SOCIAL MARKETING CAN MAKE PEOPLE HEALTHIER: The Evidence That Social Marketing Works

WHAT IS SOCIAL MARKETING?
A strategy that uses marketing concepts — product design, appropriate pricing, sales and distribution, and communications — to influence behaviors that benefit individuals and communities for the greater good. Social marketing programs sell subsidized products through commercial sector outlets like pharmacies, distribute products for free, deliver health services through social franchises, and promote behaviors not dependent upon a product or service, like hand washing.

HOW DOES SOCIAL MARKETING LEAD TO BETTER HEALTH?

Social marketing programs can bring changes in behavioral determinants, behavior, and health outcomes. Effective approaches, like condom social marketing and social franchising of health services, should be replicated and scaled up.

WHAT DOES THIS MEAN FOR YOU?
Social marketing can make people healthier. Successful social marketing programs seek insight into their consumers and the market and target segments of the population most likely to change.

HOW DO WE KNOW IF SOCIAL MARKETING MAKES PEOPLE HEALTHIER?
In response to questions about the effectiveness of social marketing in global health, we systematically reviewed all literature published between 1995 and 2013 on social marketing for HIV, reproductive health, malaria, child survival, and tuberculosis in developing countries. After reviewing more than 6500 studies, we found 109 studies looking at whether social marketing makes people healthier. Here's what these studies tell us about what social marketing programs can achieve.

On the infographic:

- **BEHAVIORAL DETERMINANTS**
  - HIV: 20 studies, increases in risk perception, knowledge, and self-efficacy about HIV/AIDS
  - RH: 10 studies, positive changes in social norms and attitudes about modern contraception and family planning
  - MALARIA: 20 studies, 18-40% increase in insecticide-treated bednet ownership
  - CHD: 21 studies, improvements in knowledge and attitudes about water treatment, zinc treatment, vitamin supplements, and food fortification

- **BEHAVIOR**
  - HIV: 18 studies, up to 100% increase in condom use, 49% reduction in needle sharing, and increase in HIV testing
  - RH: 13 studies, up to 55% increase in modern contraceptive use
  - MALARIA: 21 studies, 15-40% increase for infant use of bednets, 20-40% increases for other populations
  - CHD: 28 studies, up to 25% increase in latrine use, 43% increase in chemically treating water

- **HEALTH OUTCOMES**
  - HIV: 8 studies, reductions of up to 53% in HIV prevalence and 77% in STI prevalence, and 79% increase in STI cure rate
  - RH: 1 study, no difference in unplanned pregnancy found between treatment and control
  - MALARIA: 10 studies, reductions in parasitemia, anemia, and child mortality
  - CHD: 11 studies, 5% reduction in anemia, increases in serum retinol in women and children, statistically significant reduction in diarrhea
  - TB: 1 study, 50% increase in TB case notification rate, and 52% increase in number of new cases of positive pulmonary TB

To learn more, visit the Social Marketing Evidence Base at www.psi.org/resources
THE SOCIAL MARKETING EVIDENCE: COMPILING THE DATA

6,523 STUDIES GATHERED AND EVALUATED

STRENGTH OF EVIDENCE (SoE) GRADING CRITERIA WERE APPLIED TO EACH STUDY

WHAT DID WE FIND?

HERE’S WHAT MADE IT INTO THE EVIDENCE BASE:

The Social Marketing Evidence Base is a resource that compiles evaluations of social marketing interventions by PSI, other NGOs, and academic institutions in the health areas where we work. To develop this resource, we completed these steps:

1. 6,523 studies gathered and evaluated
2. Through a rigorous eligibility review process
3. Strength of evidence (SoE) grading criteria were applied to each study
4. Each eligible study was then assessed using the 8 social marketing benchmark criteria

We used a strength of the evidence (SoE) grading criteria to score studies on measured outcomes, type of study design, population-representative sampling, data analysis, and whether it was peer-reviewed or grey literature. Based on these factors, studies were ranked on a scale from one to six, with six meaning greater validity of the findings.

According to the social marketing benchmark criteria (SMBC), a Social Marketing intervention is characterized by 8 qualities. Studies were graded on a scale from one to eight, with one point awarded for each characteristic present in a given program.

WHAT DID WE FIND?

<table>
<thead>
<tr>
<th>Health Area</th>
<th>HIV</th>
<th>Reproductive Health</th>
<th>Malaria</th>
<th>Child Survival</th>
<th>Tuberculosis</th>
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<td>7</td>
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REFERENCES