate</td>
<td></td>
<td>100,000,000</td>
</tr>
</tbody>
</table>

The Second International Conference on Intra-uterine Contraception, New York City, October 2–3, 1964: Summary

**THE SCIENTIFIC** investigation of intra-uterine contraception gained momentum in the two and a half years following the first international conference held in New York City in the spring of 1962. The devices, in a variety of shapes, sizes, and materials, were brought into experimental use in clinics around the world. Reliable answers to questions about the safety, acceptability, and effectiveness of intra-uterine devices began to appear. On a larger scale, intra-uterine contraception was added to the methods offered in demonstration projects and family planning programs in a number of countries. Problems arose of supply, administration, training of personnel, medical services and follow-up, especially in con-
# Social marketing

## National Benchmark Criteria

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>What to look for</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. CUSTOMER ORIENTATION</strong>&lt;br&gt;‘Customer in the round’&lt;br&gt;Develops a robust understanding of the audience, based on good market and consumer research, combining data from different sources</td>
<td>• A broad and robust understanding of the customer is developed, which focuses on understanding their lives in the round, avoiding potential to only focus on a single aspect or features&lt;br&gt;• Formative consumer / market research used to identify audience characteristics and needs, incorporating key stakeholder understanding&lt;br&gt;• Range of different research analysis, combining data (using synthesis and fusion approaches) and where possible drawing from public and commercial sector sources, to inform understanding of people’s everyday lives</td>
</tr>
<tr>
<td><strong>2. BEHAVIOUR</strong>&lt;br&gt;Has a clear focus on behaviour, based on a strong behavioural analysis, with specific behaviour goals</td>
<td>• A broad and robust behavioural analysis undertaken to gather a rounded picture of current behavioural patterns and trends, including for both&lt;br&gt;  – the ‘problem’ behaviour&lt;br&gt;  – the ‘desired’ behaviour&lt;br&gt;• Intervention clearly focused on specific behaviours&lt;br&gt;  ie not just focused on information, knowledge, attitudes and beliefs&lt;br&gt;• Specific actionable and measurable behavioural goals and key indicators have been established in relation to a specific ‘social good’&lt;br&gt;• Intervention seeks to consider and address four key behavioural domains:&lt;br&gt;  1: formation and establishment of behaviour;&lt;br&gt;  2: maintenance and reinforcement of behaviour;&lt;br&gt;  3: behaviour change;&lt;br&gt;  4: behavioural controls (based on ethical principles)</td>
</tr>
<tr>
<td><strong>3. THEORY</strong>&lt;br&gt;Is behavioural theory-based and informed. Drawing from an integrated theory framework</td>
<td>• Theory is used transparently to inform and guide development, and theoretical assumptions tested as part of the process&lt;br&gt;• An open integrated theory framework is used that avoids tendency to simply apply the same preferred theory to every given situation&lt;br&gt;• Takes into account behavioural theory across four primary domains:&lt;br&gt;  1: bio-physical;&lt;br&gt;  2: psychological;&lt;br&gt;  3: social;&lt;br&gt;  4: environmental / ecological</td>
</tr>
<tr>
<td><strong>4. INSIGHT</strong>&lt;br&gt;Based on developing a deeper ‘insight’ approach – focusing on what ‘moves and motivates’</td>
<td>• Focus is clearly on gaining a deep understanding and insight into what moves and motivates the customer&lt;br&gt;• Drills down from a wider understanding of the customer to focus on identifying key factors and issues relevant to positively influencing particular behaviour&lt;br&gt;• Approach based on identifying and developing ‘actionable insights’ using considered judgement, rather than just generating data and intelligence</td>
</tr>
<tr>
<td><strong>5. EXCHANGE</strong>&lt;br&gt;Incorporates an ‘exchange’ analysis. Understanding what the person has to give to get the benefits proposed</td>
<td>• Clear analysis of the full cost to the consumer in achieving the proposed benefit (financial, physical, social, time spent, etc.)&lt;br&gt;• Analysis of the perceived / actual costs versus perceived / actual benefits&lt;br&gt;• Incentives, recognition, reward, and disincentives are considered and tailored according to specific audiences, based on what they value</td>
</tr>
<tr>
<td><strong>6. COMPETITION</strong>&lt;br&gt;Incorporates a ‘competition’ analysis to understand what competes for the time and attention of the audience</td>
<td>• Both internal &amp; external competition considered and addressed&lt;br&gt;  – Internal eg psychological factors, pleasure, desire, risk taking, addiction etc&lt;br&gt;  – External eg wider influences / influencers competing for audience’s attention and time, promoting or reinforcing alternative or counter behaviours&lt;br&gt;• Strategies aim to minimise potential impact of competition by considering positive and problematic external influences &amp; influencers&lt;br&gt;• Factors competing for the time and attention of a given audience considered</td>
</tr>
<tr>
<td><strong>7. SEGMENTATION</strong>&lt;br&gt;Uses a developed segmentation approach (not just targeting), Avoiding blanket approaches</td>
<td>• Traditional demographic or epidemiological targeting used, but not relied on exclusively&lt;br&gt;• Deeper segmented approaches that focus on what ‘moves and motivates’ the relevant audience, drawing on greater use of psycho-graphic data&lt;br&gt;• Interventions directly tailored to specific audience segments rather than reliance on ‘blanket’ approaches&lt;br&gt;• Future lifestyle trends considered and addressed</td>
</tr>
<tr>
<td><strong>8. METHODS MIX</strong>&lt;br&gt;Identifies an appropriate ‘mix of methods’</td>
<td>• Range of methods used to establish an appropriate mix of methods&lt;br&gt;• Avoids reliance on single methods or approaches used in isolation&lt;br&gt;• Methods and approaches developed, taking full account of any other interventions in order to achieve synergy and enhance the overall impact&lt;br&gt;• Four primary intervention domains considered:&lt;br&gt;  1: informing / encouraging;&lt;br&gt;  2: servicing / supporting;&lt;br&gt;  3: designing / adjusting environment;&lt;br&gt;  4: controlling / regulating</td>
</tr>
</tbody>
</table>

French, Blair-Stevens (2006) adapted from original benchmark criteria developed by Andreasen (2002)
Social marketing
National Benchmark Criteria

The benchmark criteria are essentially those elements to look for in an intervention to determine whether it is consistent with social marketing.

They have been developed to help strengthen the use of effective social marketing approaches. They were developed following a two year independent review in 2006 which examined social marketing methods and approaches. The review identified that there was an increasing tendency for work to describe itself as social marketing without necessarily reflecting social marketing core concepts and principles. The eight point benchmark criteria built on the review findings and also Alan Andreasen’s previous six point benchmark from 2001.

The benchmarks are designed to support the following:

- to increase understanding of core social marketing concepts and principles
- to increase consistency of approach and thereby their potential impact and effectiveness
- to maintain maximum flexibility and creativity, to craft and develop interventions to different needs
- to assist more systematic capture and sharing of transferable learning between interventions
- to assist effective review and evaluation of different types of intervention

It is important that the benchmarks are not confused with a process of how to do social marketing. There are other models such as the ‘total process planning’ approach which places a strong emphasis on the front-end ‘Scoping’ stage. Instead the benchmarks are essentially the key elements that should be in place if an intervention is to accurately describe itself as social marketing.

The benchmarks have been framed in such a way as to ensure that they do not restrict the ability of practitioners to develop creative, imaginative and flexible solutions to the different types of behavioural challenges they face. However the criteria provide a robust framework to assist those planning and developing interventions to ensure they are consistent with best evidence-based principle and practice in the social marketing field.

Finally it is important to note the reason why other factors, which are critical to any successful intervention have not been included. Obvious examples would include: strategic planning, partnership and stakeholder engagement, review and evaluation, (to name a few). These are clearly all important in there own right, and key to successful interventions.

The reason they are not part of the benchmarks is that they are not unique to social marketing. Their presence (or absence) does not indicate if something is social marketing or not. The eight criteria included in the benchmark are however, the things that have to be present in order to be described as consistent with social marketing.

<table>
<thead>
<tr>
<th>Different ways that the National Benchmark Criteria can be used</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commissioners:</strong></td>
</tr>
<tr>
<td>Can use them to incorporate into tender briefs and send them to people wanting to bid for specific work, with a request that all proposals or bids should clearly indicate how the work proposed will ensure it incorporates, and is consistent with, each of the criteria. They can then be used in preparing tender interview panel questions, to test out the extent to which those making bid presentations have understood and genuinely incorporated them into their proposals.</td>
</tr>
<tr>
<td><strong>Agencies, consultants &amp; other contractors:</strong></td>
</tr>
<tr>
<td>Can use the benchmark as a guide to presenting bids or proposals to funders, to clearly show how their proposal or bid will be consistent with social marketing principles and practice.</td>
</tr>
<tr>
<td><strong>Intervention planners and developers:</strong></td>
</tr>
<tr>
<td>Can use these as a robust guide to ensure what they do is consistent with core criteria. As core criteria they have been specifically framed to allow maximum flexibility for adaptive and creative solutions. However while they are not a ‘how to’ process they provide a steer to ensure that, as work is developed, it can be checked to ensure it is consistent with the core components of social marketing.</td>
</tr>
<tr>
<td><strong>Evaluators &amp; researchers:</strong></td>
</tr>
<tr>
<td>Can use them when reviewing the impact of interventions, to reinforce the focus on determining if specific behavioural impacts have been achieved or not. They can also be used by those seeking to compare and contrast learning from different interventions and programmes and to help identify aspects of transferable learning.</td>
</tr>
<tr>
<td><strong>Trainers:</strong></td>
</tr>
<tr>
<td>Can use them to highlight key features of social marketing and provide a framework from which to examine and explore key concepts and principles.</td>
</tr>
</tbody>
</table>
For many years the social marketing of contraceptives was held to be an interesting but not a central part of the international family planning movement. The heavy lifting, everyone thought, would be performed by government programs, managed by developing country government agencies that would provide services and contraceptives free of charge.

This attitude is changing. Although government programs are still the largest family planning service providers in many countries, the contraceptive needs of poor populations are increasingly being met by a wide variety of independently managed contraceptive social marketing (CSM) programs and by a growing number of commercial contraceptive suppliers. In 2005, social marketing programs served the contraceptive needs of 36.7 million couples in 73 countries and provided hundreds of millions of condoms for HIV/AIDS prevention (DKT International 2006). This contribution means that social marketing programs accounted for about six percentage points of the contraceptive prevalence in the developing world (excluding China), and roughly 20 percent of the birth spacing methods used by couples in developing countries (United States Census 2004; PRB 2005).

All major contraceptive methods are included in the social marketing effort. In 2005, social marketing programs sold 131 million cycles of oral contraceptives, 20 million injectable doses, a half-million intrauterine devices (IUDs), two billion condoms, and emergency contraceptives, female condoms, implants, and spermicides. A few social marketing campaigns promoted sterilization. Manual vacuum aspiration (MVA) kits for first-trimester abortion (and related purposes) were also sold in very small numbers, and this category is growing. Social marketers are also becoming interested in misoprostol, which, because of its multiple uses, can be introduced even where abortion is restricted.

A few examples of the impact of CSM programs in 2005 are as follows:

- In Bangladesh, social marketing provided 4.2 million couple-years of protection (CYPs), equivalent to 15 points of contraceptive prevalence.\(^1\)
- In India, six independent social marketing programs provided slightly fewer than 10 million CYPs, serving 4.5 percent of India’s 216 million eligible couples.
- In Ethiopia, social marketing provided more than half of the country’s contraceptive services in 2005, serving 1.5 million couples.
- In Latin America, 21 programs provided supplies to several million customers at prices that represent a transition from subsidized sales to full commercial market access.

Of course, social marketing programs have been expanding at the same time that the use of modern methods has been growing rapidly worldwide through many different channels. Social marketing has grown faster than the overall trend, however. In the past two decades (1985–2005), the number of couples using modern methods has more than doubled (from 122 million to 282 million), whereas the segment served by CSM programs has increased ninefold (from 4 million to 37 million) (for percent increases, see Figure 1).

There are several possible reasons for the increasing popularity of the social marketing approach:

- As more poor people move to urban (or less rural) areas, they are easier to reach with CSM programs.
- As communications improve around the world and as incomes rise, CSM advertising and modern packaging become more appealing, especially to today’s increasingly younger clients.
- CSM programs generate significant sales income, which helps them to expand and stabilize.

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The accelerating trend toward social marketing may also be reinforced by changes in government policies. In the Philippines, for example, the number of federal government clinics providing free pills and other contraceptives is decreasing. Social marketing is picking up the slack, both by providing inexpensive pills and condoms in thousands of pharmacies and by supplying contraceptives to local government clinics at prices those clinics can afford.

At the same time that the lowest-priced social marketing brands are meeting the needs of those coming from the government system, higher-priced social marketing brands are often a bridge for wealthier customers to move into the commercial market for contraceptives offered at full price. This process is facilitated by the aggressive promotion that accompanies social marketing—promotion that helps to keep commercial contraceptives reasonably priced. And commercial brands of contraceptives generally do well in social marketing countries. The massive advertising campaigns conducted by social marketers almost always increase the total demand for birth control, making room for increased sales of all contraceptive products, especially well-packaged, branded ones.

Another reason for the increasing success of social marketing programs is that they are especially compatible with international economic trends. Social marketing has always relied on commercial resources and techniques to reach large populations quickly. No special training is required to convince shopkeepers, even in remote areas, to stock and display attractively packaged products on which they earn a fair margin; mass-media campaigns can be launched quickly to spread the message of family planning to every home that has a radio or television; and commercial marketing techniques are widely understood and analyzed. Now, as many countries liberalize their economic policies, these resources are expanding and improving. Communications networks are proliferating and social marketers are making use of them. Transport systems are improving, making distribution of fast-moving consumer goods—including contraceptives—more efficient. Advertising agencies are competing for social marketers’ business, and market research firms are increasingly sophisticated. CSM programs are riding these trends and benefiting from them.

The move toward the private sector appears to be well established. In Indonesia, for example, the National Family Planning Coordinating Board (BKKBN) achieved notable success in the 1970s and ‘80s by providing services and contraceptives through government facilities and encouraging incipient social marketing initiatives. These efforts brought modern-method prevalence in Indonesia to more than 50 percent. Today, while the BKKBN continues to play an important role, it has turned over much of the burden of contraceptive delivery to the private sector and to social marketing. The BKKBN now provides about 30 percent of Indonesia’s contraceptives, while 55 percent are sold through private commercial channels. Social marketing, at about 15 percent, provides most of the advertising and promotion, thus maintaining and expanding the demand for family planning through all three channels.

In Latin America this process has accelerated. Commercial sales and social marketing of contraceptives have provided substantial levels of service in Brazil, Colombia, and Mexico for many years. The Colombia social marketing program has been operating profitably for some time, and DKT International’s program in Brazil now provides profits to help subsidize programs in poorer countries. Several CSM projects in Central America also cover their own costs.

Advertising: The Fuel of Social Marketing

Advertising is an integral component of most CSM programs. Other family planning efforts—particularly government programs—do not advertise, or they do so unenthusiastically, typically with committee-approved content. Social marketers remind us that we promote birth control so that people can enjoy the pleasures of sex without the consequence of pregnancy; sexual pleasure is an integral part of the equation. Most social marketers are comfortable with this fact and take full advantage of it. Moreover, because the first level of success in CSM
programs is measured in sales statistics, advertising is self-reinforcing. It almost always works, so sales increase, and then advertising continues, improves, and expands. In 2006, for example, DKT’s programs spent US$12 million on advertising. This represented 40 percent of the organization’s operating budget.

A Path to Self-sufficiency?

Potential profitability, or at least financial sustainability, is a new chapter in the evolution of international family planning programs. Such programs, traditionally financed by industrialized-country donors, have most often been designed to require only temporary support, with donors providing catalytic inputs for a decade or so and thereafter turning program responsibilities over to the recipient government or other local entities and phasing out foreign involvement. But as incomes in developing countries rise, social marketing programs, whether managed locally or run by international agencies, are increasingly able to phase out donor support while maintaining a presence in the country and continuing to provide low-cost contraceptives indefinitely.

This trend has been given a significant boost by increasingly competitive prices for contraceptives in international markets. The entry of Asian manufacturers and the steady improvement in their quality standards have meant that prices for contraceptives—pills, condoms, IUDs, and injectables in particular—have been decreasing over the past two decades. Condoms are available in large quantities, fully packaged, for less than 2.5 cents each; good-quality pills cost less than 20 cents per cycle. IUDs from India, made to exacting standards, are available for 70 cents each, and three-month injectables from Indonesia can be purchased for 45 cents per vial. These prices are remarkably low, enabling social marketing programs to maintain low consumer prices yet still generate respectable margins.

Cross-subsidies

Another way that social marketers cover costs is through cross-subsidization. Consumer prices are kept low for the principal brands while new brands are introduced at higher prices. The Philippine program, for example, maintains a low price on Trust condoms but has introduced the more expensive Frenzy and Premiere condoms to help generate income and to appeal to different market segments. The Trust condom sells to the consumer for 10 cents, comfortably within the affordability guideline of 12 cents per condom, while Frenzy, positioned to appeal to the youth market, and Premiere, an upscale condom, sell to the consumer at 14 cents and 28 cents per condom, respectively. The premium brands bring in a disproportionate share of revenue. In Ethiopia, for example, high-priced brands constitute only 27 percent of condom unit sales but generate 68 percent of condom income.

Cross-subsidization has an additional advantage: the introduction of higher-priced brands means that donors need not subsidize the prices of contraceptives for those who can afford to pay more.

What about the Poor?

As income generation receives increasing attention from social marketing managers, an inevitable tension arises between the desire to raise prices and the goal of continuing to serve the poorest populations. The purpose of CSM programs is, after all, to make contraceptives conveniently available and affordable to very large numbers of poor people. Therefore, low, affordable prices must be maintained, at least for the core brands.

The guidelines for affordability include two closely related standards. The cost to a consumer for a year’s supply of contraceptive products and services should not exceed 1 percent of per-capita gross national income (GNI) or 0.25 percent of per-capita GNI adjusted for purchasing power parity (PPP). These standards have been established on the basis of long experience; contraceptives priced within these guidelines have achieved large-scale coverage among sizable and culturally diverse populations over extended periods of time.

As incomes rise around the world, these affordability standards are becoming easier to meet. Table 1 shows cost-recovery information for 11 countries where DKT operates social marketing programs. In all but one, social marketing managers can meet the affordability guidelines and still charge at least enough to recover the cost of contraceptive products, including trade margins, assuming that the contraceptives are purchased at competitive international prices. For example, if pills cost 20 cents per cycle, they can be sold to the trade for 21 cents per cycle, enabling the program to buy a continuous supply of pills with a bit to spare. A price of 21 cents to the trade implies a consumer price of about 29 cents per cycle, or $3.80 for a year’s supply of 13 cycles. This price falls within the affordability guidelines in any country with a per-capita GNI greater than $380 or a PPP-adjusted GNI of $1,500. A substantial majority of the world’s developing countries are now above this threshold.

Beyond the costs of contraceptives, the table shows that some subsidies are required for operating costs in
four of the listed countries and for marketing costs in eight countries. If living standards continue to rise, however, at least half of these programs have a chance to achieve self-sufficiency in five to ten years.

Thus, the social marketing system, first conceived and described by Peter King and his colleagues at Calcutta’s Indian Institute of Management in 1964 (IIM 1964), has proved for more than 40 years to be a viable and important model for delivering family planning. Social marketing programs are likely to assume an increasing share of the job of delivering contraceptives everywhere in the developing world. Such programs already provide a significant portion of the world’s contraceptives; as prosperity and commerce expand, these programs will become more self-sufficient and increasingly will serve as a bridge for large numbers of consumers to move up to fully commercial contraceptive products. Meanwhile, social marketing is expanding birth-control options for an increasingly diverse family planning public and helping to stem the spread of HIV/AIDS by advertising and delivering more than a fourth of the world’s condoms.

Notes

1 For prevalence estimates, see statistics for married women of reproductive age in the United States Census Bureau (2004). CYPs are derived from DKT International (2006). CYP conversion equivalents are as follows: 1 CYP equals 100 condoms, 14 pill cycles, four injections (if one per three months) or 12 (if one per month), 20 female condoms, 150 foaming tables, 0.2 implants, 0.29 IUDs, or nine emergency contraception doses.

2 The increase in commercial contraceptive sales as a result of (or in conjunction with) CSM activities is sometimes called the “halo effect” (see, for example, Enterprise Editorial Group 1989; Niebuhr et al. 2004; and Chapman et al. 2005:33).

3 See, for example, Stycos (1977).

4 For a review of the pricing issue, see Harvey (1999, chapter 8).

5 Less precise factors are also taken into account, such as the price of a cup of tea or a single cigarette. The affordability of a pack of two or three condoms should be on par with these items.

References


Table 1 Theoretical recoverability of contraceptive social marketing program costs, 11 countries

<table>
<thead>
<tr>
<th>Country</th>
<th>GNI per capita $</th>
<th>GNI/PPP $</th>
<th>Permissible annual consumer cost/CYP</th>
<th>Commodity cost per CYP including normal trade margins</th>
<th>Commodity cost recoverable</th>
<th>Operating cost recoverable</th>
<th>Marketing cost recoverable</th>
<th>Start-up and/or special activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexico</td>
<td>6,790</td>
<td>10,030</td>
<td>$25</td>
<td>$3–5</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Donor</td>
</tr>
<tr>
<td>Malaysia</td>
<td>4,520</td>
<td>10,320</td>
<td>$26</td>
<td>$3–5</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Donor</td>
</tr>
<tr>
<td>Brazil</td>
<td>3,000</td>
<td>8,230</td>
<td>$21</td>
<td>$3–5</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Donor</td>
</tr>
<tr>
<td>China</td>
<td>1,500</td>
<td>6,600</td>
<td>$15</td>
<td>$3–5</td>
<td>Yes</td>
<td>Yes</td>
<td>Partial</td>
<td>Donor</td>
</tr>
<tr>
<td>Egypt</td>
<td>1,250</td>
<td>4,440</td>
<td>$11</td>
<td>$3–5</td>
<td>Yes</td>
<td>Partial</td>
<td>Donor</td>
<td>Donor</td>
</tr>
<tr>
<td>Philippines</td>
<td>1,170</td>
<td>5,300</td>
<td>$12</td>
<td>$3–5</td>
<td>Yes</td>
<td>Yes</td>
<td>Partial</td>
<td>Donor</td>
</tr>
<tr>
<td>Indonesia</td>
<td>1,140</td>
<td>3,720</td>
<td>$9</td>
<td>$3–5</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Donor</td>
</tr>
<tr>
<td>India</td>
<td>620</td>
<td>3,460</td>
<td>$6</td>
<td>$3–5</td>
<td>Yes</td>
<td>Partial</td>
<td>Donor</td>
<td>Donor</td>
</tr>
<tr>
<td>Vietnam</td>
<td>540</td>
<td>3,010</td>
<td>$5</td>
<td>$3–5</td>
<td>Yes</td>
<td>Partial</td>
<td>Donor</td>
<td>Donor</td>
</tr>
<tr>
<td>Sudan</td>
<td>430</td>
<td>2,000</td>
<td>$4</td>
<td>$3–5</td>
<td>Yes</td>
<td>Donor</td>
<td>Donor</td>
<td>Donor</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>110</td>
<td>1,000</td>
<td>$1</td>
<td>$3–5</td>
<td>Donor</td>
<td>Donor</td>
<td>Donor</td>
<td>Donor</td>
</tr>
</tbody>
</table>

Note a 1 percent of GNI or 0.25 percent of GNI/PPP, whichever is less. GNI = Gross national income. PPP = Purchasing power parity. CYP = Couple-years of protection.

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Ending Poverty: “What’s Social Marketing Got to Do With It?”

BY NANCY R. LEE AND PHILIP KOTLER

The short answer is that “We could have lots to do with it.”

Consider, for a moment, the impact we would have on the number of people in poverty in various parts of the world if we could support and persuade more people to get immunized on time, put mosquito nets over their beds, take their tuberculosis medicines, use condoms, reduce saturated fats in their diets, quit smoking, breastfeed for six months, get screened for cancer, say no to drugs, use alcohol only in moderation, purify their water, access services for the homeless, and wash their hands often and for as long as it takes to sing “Happy Birthday” twice.

How many would we keep out of poverty if we were also successful in influencing more children to be prepared for their first year in school, teens to finish high school, graduates to go on to college and then get and keep a job, live within their means, and be prepared when bringing a child into the world?

What difference would it make if we had more volunteer tutors, mentors, and informed voters and were better prepared as communities for natural disasters?

And then picture, most important, perhaps, government agencies, civil organizations, philanthropists, and corporations providing integrated support to make these behaviors more affordable, popular, and easy – everywhere in the world.

This in fact is what we as social marketers do every day, around the world, as we influence behaviors for good. This is how we contribute to helping to move people up and out of poverty, ensure that they don’t slip backward, and even keep them from entering this situation in the first place.

In our new book *Up and Out of Poverty: The Social Marketing Solution* (Kotler & Lee, 2009), we make the case that social marketing has been missing as a major player in the poverty solution mix and urge those working to help reduce poverty to understand and use this powerful tool. In this article, we share four brief success stories from the book, ones that illustrate the application of fundamental
social marketing principles and techniques to poverty reduction. We conclude by contrasting the social marketing approach with traditional approaches by governments, nongovernmental organizations (NGOs), and corporations to end poverty.

**Application #1: Market Segmentation and Prioritization**

First, consider this traditional macrosegmentation strategy that assumes “one size fits all.”

At the World Economic Form in Switzerland in January 2005, a speech on malaria by Tanzania’s president that included the statistic that 150,000 African children were dying of malaria every month prompted Sharon Stone, the Hollywood actress, to stand up and pledge $10,000 for bednets on the spot. She then challenged her fellow audience members to do the same. In 5 minutes, around 30 others followed and raised $1 million – which was enough to buy 250,000 nets at $4 each (Cowell, 2005). Sadly, according to an article in *The Economist* (Anonymous, 2005), 6 months later this generosity is not likely to be instantly gratified. The problem is the strategy targeted a macromarket (all those who would benefit from bednets) and did not take into consideration the multiple diverse segments (the microfoundation) that success would depend on: suppliers, distributors, and the users themselves.

First, there were local entrepreneurs who were making bednets who would be put out of business by this free-for-all strategy. And governments did not want this to happen as these commercial sellers would be needed in the future after this wave of funding had depleted. Second, there were many additional established small distributors of bednets with microloans they would be forced to default on because of the free nets. Third, the strategy assumes that recipients of the nets would install and then re-treat them as required on a regular basis. There was no assurance this was the case, with one newspaper in Uganda reporting that a government official was warning (other) villagers not to turn their nets into wedding gowns (Cowell, 2005).

Contrast that approach with the following successful microsegmentation strategy in Thailand.

You may have heard of Mechai Viravaidya, Thailand’s “Condom King”, an ex-senator and founder of the Population and Community Development Association, a leading public health NGO in Bangkok, Thailand. His efforts to increase use of condoms in the country are estimated to have slashed the AIDS infection rate from 140,000 cases per year in 1991 to about 20,000 by 2003 (Melnick, 2007). To increase usage among the young adult segment, his imagination knew no bounds as he sought to make condoms fun, accessible,
and the norm. He sponsored condom balloon blowing contests in high schools; he influenced McDonald’s to hand them out (a program he referred to as “Take this with your Big Mac”); he promoted a “Cops and Rubbers” program with policemen handing out condoms to youth; and at his popular urban Condoms and Cabbage Restaurants, there are no mints served at the end of the meal – just a plate of condoms!

Application #2: Determining Clear, Desired Behaviors
From a “short list” of potential desired behaviors, we recommend the following 5 criteria to help choose one(s) with the greatest potential for meaningful change (Kotler & Lee, 2009).

1. **Impact**: What potential impact will the behavior have on the poverty-reduction issue the plan is focusing on (e.g., family planning)?

2. **Demand**: How ready, willing, and able is the target audience to perform this behavior (e.g., negotiate with a husband to use birth control methods)?

3. **Supply**: To what extent are other programs or organizations already working to influence the target audience to adopt this behavior (e.g., are health care providers coaching these women)?

4. **Support**: What level of support exists for this behavior from key publics, both internal and external?

5. **Organizational match**: Do you have the expertise and resources to influence this behavior?

The following brief example illustrates the power of this analytical approach to “handpicking” a desired behavior.

- According to the United Nations Family Planning Association, at least 200 million women in the world want to use safe and effective family planning methods. But they are unable to do so because they lack access to information and service or they do not have the support of their husbands and communities (Anonymous, 2008).

- Gulbibi (living in Pakistan) was married at the age of 16. By the time she was 26, she had been pregnant five times, suffered one miscarriage, and given birth to four children. As a result of the social marketing Green Star Program launched by Population Services International (PSI) in 1991, she was eventually successful in convincing her husband that she should visit a neighborhood health clinic, one with a Green Star on the sign. She had heard this sign meant they offered quality family planning services. She returned home with an effective method for birth spacing and told others about
it – an important and credible social influence because many couples in Pakistan were poorly informed about family planning (PSI, 2008).

Application #3: Understanding Barriers to Desired Behaviors
Social marketers recognize that a deep understanding of target audiences’ barriers relative to a desired behavior, will inspire strategic thinking and planning. Consider how this helped farming productivity in Cambodia.

In Cambodia, poverty and food insecurity are interlinked. The majority of Cambodians work as subsistence farmers who depend on their own capacity to meet food requirements. Accelerating poverty reduction in Cambodia is largely about helping to raise this agricultural productivity and these incomes and addressing barriers (real and perceived) are key to success.

Both internal and external factors have challenged farmers. Many lack skills, education, and confidence in their ability to deal with change (e.g., self-efficacy). Long-held traditional beliefs and practices compete with new technologies, including burning straw instead of the better practice of incorporating it into the soil and planting crop varieties with long versus short maturity periods. Infrastructure challenges include poor irrigation facilities and soil fertility. There are natural challenges as well, including seasonal flooding and problems with pest control.

To address these barriers, in 2004 a Farmer Field School program was launched where farmers learn by doing, through detailed observations in the field, analyzing their observations, and presenting their results and conclusions to 25 to 30 fellow farmer “classmates.” For example, Cheong Chuon, a chicken and frog farmer, learned that he could feed his chickens well and for less money giving them earthworms and could feed termites to his tadpoles. He was also helped to apply for a microloan that he used to buy more chickens and build a chicken house. He was able to repay the loan with his increased productivity (U.N. Food and Agricultural Organization, 2009).

Application #4: Using All 4Ps in the Marketing Toolbox (Product, Price, Place, and Promotion)
As social marketers experience, all four tools in the traditional marketing toolbox are usually needed to create and deliver the value the target market expects in exchange for a desired behavior. This was certainly the case in Peru where program managers fought to reduce the alarming incidence of tuberculosis (TB), and the associated poverty, in the country.
In 1991, there were approximately 190 TB cases per 100,000 adults and less than 50% of people diagnosed were getting fully treated. By 1998, an estimated 90% of patients were being cured (Llanos-Zavalaga, Poppe, Tawfik, & Church-Balin, 2004).

- **Product** strategies to ensure completion of prescribed drugs focused on Direct Observed Therapy (DOTS), which involved a health care worker who directly administered, observed, and then documented the patient’s ingestion or injection of their tuberculosis medication

- **Price** strategies included free testing, free drugs for those who could not afford them, reimbursement for travel, and for some, free lodging.

- **Place** strategies improved access to treatment by integrating TB services into the primary health care system, extending clinic hours into the evenings, providing home visits, and expanding the DOTS program into remote areas of the country.

- **Promotional** strategies utilized mass media (television, radio, billboards, print media), print materials (posters, letters, fact sheets), special events (World TB Day, street theater), videos, community mobilization, and advocacy.

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**TABLE 1**

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<th>TRADITIONAL SOLUTION</th>
<th>SOCIAL MARKETING SOLUTION</th>
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<tbody>
<tr>
<td>Public sector</td>
<td>Provide testing for HIV/AIDS at community health centers, during regular business hours, five days a week, with clients required to return for results in two weeks.</td>
<td>Offer free rapid HIV/AIDS testing in gay bathhouses Friday and Saturday nights, where public health staff provide results in 30 minutes, along with counseling when needed.</td>
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<tr>
<td>Nonprofit sector</td>
<td>Provide hospice programs for end of life care for AIDS patients.</td>
<td>Advocate with policymakers to include AIDS education programs in public schools.</td>
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<tr>
<td>Private sector</td>
<td>Provide employee health care coverage that includes access to antiretroviral drugs.</td>
<td>Develop workplace programs that include distribution of free condoms and confidential free testing and counseling.</td>
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NOTES FROM THE FIELD
Social Marketing Approach Versus Traditional Solutions

Resources needed to reduce poverty are in the hands of the public sector (government agencies), the nonprofit sector (NGOs and other civil organizations), and the private (business) sector. It is the partnership work of these three sectors where the true key to poverty reduction is to be found, combined with the addition of social marketing to their mix of solutions. The traditional versus the social marketing solution, one focusing on influencing desired behaviors, is summarized in Table 1.

Summary

For some, marketing seems an unlikely weapon in the fight against poverty. But, at its source, poverty is often determined by individual behavioral choices, and social marketers are masters at influencing positive behaviors, ones that benefit society as well as the individual.

For more information, visit Kotler and Lee’s website on the subject at www.upandoutofpoverty.com

About the Authors

Nancy R. Lee, M.B.A., is president of Social Marketing Services, a small consulting firm in Seattle, Washington. She has more than 25 years of practical marketing experience in private, nonprofit, and public sectors. An adjunct faculty member at the University of Washington and the University of South Florida, she teaches Social Marketing and Marketing in the Public Sector. Lee has coauthored six books with Philip Kotler; they are currently working on a seventh book with Doug McKenzie-Mohr on social marketing for the environment.

Philip Kotler, Ph.D., is the S. C. Johnson & Son Distinguished Professor of International Marketing at the J. L. Kellogg Graduate School of Management, Northwestern University, Evanston, Illinois. Hailed as the “foremost expert on the strategic practice of marketing,” he is author of Marketing Management, the field’s definitive textbook (now in its 13th edition). Kotler is also considered the “father of social marketing,” having first distinguished the discipline in the early 1970s with Gerald Zaltman.

References


Social marketing is the use of marketing principles and techniques to effect behavioral change. It is a concept, process, and application for understanding who people are, what they desire, and then organizing the creation, communication, and delivery of products and services to meet their desires as well as the needs of society, and solve serious social problems.

Introduction
Marketing is at a crossroads. Until 1960, when Theodore Levitt wrote *Marketing Myopia*, it had not been considered a serious function of strategic management. From there, the discipline developed at such pace that *Marketing Management*, Philip Kotler’s classic textbook, is in its 13th edition counting 816 pages.

Organizations have never had such powerful information and communication technologies with which to interact with clients, audiences, and partners; explore, find, capture, store, analyze, present, use, and exchange information data and information about them; and tailor products and services accordingly. Along with that, never before have end users expected to interface so closely with organizations and with one another to define and shape what they need. In its highest form, marketing is now considered a social process, composed of human behavior patterns concerned with exchange of resources or values. It is no longer a mere function used to increase business profits.

Tellingly, in the 2010s, the attention of public sector agencies, nongovernment organizations, and the private sector is increasingly drawn to the potential of social marketing. In an age of climate change, environmental destruction, natural resource shortages, fast population growth, hunger and poverty, as...
well as insufficient social services, what contributions might marketing make? Expressly, some ask whether the tools of marketing can be used to promote public goods in areas other than public health, the traditional arena of social marketing. Might, for instance, its applications help encourage wider socially and environmentally beneficial behavioral changes, promote protective behaviors, prevent risky behavior, increase use of community services, or facilitate the formulation and adoption of new policies and standards? The behavior, that is, not just of individual citizens but also of public sector agencies, nongovernment organizations, and the private sector.

**Definition**

The term “social marketing” was coined by Philip Kotler and Gerald Zaltman in 1971. Drawing from bodies of knowledge such as psychology, sociology, anthropology, political science, and communication theory—with practical roots in advertising, public relations, and market research—it is the application of principles and techniques drawn from the commercial sector to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals, groups, organizations, or society as a whole. Its intent is to create positive social change. It can be applied to promote merit products and services or to make a target audience avoid demerit products and services and thus promote its well-being.

**The Dimensions of Social Marketing**

Some consider social marketing to do little but use the principles and practices of generic marketing to achieve noncommercial goals. This is an oversimplification: social marketing involves changing seemingly intractable behaviors in composite environmental, economic, social, political, and technological circumstances with (more often than not) quite limited resources. If the basic objective of corporate marketers is to satisfy shareholders, the bottom line for social marketers is to meet society’s desire to improve quality of life. This requires a long-term planning approach that moves beyond the individual end user to groups, organizations, and society, characterized in the figure below. Hence, the desired outcomes of social marketing are usually ambitious: the products are more complex, demand is diverse, the target groups are challenging, the necessary involvement of end users is greater, and competition is more varied. However, like generic marketing, behaviors are always the focus: social marketing is also based on the voluntary (but more difficult) exchange of costs and benefits between two or more parties. To this end, social marketing too proposes a useful framework for planning, a framework that social marketers can associate with other approaches at a time when global, regional, national, and local problems have become more critical. (The other approaches might include advocacy; mobilizing communities; building strategic alliances with public sector agencies, nongovernment organizations, and the private sector; and influencing the media.) Unsurprisingly, besides public health, social marketing is being applied in environmental, economic, and educational fields, among others.

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6 Famously, as long as 1952, research psychologist Gerhart Wiebe posed the much-quoted question, “Why can’t you sell brotherhood and rational thinking like you sell soap?” He then argued that the success of mass persuasion, in terms of motivating behavior, is a function of the audience member’s experience with regard to five factors: (i) the force, (ii) the direction, (iii) the mechanism, (iv) the adequacy and compatibility, and (v) the distance. See Gerhart Wiebe. 1952. Merchandising Commodities and Citizenship on Television. The Public Opinion Quarterly. Vol. 15, No. 4, pp. 679–691.


8 Behavior will change only if perceived benefits outweigh perceived costs.

9 This does not mean that commercial marketers cannot contribute to achievement of social good.

10 Social marketing asks target audiences to do something for which social marketers will not always be able to give immediate payback, or show them something in return, most importantly in the near term. In addition, they must usually concentrate on removing barriers to an activity while enhancing the benefits.

11 Many social marketing issues are so complex that one organization cannot address them alone.

12 Applications include cholesterol, tobacco prevention, safety, drug abuse, drinking and driving, seatbelt laws, nutrition, obesity, physical activity, HIV/AIDS, immunization, mental health, breast feeding, breast cancer screening, and family planning.

13 Instances are pollution, energy conservation, clean air, safer water, recycling, and preservation of forests and national parks.

14 Areas relate to attracting investors, revitalizing older cities, boosting job skills and training, and civic involvement.

15 Cases in point are literacy and stay in school.
In the United Kingdom, the National Social Marketing Center has worked to clarify the salient features of social marketing. Building on work by Alan Andreasen in the United States, it has drawn social marketing benchmark criteria. They aim to ease understanding of the principles and techniques of social marketing, encourage consistency of approach leading to impact, uphold flexibility and creativity to tailor interventions to different needs, facilitate capture and sharing of transferable learning between interventions, and assist monitoring and evaluation of interventions. Other criteria, critical to successful interventions, might have been included, e.g., strategic planning, partnership and stakeholder engagement, monitoring and evaluation, etc. However, those that the National Social Marketing Center promotes are unique to social marketing. The criteria are

- **Orientation.** This implies a strong client orientation, with importance attached to understanding where the customer is starting from, e.g., their values, experiences, knowledge, beliefs, attitudes, and needs, and the social context in which they live and work.

- **Behavior.** This refers to a clear focus on understanding existing behavior and key influences upon it, alongside developing clear behavioral goals. These can be divided into actionable and measurable stages, phased over time.

- **Theory.** This connotes the use of behavioral theories to understand human behavior and to build programs around this understanding.

- **Insight.** This calls for gaining a deep understanding and insight into what moves and motivates people.

- **Exchange.** This rests on the use of the “exchange” concept—understanding what is being expected of people, and the real cost to them.

- **Competition.** This hinges on the use of the “competition” concept. This means understanding factors that impact on people and compete for their time.

- **Segmentation.** This demands that the audience be clarified using segmentation to target people effectively.

- **Methods Mix.** This requires the use of a mix of different interventions or methods to achieve a behavioral goal. When used at the strategic level this is referred to as the intervention mix. When used operationally, it is described as the marketing mix.

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In social marketing, the product (or service) is the behavior being exchanged with the target audience for a price and benefit. It is not necessarily (indeed, not usually) a tangible item, and must compete successfully against what is being enjoyed from the current behavior. The place is where the target audience will perform the desired behavioral change (or where it may be thinking about the issue). To ease access, interventions should be moved to places that the target audience frequents, or when they perform the current behavior. The price is the cost or barriers the target audience faces in changing its behavior. The price can be financial, but the more important costs are social and emotional, e.g., time, effort, lifestyle, and psychological costs. Promotion relates to communication messages, materials, channels, and activities that will effectively reach the target audience about product (or service), place, price, and promotion. An intervention that only uses promotion is social advertising, not social marketing.

A range of different qualitative and quantitative research techniques combining data from various primary and secondary sources is used to inform understanding.

An integrated and open theory framework is used. Theory is used transparently to inform and guide development and theoretical assumptions to be tested as part of the social marketing process. The social marketing process takes into account behavioral theory across four primary bio-physical, psychological, social, and environmental or ecological domains.

A focus is placed on gaining deeper understanding of what moves and motivates the target group. Social marketers conduct formative, process, and evaluative research to discover barriers to behavioral change and develop approaches that address them. The intervention is based on identifying and developing actionable insights using considered judgment.

The intervention incorporates an exchange analysis of the full cost to the target group of achieving the proposed benefit. Costs can be financial, physical, social, etc. Incentives and disincentives are considered and tailored according to the target group, based on what it values. The exchange may be tangible or intangible.

The internal and external forces that compete with the behavioral change are analyzed. Strategies aim to minimize the potential impact of competition by considering positive and problematic external influences and influencers. The factors that compete for the time and attention of the target group are considered.

Traditional targeting, such as demographic, is used, but not relied on exclusively. Deeper segmented approaches are used that focus on what moves and motivates the target group, drawing on greater use of geographic, psychographic, and behavior-related data. The intervention is tailored to specific target group segments and does not rely on "blanket" approaches. Future lifestyle trends are considered and addressed.

A range of methods, tailored to the selected target group segments, is used to establish an appropriate synergistic mix that avoids reliance on one-size-fits-all approaches. The strategic social marketing intervention considers four primary domains related to informing and encouraging, servicing and supporting, designing and adjusting the environment, and controlling and regulating. In operational social marketing, the intervention considers the best application of the marketing mix that consists of the four Ps of product (or service), place, price, and promotion. An intervention that only uses promotion is social advertising, not social marketing.

Elements of the intervention are pretested with the target group.

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The Importance of Process

The stages of the social marketing process will be familiar to anyone who has been involved in project or program development. However, the National Social Marketing Center highlights in particular the importance of the scoping stage—it drives the entire process. At the scoping stage, the primary concern is to establish clear, actionable, and measurable behavior goals to ensure focused development throughout the rest of the process. The effectiveness of social marketing rests on the demonstration of direct impact on behavior; it is this feature that sets social marketing distinctly apart from communication or awareness-raising approaches (where the main focus is on highlighting information and helping people understand it). The aim of the scoping part of the process is to define the objectives of the intervention and what the stakeholders want to achieve. This requires close engagement and much insight. At this stage, social marketers attempt to understand what moves and motivates the end users to determine how the behavioral goals might be reached. Referring to generic marketing, it might be useful to consider this stage as that when the product or service is defined.

The complexity of marketing a societal behavioral change requires that the process of social marketing be well structured. Yet, there may have been insufficient discussion of a step-by-step methodology for the social marketing process in the literature. The principal stages followed in public health applications in the United States are initial planning, formative research, strategy development, program development and pretesting of material and nonmaterial interventions, implementation, and monitoring and evaluation. The core marketing principles, the four Ps, are at the heart of this process because they are used at the initial planning stage.

Box 1: A Quick Guide to Social Marketing

1. Take advantage of prior and existing successful campaigns.
2. Start with target markets most ready for action.
3. Promote single, simple, doable behaviors.
4. Identify and remove barriers to behavioral change.
5. Bring real benefits into the present.
6. Highlight costs of competing behaviors.
7. Promote a tangible product or service to help target audiences perform the behavior.
8. Consider nonmonetary incentives in the form of recognition and appreciation.
9. Have a little fun with messages.
10. Use media channels at the point of decision making.
12. Use prompts for sustainability.


Note: Messages should be vivid, personal, and concrete. They should be delivered by individuals or organizations that are credible. They should be framed to indicate what individuals are losing by not acting. If the messages are threatening, social marketers should make sure they are coupled with specific instructions for the actions to take. The instructions should clearly relate to the desired behavioral change and be specific. They should make it easy for people to remember what to do, how to do it, and when to do it.
Social Marketing for a Sustainable Future
Given the roots they share, both generic and social marketing have seen a move to relational capital and relationship marketing, away from transactional thinking. Somewhat belatedly, the private sector came to realize that it is easier, and more profitable, to retain clients than to continually attract new customers. Social marketing adopted that thinking earlier simply because it must embrace long-term strategic approaches. Indeed, the inescapable need for long-term thinking in social marketing and the related development of appropriate principles and techniques now position it advantageously in the quickening fight against global, regional, national, and local problems.

Box 2: Case Study: Tonle Sap Environmental Management—Formulating and Implementing a National Environmental Education and Awareness Campaign

Sustainable management and conservation of natural resources and biodiversity are a priority for Cambodia, which relies heavily on land, water, and biotic resources and is on the verge of rapid urban, industrial, and agricultural development. In such cases, environmental policies should be fitted to the conditions and traditions of the country. Implementation will not be successful without the active participation of all citizens, especially those who depend on natural resources.

When Cambodia nominated in 1996 the Tonle Sap for designation by the United Nations Educational, Scientific, and Cultural Organization as a biosphere reserve, the government recognized that the site should respond to the conservation, development, and logistic functions of a biosphere reserve and that education and public awareness should be given importance. At the national level, information on conservation and sustainable use, as practiced in biosphere reserves, should be included in school programs and teaching manuals and in media efforts. At the local level, involvement of local communities should be encouraged, information for visitors should be produced, and environmental education centers should be promoted.

Since its creation in 1993, the Ministry of Environment has worked toward such ends. As a result, an Interministerial Steering Committee for Environmental Education was established that year with assistance from the United Nations Development Programme's Environmental Technical Assistance Project. The United Nations Educational, Scientific, and Cultural Organization was associated with related environmental education activities, particularly with developing environmental education materials for school curricula and producing teacher guides for primary and secondary schools. A special program for educating monks was also put in place. However, many of these activities were interrupted when the Environmental Technical Assistance Project ended in 1998. Considering the importance of the Tonle Sap Biosphere Reserve and the severity of the threats against it, it is urgent that progress in environmental education and awareness continue and that a national campaign be mounted in support. This would also help Cambodia meet obligations under the 1992 Convention on Biological Diversity that stress the importance of education and public awareness on biodiversity.

The goal of the project is sustainable management and conservation of natural resources and biodiversity in the Tonle Sap basin. The objective that formulation and implementation of a national environmental education and awareness campaign will help accomplish is strengthened natural resource management coordination and planning for the Tonle Sap Biosphere Reserve, particularly by establishing a coordination framework and information dissemination mechanisms. The outputs needed to formulate and implement the campaign are as follows: (i) publicizing the Tonle Sap's environmental importance, (ii) integrating concern for natural resources, and (iii) developing formal and nonformal environmental education. These outputs will be defined by the target audience, i.e., the general public and the press, decision makers, schoolchildren (at primary and secondary levels), university students, and communities living in the Tonle Sap region.

Box 3: Case Study: Tonle Sap Sustainable Livelihoods—Educating for Protection of Natural Resources

In Cambodia, decentralization and deconcentration have boosted local autonomy and participation in national development. Accordingly, the structures supporting this effort—at central, provincial, district, and commune levels—have received considerable assistance. But, given their short history, the impact on improved livelihoods, though encouraging, has been modest: there remains a need to strengthen institutions and processes at all levels. This includes improving cross-sectoral linkages in development planning, building skills for community-driven development, and raising awareness of the need to protect natural resources. Component 3 of the Project plans to build skills and awareness for sustainable livelihoods.

Specifically, to help raise awareness of the need to protect natural resources, the Project will (i) assemble educational materials on natural resource management, including those developed under component 3 of the ADB-assisted Tonle Sap Environmental Management Project; (ii) hold environmental awareness forums for staff of the Ministry of Agriculture, Forestry, and Fisheries, Ministry of Environment, Ministry of Rural Development, Ministry of Women’s Affairs, their provincial departments, and commune leaders; (iii) prioritize villages according to their potential impact on resource extraction; (iv) assemble, train, and equip a mobile training team to extend environmental awareness in priority villages; (v) deliver the environmental awareness program; and (vi) conduct monitoring and evaluation. The activities will build on achievements under component 1 of the Tonle Sap Environmental Management Project, according to the principles developed under an ADB-assisted pilot and demonstration activity conducted in 2004.


In 2009, Philip Kotler and Nancy Lee contributed to expand the traditional scope of social marketing by considering global poverty, 90% of which is found in developing countries, from the viewpoint of the marketer. They examined how marketing perspectives might drive poverty solutions that work by (i) segmenting the poverty marketplace (who are the potential

A small group of thoughtful people could change the world. Indeed, it’s the only thing that ever has.

—Margaret Mead

Applying social marketing principles and techniques in developing countries is not new. Poverty is affected by behavioral choices, and behavior is influenced by the creation, communication, and delivery of products and services that modulate it. Therefore, from the 1980s organizations such as the World Bank started to use the term “social marketing” and have continued to promote interest in it. However, Philip Kotler and Nancy Lee’s book is a valuable addition to the toolbox of development aid. It describes and illustrates with actual cases the major steps in planning, implementing, monitoring, evaluating, and controlling social marketing programs for poverty reduction; this level of analysis had been missing in all the previous work on helping the poor.

market segments for our efforts?); (ii) evaluating and choosing target market priorities (who should we focus on first or most?); (iii) determining desired behavior changes (what do we want them to do?); (iv) understanding barriers, benefits, and the competition for change (what do they think of the idea?); and (v) developing a desired positioning and strategic marketing mix (what do they need to do this?). They stressed the need to ensure an integrated approach by developing a social marketing plan and elucidating the distinct roles of the public sector, nongovernment organizations, and the private sector in poverty reduction.

**Box 4: Outline of Social Marketing Planning**

**Executive Summary**
A brief summary highlighting plan stakeholders, background, purpose, target audience, major marketing objectives and goals, desired positioning, marketing mix strategies (4Ps), and evaluation, budget, and implementation plans.

1.0 **Background, Purpose, and Focus**
Who's the sponsor? Why are they doing this? What social issue and population will the plan focus on, and why?

2.0 **Situation Analysis**
2.1 SWOT: Organizational Strengths and Weaknesses, and Environmental Opportunities and Threats
2.2 Literature review and environmental scan of programs focusing on similar efforts: activities and lessons learned

3.0 **Target Audience Profile**
3.1 Demographics, geographics, relevant behaviors (including risk), psychographics, social networks, community assets, and stage of change (readiness to buy)
3.2 Size of target audience

4.0 **Marketing Objectives and Goals**
4.1 Campaign objectives: specifying targeted behaviors and attitudes (knowledge and beliefs)
4.2 SMART goals: Specific, Measurable, Achievable, Relevant, and Time-bound changes in behaviors and attitudes

5.0 **Factors Influencing Adoption of the Behavior**
5.1 Perceived barriers to the targeted behavior
5.2 Potential benefits of the targeted behavior
5.3 Competing behaviors and forces
5.4 Influence of important others

6.0 **Positioning Statement**
How do we want the target audience to see the targeted behavior and its benefits relative to alternative or preferred ones?

7.0 **Marketing Mix Strategies (Using the 4Ps to Create, Communicate, and Deliver Value for the Behavior)**
7.1 Product: Benefits from performing behaviors and any products or services offered to assist adoption
   Core Product: Desired audience benefits promised in exchange for performing the targeted behavior
   Actual Product: Features of basic product or service e.g., HIV/AIDS test, exercise, number of daily fruits and vegetables
Augmented Product: Additional products and services to help perform the behavior or increase appeal

7.2 Price: Costs that will be associated with adopting the behavior and any monetary and nonmonetary incentives and disincentives
   Costs: Money, time, physical effort, psychological
   Price-Related Tactics to Reduce Costs: Monetary and nonmonetary incentives and disincentives

7.3 Place: Making access convenient
   Creating convenient opportunities to engage in the targeted behaviors and/or access products and services

7.4 Promotion: Persuasive communications highlighting product or service benefits, features, fair price, and ease of access
   Messages
   Messenger
   Creative and Executional Strategy
   Media Channels and Promotional Items

8.0 Plan for Monitoring and Evaluation
   8.1 Purpose and audience for monitoring and evaluation
   8.2 What will be measured: inputs, outputs, outcomes, and impact
   8.3 How and when measures will be taken

9.0 Budget
   9.1 Costs for implementing marketing plan, including additional research and monitoring and evaluation plan
   9.2 Any anticipated incremental revenues, cost savings, or partner contributions

10.0 Plan for Implementation and Campaign Management
    Who will do what and when, including partners and their roles?


Note: Other downloadable planning documents for prioritizing target audiences, determining desired behaviors, identifying audience barriers, using the 4 Ps for reducing audience barriers, and developing a comprehensive social marketing plan are at *Up and Out of Poverty*. 2010. Available: www.upandoutofpoverty.com/

Further Reading

For further information
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Asian Development Bank

ADB’s vision is an Asia and Pacific region free of poverty. Its mission is to help its developing member countries substantially reduce poverty and improve the quality of life of their people. Despite the region’s many successes, it remains home to two thirds of the world’s poor: 1.8 billion people who live on less than $2 a day, with 903 million struggling on less than $1.25 a day. ADB is committed to reducing poverty through inclusive economic growth, environmentally sustainable growth, and regional integration.

Based in Manila, ADB is owned by 67 members, including 48 from the region. Its main instruments for helping its developing member countries are policy dialogue, loans, equity investments, guarantees, grants, and technical assistance.

Knowledge Solutions are handy, quick reference guides to tools, methods, and approaches that propel development forward and enhance its effects. They are offered as resources to ADB staff. They may also appeal to the development community and people having interest in knowledge and learning.

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