



SOCIAL MARKETING EVIDENCE BASE

Methodology and Findings

Overview

PSI and several other global health organizations use social marketing to encourage healthy behaviors, increase health impact, and make markets work for the poor. Social marketing is 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.¹ 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.


The [Social Marketing Evidence Base](#) is a systematically reviewed compilation of studies evaluating the effectiveness of social marketing on changes in behavioral factors, behaviors, and health outcomes in core areas of global health where PSI operates:

1. **HIV**— social marketing of condoms and safe injection equipment, counseling and testing services, partner reduction, and other HIV-related risk reduction behaviors
2. **Tuberculosis**—social marketing of case identification and directly observed treatment- short course (DOTS)
3. **Reproductive health**—social marketing of modern contraceptives and family planning services
4. **Malaria**—social marketing of insecticide treated nets, insecticide retreatment products, artemisinin-based combination therapy, and rapid diagnostic tests
5. **Child survival**—social marketing of water treatment products, hand washing, oral rehydration solutions and zinc, pre-packaged pneumonia treatment kits, clean delivery kits and chlorhexidine, iron folic acid, uterotonics, and complementary and therapeutic feeding products.

Methodology

The objective of this systematic review is to address the question of whether social marketing programs can be effective at achieving measurable improvements in health. This systematic review aimed to update and expand findings from a 2011 edition entitled “Why PSI uses Social Marketing: The Evidence Base.” A total of 42 studies on the effectiveness of social marketing in HIV and reproductive health in the 2011 edition were included in our analysis. A search for new peer-reviewed studies of social marketing programs in these two health areas published from 2010 to 2012 was conducted to update the evidence base. Additionally, studies evaluating social marketing programs for tuberculosis, child survival, and malaria were searched from 1995 to 2013. We also conducted a search for peer-reviewed studies on social franchising in all health areas, published between 1995 and 2013.

¹ Cheng, H., Kotler, P., & Lee, N.R. (2011). *Social Marketing for Public Health: Global Trends and Success Stories*, Sudbury, Massachusetts: Jones and Bartlett Publishers.



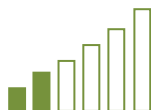
This edition uses a standardized search process. We searched PubMed, PsychInfo (via Ovid), and ProQuest, using search terms linking social marketing and health outcomes. See Appendix for search strings. Studies eligible for inclusion in the review had to provide sufficient information on the intervention evaluated to be scored using [Social Marketing Benchmark Criteria](#) from the National Social Marketing Centre. Additionally, eligible studies had to measure outcomes of behavioral determinants, health behaviors, and/or health outcomes in each health area. All included studies evaluated social marketing interventions in non-high income OECD countries. Lastly, articles were excluded if they only examined exposure, program reach, or product availability and if they only examined relationships between product/service use and health outcomes.

Eligible studies were then coded, with extraction of the following variables: location, study population, intervention description, study outcomes, study design, and sampling method. The strength of the social marketing intervention in each eligible study was then assessed using the Social Marketing Benchmark Criteria.² The following criteria were assessed:

1. Behavior: Does the intervention aim to change people's actual behavior?
2. Customer Orientation: Does the intervention focus on the audience?
3. Theory: Does the intervention use behavior theories to understand behavior and inform the intervention?
4. Insight: Did customer research identify actionable insights that were used for intervention development?
5. Exchange: Does the intervention consider the benefits and costs of adopting and maintaining a new behavior?
6. Competition: Does the intervention seek to understand what competes for the audience's time, attention, and inclination to behave in a particular way?
7. Segmentation: Does the intervention identify audience segments which have common characteristics and then tailor interventions appropriately?
8. Methods Mix: Does the intervention use a mix of methods to bring about behavior change?

Lastly, a Strength of the Evidence (SoE) grade was applied to individual studies to be able to assess and compare validity of study findings. We designed a 6-point Strength of the Evidence (SoE) grading scale, adapted from the SOE framework in the *Cochrane Handbook for Systematic Reviews of Interventions*³. Each individual study was graded based on the measured outcomes, study design, population-representative sampling, data analysis, and whether it was peer-reviewed or grey literature.

The framework was as follows:



² The NSMC (2010). *Social Marketing Benchmark Criteria*. Retrieved from <http://www.thensmc.com/>

³ Higgins, J.P.T., Green, S. (2008). *Cochrane Handbook for Systematic Reviews of Interventions*, West Sussex, England: John Wiley & Sons

1. Each study by default receives two points
2. If the study measured a behavior or health status as the outcome, add one point. Behavioral factors, such as measures of knowledge, attitude, and intentions receive zero points.
3. If the study used an experimental study design, add two points, whereas if the study used a quasi-experimental study design, add one point. Observational studies receive zero points.
4. Under generalizability, if the study did not include a representative sample, deduct one point.
5. If the analysis was descriptive, deduct one point.
6. If the study was peer-reviewed add one point. Grey literature studies receive zero points.

Results

After reviewing 6523 studies, we found 109 studies looking at whether social marketing makes people healthier. Across the five health areas, 71 studies reported on changes in behavioral determinants. 82 studies reported on changes in behaviors, and we found 31 studies reporting health outcomes. Eligible studies discussed both positive and null effects of social marketing programs. No studies on childhood pneumonia were identified and only two eligible studies reported on tuberculosis outcomes.

Health Area	Number of Studies Included	Number of studies with SMBC score of 5 or higher (out of 8)	Number of studies with SOE score of 4 or higher (out of 6)
HIV	27	15	16
Tuberculosis	2	2	1
Reproductive Health	14	8	9
Malaria	29	7	20
Child Survival	37	21	27

Key findings

- Studies demonstrate evidence that social marketing can make people healthier through changes in behavioral factors, behaviors, and health outcomes.
- Successful social marketing programs seek insight into their consumers and the market, use the marketing mix, and target segments of the population most likely to change
- More social marketing evaluations are needed to fill gaps in the evidence base, such as evaluations on the effectiveness of social marketing interventions for tuberculosis prevention, diagnosis, and treatment
- Many studies lack comprehensive program descriptions and more process evaluations are needed to determine what social marketing strategies are necessary for success

Limitations

- Included studies were limited to those that labeled the assessed intervention as a social marketing or social franchising program or used social marketing terminology
- Potential publication bias of peer-reviewed literature favoring positive findings
- A different search methodology was used in past editions compared to the most recent edition of the Social Marketing Evidence Base

- The methodology we used did not set specific criteria on study outcomes, so it is not possible to calculate one summary effect of social marketing for any of the health areas considered

Next Steps

- Grey literature search will be conducted in 2014, including a review of PSI Quantitative TRaC studies from 2004 to 2013
- Peer-reviewed search of studies published prior to 2010 for HIV and reproductive health will be conducted to standardize the search methodology for all studies included in the Social Marketing Evidence Base

Appendix

Search-terminology used for peer-reviewed article search

HIV/AIDS and other STIs, Tuberculosis, and Reproductive Health Search Terms

“Social franchise” OR “Social franchises” OR “Social franchising”

Social Marketing Theory

Social Marketing AND Health

Social Marketing AND HIV

Social Marketing AND AIDS

Social Marketing AND STIs

Social Marketing AND sexually transmitted infections

Social Marketing AND TB

Social Marketing AND Tuberculosis

Social Marketing AND Reproductive Health

Social Marketing AND Family Planning

Social Marketing AND Contraception

Social Marketing AND Condom

Social Marketing AND IUDs

Social Marketing AND Maternal Health

Social Marketing AND Women’s Health

Social Marketing AND Youth

Social Marketing AND Adolescent Health

Malaria Search Terms


Social Marketing AND (“Malaria” OR “Integrated Case Management” OR “fever”)

Social Marketing AND (“artemisinin” OR “artemisinin-based combination therapy” OR “artemisinin-based monotherapy” OR “ACT” OR “antimalarial”)

Social Marketing AND (“insecticidal bed nets” OR “bednets” OR “nets” OR “ITN” OR “LLIN” OR “insecticide retreatment tablets”)

Social Marketing AND (“Rapid diagnostic test” OR “RDT”)

Child Survival Search Terms



Social Marketing AND Child Survival
Social Marketing AND Children's Health
Social Marketing AND Infant Health
Social Marketing AND ("Oral Rehydration" OR "ORS" OR "ORT" OR "Salts" OR "Zinc")
Social Marketing AND ("Water Treatment" OR "Water Purification" OR "Water Filters" OR "Water Filtration" OR "Chlorination" OR "Chlorine")
Social Marketing AND ("Latrines" OR "Sanitation")
Social Marketing AND ("Soap" OR "Handwashing" OR "Hand washing")
Social Marketing AND ("Nutrition" OR "supplementation" OR "micronutrient powder" OR "fortification" OR "sprinkles" OR "RUTF" OR "RUSF" OR "Formula milks" OR "iodized salts" OR "vitamin" OR "complementary feeding" OR "therapeutic feeding")
Social Marketing AND ("LNS" OR "lipid-based nutrient supplements" OR "Iron" OR "folic acid" OR "iron folic acid" OR "prenatal" OR "antenatal" or "low birth weight")
Social Marketing AND ("Neglected Tropical Disease" OR "Soil Transmitted Helminthes" OR "Deworming")
Social Marketing AND ("Pneumonia" OR "Pneumonia treatment")
Social Marketing AND ("Delivery Kits" OR "Chlorhexidine" OR "CHX" OR "sepsis")
Social Marketing AND ("Vaccine" OR "Vaccination")