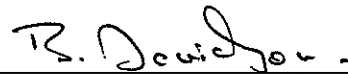SELLING FAMILY PLANNING:
USING SOCIAL MARKETING PRINCIPLES TO REDUCE UNPLANNED
PREGNANCY

by

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3rd April 2006

A Master's paper submitted to the faculty of the University of North Carolina at Chapel
Hill in partial fulfillment of the requirements for the degree of Master of Public Health in
the School of Public Health, Public Health Leadership Program.

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Abstract

The problem of unplanned pregnancies is one which has challenged communities the world over for decades. The social, economic and public health implications of the problem convey upon it immense importance and a position of prominence on the social and health agendas of the United States, its island neighbor Bermuda, and throughout the developing world. No single approach or solution has been identified, but in the past two decades, several programs have demonstrated long-term effectiveness in reducing unplanned pregnancies and impacting the behavior of those at risk for unplanned pregnancies.   From these success stories, evidence is mounting which identifies the programmatic elements most useful and effective in preventing unplanned pregnancies. Applying social marketing principles to the complex problem of unplanned pregnancy prevention is a logical endeavor given the publicized success of its techniques. The following discussion will describe the extent of the problem of unplanned pregnancy in the United States and in Bermuda. The principles of social marketing will be summarized and will be considered in the context of their application to the problem of unplanned pregnancy prevention. The rationale and value of using social marketing to address the challenge of unplanned pregnancy prevention in a variety of communities will be demonstrated.

Selling Family Planning: Using Social Marketing Principles to Reduce Unplanned
Pregnancies

The societal impact of unplanned pregnancies is profound, complex and multi-

dimensional. Even the term "unplanned pregnancy" requires reflection and defining, to

distinguish it from the related term "unintended pregnancy", before its causes and impact

are analyzed. Given the degree of complexity of the problem of unplanned pregnancy

there is little wonder that its solution is equally complex and elusive. Yet despite its

multifaceted nature, there is widespread consensus that unplanned pregnancies are a

problem worth addressing for many reasons. (Donovan & Wulf, 2002, p. 1)

The staggering number of individuals affected, the health implications and the social

and economic impact of the problem of unplanned pregnancies worldwide convey upon it

great significance. The close association between unplanned pregnancy and the epidemic

of sexually transmitted diseases, including HIV/AIDS, compounds its public health

relevance; its correlation to school drop out, child abuse and long-term poverty

demonstrate its social and economic importance. These are just a few of the ramifications

of unplanned pregnancy which explain why it is a problem of considerable focus for

social scientists and health professionals across the globe. (World Health Organization,

2006)

Addressing the problem of unplanned pregnancy requires the strategic application of

the three pillars of public health practice, its three core functions: assessment, policy

development and assurance. The core functions of public health are the means by which

society fulfills its interest by assuring conditions in which people can be healthy.

(Institute of Medicine [IOM], 2003, p. 2) In the case of unplanned pregnancy prevention,

the intricate, multifaceted nature requires that program developers perform a thorough

assessment of the problem, identify strategies to address it, advocate for policies that

support these strategies and manage the long-term implementation and evaluation of

these prevention strategies. Traditionally, programs to prevent unplanned pregnancies

utilized assessment tools, the principles of policy development and the techniques of

assurance to produce meaningful results. Yet the challenge of this vexing social and

public health problem requires more. Each year, in the United States, nearly a million

unplanned pregnancies still occur, and the World Health Organization (WHO) estimates

that worldwide 80 million unintended pregnancies occur annually. (WHO, 2006)

More recently, unplanned pregnancy prevention programs have applied principles

from the field of social marketing in an effort to increase their problem-solving arsenal.

Social Marketing is a relatively new interdisciplinary field, which rose to prominence

during the 1970's within the context of family planning, and has since diffused into other

areas of public health. (Kotler et al., 2002, forward, xi) Social Marketing utilizes

commercial marketing principles and techniques to influence an audience to change its

behavior. It is essentially "selling a behavior", most often for the purpose of improving

health, preventing injuries, protecting the environment, or contributing to the community.

(Kotler et al.,2002, p. 5) One of the originators of the term, Paul Kotler describes social

marketing simply as "the use of marketing principles and techniques to advance a cause,

idea or behavior". (Kotler, 2002, p. 8)

The current age demands evidence-based health practices; limited resources require

that efficient, cost-effective techniques be used to solve the world's pressing problems.

Social marketing offers the promise of proven strategies for influencing behavior and

addressing public health challenges such as unplanned pregnancies. During the past 25 years, social marketing principles have been applied throughout the field of family planning, and they continue to diffuse into the collective wisdom and practices of public health.

Assessment of the social marketing principles used by family planning programs and reflection on the more successful strategies seems a worthy undertaking for anyone wanting to reduce unplanned pregnancies and their deleterious consequences. This discussion aims to answer the question, "How can social marketing principles be used to reduce unplanned pregnancies?" The problem of unplanned pregnancy is a worldwide phenomenon, and the global picture will be taken into account. However, the focus of this discussion will be on unplanned pregnancy prevention within the United States and its island neighbor, Bermuda.

Definitions and Extent of the Problem   Discussion of the challenge of unplanned pregnancy prevention must include discussion of both terms, unintended and unplanned pregnancies, because of their close relationship and because both are used in measuring the outcomes and impact of pregnancy. Both terms are found throughout the family planning literature, and there is no dispute about the large number of overlapping connotations as well as their common public health relevance.

In lay conversations, the term unintended pregnancy is used interchangeably with unplanned pregnancy although the scientific definitions and applications of the terms differ. Conventional measurements of unintended pregnancies refer to a woman's intentions before she became pregnant, and are only reported for pregnancies ending in

live births. They are pregnancies that were "reported to have been either unwanted (i.e., they occurred when no children, or no more children, were desired) or mistimed (i.e., they occurred earlier than desired)". (Santelli et al., 2003, p. 94) Pregnancies which women report to have occurred at "the right time" or later are conventionally recorded as intended pregnancies.

Santelli et al. point out that pregnancy intention is an abstract concept weighted by complexities due to its "affective, cognitive, cultural and contextual dimensions". (Santelli et al., 2003, p. 94) These multiple dimensions shape a woman's emotion toward the pregnancy before it occurs. As a result of the heterogeneity of emotions in the category of unintended pregnancies, accurate measurement is very complex. The authors conclude that use of the term would be best limited to population analysis rather than being applied to understanding behaviors in individual women. The over-simplified, dichotomous nature of the terms unintended and intended pregnancy do not fully reflect the continuum of emotions experienced by individual women.

Furthermore, these terms inaccurately imply that conscious thought about the desirability of pregnancy occurred prior to conception, or even prior to sexual intercourse. This conscious planning component may or may not have occurred prior to pregnancy. For these reasons, measurement of pregnancy intention is fraught with difficulties and limitations. One major limitation is that intention measurements refer by convention to live births, and therefore do not address the intentions in pregnancies which were aborted. (Santelli et al., 2003, p. 97) Abortion of unintended pregnancies is a reality which has significant public health implications; although its emotional

antecedents must be understood if it is to be prevented, accomplishing this presents a research challenge.

To assess more fully the family planning needs of communities, it is simpler and perhaps more accurate to measure a single component, such as planning for pregnancy. This entity is truly dichotomous: either a woman made conscious arrangements and preparations for pregnancy or she did not.

Therefore, it appears that the term unplanned pregnancy is a more concrete and more useful measure of family planning success and failure. Santelli et al., define unplanned pregnancies as those that occurred when a woman used contraception or when she did not but did not want to become pregnant. Measurement of unplanned pregnancies includes the outcomes of all pregnancies, not just those ending in live births. The social, emotional, economic and health impact of a pregnancy, whether it produces a living child or not, is of undeniable importance. In addition, the term unplanned pregnancy reflects a woman's emotions towards pregnancy prior to, during, and after the pregnancy has ended. It is a measurement which is useful because it can be applied throughout the family planning cycle: preconception, prenatal and postpartum.

Throughout the current discussion, unplanned pregnancy and unintended pregnancy, as well as the related terms, unwanted, mistimed and accidental pregnancy, will be used depending upon the source of information. For practical purposes, their scientific distinctions are not as important as their similarities. From the perspective of outcome and impact on society they all have grave consequences and merit the most intense efforts to control.

The social and health impact of pregnancies resulting without prior planning or intention to conceive is monumental. The negative consequences on mother, baby and society have been thoroughly documented. In September 2000 the United Nations Millennium Declaration identified Improving Maternal Health as one of its 8 Millennium Development Goals (MDGs) to be achieved by 2015. The UN Millennium Project report further emphasized its importance by stating that "a strong commitment to sexual and reproductive health is essential to achieving not only the health-related MDGs but all the MDGs." (Retrieved March 14, 2006 from **http://www.who.int/mdg/background/en/index.html)** This statement reflects the interrelationship of the health and social consequences of unplanned pregnancies, and implies that the general wellbeing of society is in part dependent on its ability to control fertility and to create conditions where women, families and communities are prepared to welcome and nurture their newborn children.

On its website the World Health Organization (WHO) elaborates on the numerical impact of unintended pregnancies, eighty million of which occur each year worldwide. Of these, it estimates that 46 million end in termination and nearly half of these occur in unsafe conditions. (Retrieved March 14, 2006 from **http://www.who.int/making_pregnancy_safer/en/)**

In countries where abortion is illegal or unsafe, unintended pregnancies are a major cause of maternal mortality and morbidity; it is estimated that abortion caused 400,000 of the 700,000 deaths from unintended pregnancies between January 1995 and December 2000. (Santelli et al, 2003, p. 95)   While the vast majority of maternal deaths due to

unsafe conditions occur in developing countries, wealthier nations are by no means exempt.

The WHO estimates that one thousand maternal deaths and 16,000 neonatal deaths occur each day from preventable complications of childbirth. There is an established correlation between preparation for pregnancy, as reflected in prenatal care, and maternal and perinatal mortality. Furthermore, women with unintended pregnancies are less likely to receive prenatal care in the first trimester, and are more likely to use alcohol and tobacco during pregnancy, both of which increase the risk of low birth weight, premature delivery and poor educational and psychosocial outcome for the child. (Santelli et al., 2003, p. 95)

In the United States, the importance of family planning to the wellbeing of society was sufficiently evident that in 1999 the Centers for Disease Control and Prevention (CDC) in Atlanta declared family planning to be one of the 10 most significant public health achievements of the 20th Century. Yet despite the advances in family planning, the negative impact of unintended pregnancies remains. Half of all pregnancies in the US are still unintended. (Sonfield, 2003, p. 7) The problem of unintended pregnancy is even more pronounced in the teenaged population. Of the approximately 950,000 teen pregnancies each year, more than 3 in 4 are unintended pregnancies, and over 25% of these end in abortion. (Alan Guttmacher Institute, 2002, p. 1) Despite the steadily declining teen pregnancy rate over the past fifteen years, the numbers in the US remain disturbingly high and do not compare well with many other developed countries. For example, adolescent birth, abortion and pregnancy rates are approximately ten times

higher in the US than in Japan and Switzerland , and approximately eight times higher in the US than in Italy, Spain, Sweden and the Netherlands. (Singh & Darroch, 2000, p.16)

The US Department of Health & Human Services' *Healthy People* 2010 goals reflect a national level concern for the unacceptably high number of unintended pregnancies, especially among teenagers. Presented in January 2000, this document lists Responsible Sexual Behavior as one of its Leading Health Indicators under the Family Planning focus area. The national health agenda is rightly poised to address this and the other 28 high priority areas. Among the objectives in the Family Planning area are: reducing pregnancies among adolescent females, increasing the proportion of females age 15-17 who have never had sexual intercourse, reducing the proportion of females experiencing pregnancy despite use of reversible contraception (unintended pregnancies), and increasing the proportion of females at risk for unintended pregnancies who use contraception. (National Center for Health Statistics, 2000, p. 11-15)

The societal impact of these unintended and unwanted pregnancies is so broad and profound that the improving statistics on teenage pregnancy are not sufficient reason for complacency. The National Campaign to Prevent Teen Pregnancy is devoted to both raising awareness about the family planning success of the past two decades and to cautioning communities to guard against complacency. Its Fact Sheet, "The Next Challenge: Guarding Against Complacency," presents convincing evidence that the battle to prevent teenage pregnancy in the US is still raging:

"Teen pregnancy rates in the United States remain much too high. Despite declining rates, 34% of teenagers become pregnant at least once before they reach age 20, resulting in 820,000 teenage pregnancies a year. The US still leads the industrialized world in teen pregnancy and birth rates—by a wide margin. In fact, the US rates are double, triple, even ten times those of other western countries. Teenage pregnancy costs society billions of dollars a year. Each year the federal government alone spends about $40 billion to

help families that began with a teenage birth." (Retrieved March 16, 2006 from http://www.teenpregnancy.org/resources/reading/fact_sheets/complcnt.asp)

The Bermuda Picture   Bermuda is a cluster of seven small islands occupying 20.5 square miles in the mid-Atlantic Ocean approximately 600 miles east of the North Carolina coast. (Cann, 2002, p. 1) It is one of six United Kingdom Caribbean Overseas Territories whose economy and high standard of living are predominately supported by offshore financial banking and tourism. The Bermuda dollar is comparable in value to the US dollar and per capita annual income is over US$ 45,000. (Cann, 2002, p. 1) According to the 2000 census, the island's population was 62, 960. (Bermuda Digest of Statistics, 2002, p. 2) Schooling is compulsory until age 17 and the literacy rate is estimated at 98.5%. (Caribbean Epidemiology Center [CAREC], 2002, p. 59)

Idyllic sub-tropical climate, natural beauty and economic prosperity notwithstanding, the impact of teenage and unplanned pregnancies in Bermuda is strikingly similar to that in the US, although the numbers are miniscule by comparison.   According to medical records from the island's single 226-bed hospital, The King Edward VII Memorial Hospital, in fiscal year 2004-2005 there were 1062 total pregnancies, 77 of which occurred in girls ages 13 to 19. (Bermuda Hospitals Board, 2005) Although 77 teenaged pregnancies represents a ten-year low, the community remains deeply concerned about the long-term consequences of teenaged pregnancy, particularly its social impact.

Local data from the Teen Services Organization confirm the correlation between teen parenthood, single parenting, interrupted education, limited vocational achievement and long-term poverty. (Michelle Wade, personal communication March 14, 2006) Additionally, data from a 1994 study by the Child Development Program showed a

correlation between poor performance on the 2-year-old developmental assessments in the children of teenaged mothers compared to children of adult mothers. (Shelley Knight, personal communication, March 16th, 2006)

Public attention is focused regularly on the ever enlarging numbers of households headed by young, single mothers who struggle to find employment, housing and suitable childcare. Their disproportionate dependence on social assistance and encounters with the child protection and court systems are regular topics of discussion in parliament, on radio talk shows and in the newspapers.

The island's only daily newspaper ran front page articles on the topic December 19th, 2005, and March 1st, 2006; additional articles appeared March 8th and March 30th, 2006, and the Department of Health was approached to contribute a special feature on teenage pregnancy for the April 6, 2006 edition of *RG Magazine*. Teenage pregnancy is clearly on the public agenda in Bermuda.

Between 1994 and 2004, in Bermuda there were approximately 1,264 pregnancies in girls under age 19 resulting in 759 births and 463 elective abortions. The estimated population of Bermuda in 2004 was 64,527*. In fiscal year 2004-2005 there were 1062 total pregnancies in Bermuda, 207 of which ended in elective abortions (approximately 19%). These numbers are almost certainly an underestimation of the actual numbers because they reflect only pregnancies and abortions managed in the island's only hospital; patients who traveled abroad to overseas hospitals for care are uncounted. Nonetheless, a total abortion rate of approximately 19% and a teenage abortion rate of approximately 37% are comparable to abortion rates worldwide.

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* Calculated using census 2000 population plus average population growth of 371.7 per year (since 1991).

To complicate matters further, access to abortion is limited in Bermuda. Only first trimester abortions are performed on the island, and by only 4 of the 6 gynecologists. A restriction of access to safe, legal abortion is experienced by women in 25% of the world's countries. (Donovan & Wulf, 2002, p. 3) Abortions are an area of considerable international concern from a maternal health as well as ethical and psychosocial standpoint.   They are conventionally presumed to represent unplanned or unintended pregnancies, and reflect yet another unfortunate and often dangerous consequence of these.

In almost every way the Bermuda picture closely resembles the impact of teenage and unplanned pregnancy on American society. The consequences of school drop-out, chronic unemployment, homelessness and child neglect and abuse serve to reinforce the social impact of teenage pregnancy and cause it to weigh heavily on the collective psyche of the Bermuda community.

Trends in Unplanned Pregnancies and Importance of Prevention Women of all ages suffer negative consequences when unplanned pregnancies occur. Interrupted education, lost opportunities for employment and economic independence, higher risk pregnancies and higher maternal and child health complications are just the beginning of the story. There can be little doubt that unplanned pregnancies are a threat to the wellbeing of any community, and that "women and societies benefit when childbearing is planned". (Donovan & Wulf, 2002, p.1). The National Campaign to Prevent Teen Pregnancy (NCPTP) translates scientific evidence into plain language to summarize the societal

impact of teenage pregnancies: "Teen pregnancy is bad for the mother...bad for the child...and bad for us all." (NCPTP, *Teen Pregnancy- So What?,* February 2004) The same can be said for unplanned pregnancies at any age.

As previously mentioned, there is encouraging news: teenage pregnancy rates have shown a steady decline since the late 1980's. In the US, the pregnancy rate for girls ages 15 -19 dropped from 117 per 1000 pregnancies in 1990 to 93 per 1000 pregnancies in 1997. (The Alan Guttmacher Institute, 2002, p. 1) In Bermuda, in fiscal year 1993-1994 there were a total of 109 pregnancies in girls ages 19 or younger. In fiscal year 2004-2005 there were 77 pregnancies in this age group, and over the intervening decade there was a consistent decline. (Bermuda Hospital Board, 2005) Data from many developing countries mirror the encouraging decline in teenaged pregnancies seen in the US and Bermuda over the past two decades. Many sociological factors are considered to account for this decline such as: a worldwide trend of improved educational opportunities for women, increased ambition to achieve higher education, improved social status of women and a shift in interest from family to career. (Singh & Darroch, 2000, p. 14) Factors relating to contraceptive access, development of suitable contraceptive options, and enhanced sexuality education are also considered to play a major role in the improved numbers. The Allan Guttmacher Institute estimates that one-fourth of the decline in US adolescent pregnancies is explained by delay of onset of sexual intercourse and three-fourths due to increased use of effective, long-acting contraceptives among sexually active adolescents. (The Allan Guttmacher Institute, 2002, p. 1)

Still, the social, economic and health impacts of unintended pregnancies make even one an unacceptable occurrence. As a result, there continues to be a strong push by

communities to create increasingly effective unplanned pregnancy prevention programs, the underlying assumption being that it is in the best interest of society that all pregnancies are intended and planned.

Since the 1980's the family planning literature contains many detailed accounts of pregnancy prevention campaigns, initiatives and programs throughout the world. In recent years an atmosphere of sharing techniques and success strategies is apparent. Research and application are being connected more consciously, and learning from the experiences of colleagues has become the family planning norm.

Connecting research findings with practical community applications of strategies is proving effective. The success of family planning in certain western European countries is considered a reflection of the "pragmatic European approach to teenage sexuality". (Singh & Darroch, 2000, p. 22) In many ways this trend reflects the general trend of evidence-based "best practices". The family planning successes of the past two decades may indeed be the result of enhanced effectiveness of family planning programs through the application of research results and scientific evidence. These positive trends also represent successful translation of research into policy development and program planning.

A Role for Social Marketing in Preventing Unplanned Pregnancies As research strives to reveal the psychosocial determinants of sexual risk taking behavior, it uncovers as many new questions as it answers. If these questions are to be answered, and the emerging family planning challenges met, collaboration between researchers and program planners must become even more tightly executed. Public health experts point

out that, "The solution may lie, in part, in bridging the gap between research and programs". (Kalmuss et al., 2003, p. 87)

Kalmuss et al., point out that risk behavior research has uncovered perplexing information which sends "mixed messages" about adolescent risk behavior: overall rates of sexual activity, pregnancy and childbearing are decreasing and contraceptive and condom use is increasing, on the one hand; but rates of sex at an early age, involuntary sex and oral sex are increasing, on the other. (Kalmuss et al., 2003, p.87). Interpreting research findings and translating them into program interventions presents a major challenge to the future of family planning.

However, this is the very challenge that social marketing may be uniquely capable of addressing. Formative research into the nature and root causes (antecedents) of a problem is its starting point; creating interventions which are informed by research is its central theme.

Research has exposed many false assumptions about risk behavior which must be corrected if program planning is to be effective. The literature review by Kalmuss et al., focused on identifying antecedents to risky sexual behavior. Three behaviors were studied: early onset of sexual activity, nonuse of contraceptives and nonuse of condoms. One possible outcome of the risky behaviors was studied, teenage pregnancy. This review identified four key sets of factors associated with risky sexual behaviors and pregnancy: race and ethnicity, socioeconomic status, social influences and attitudes towards contraception, condoms and pregnancy and safer-sex behavioral skills. (Kalmuss et al. 2003, p. 88) While much of this may seem obvious, the implications for program planning are decidedly unclear.

Social marketing principles can be a means of making the translation of research findings to program planning more systematic. Kalmuss et al. translated the programmatic implications of their literature review into the following eight recommendations: 1- Programs should begin earlier and target younger adolescents. 2- New program models for minority teenagers need to be developed (due to "the early onset of vaginal sex in black males and relatively low levels of contraceptive and condom use among Hispanic teenagers"). 3- Risk reduction programs need to be systematically linked to other youth programs that directly address socioeconomic disadvantage (since "motivation to avoid pregnancy is undermined by their blocked opportunities for advancement"). 4- Programs need to understand that many youth lack the skills to practice safer sex and must train clients in these necessary communication, negotiation, refusal and technical condom use skills. 5- Programs need to effectively address the influence of peer groups, social norms and pressures to have sex. 6- Programs for adolescents should not assume that sexual behavior is volitional, but should sensitively assess for the possibility of nonconsensual sexual activity. 7- Programs should not assume that sexual activity among teenagers is limited to vaginal sex and should inform adolescents about the risks of oral and anal sex. 8- Programs cannot assume that all teenagers are motivated to prevent pregnancy since teenagers have a range of attitudes about childbearing and a significant number are ambivalent about pregnancy. (Kalmuss et al., 2003, p. 88-89) Work experiences and anecdotal accounts of staff in the Department Health and within the Department of Education in Bermuda validate these research-based suggestions.

According to social marketing theory, a teenage pregnancy prevention program which utilized research-driven recommendations in its planning would be in a superior position to be effective. Such research allows a program to assess accurately the values, beliefs, needs, wants and behaviors of its target population, at-risk teens. Program success is heightened by this knowledge. In social marketing terms this represents market research which is the essential starting point for any successful marketing venture.

Principles of Social Marketing Unlike commercial marketing, the goal of social marketing is to sell a behavior change rather than goods and services. The job of the social marketer is therefore more difficult and complex in many ways than that of commercial marketers. Social marketing is especially challenging because the behavior change it seeks is strictly voluntary and the benefits of change not always readily apparent. (Kotler et al., 2002, p.5) Despite the difficulty of applying social marketing principles, it seems counterintuitive to ignore them. How can program planners expect to create successful programs if they do not know and understand their target audience's values, needs, and behaviors? Using social marketing principles to create family planning programs seems a logical necessity at this juncture.

Extensive background work is required before social marketing can be utilized to address a social or health problem. The social context of the problem, its contributing factors or antecedent behaviors, the populations most affected and their characteristics must be identified. This "situational analysis" is key to selecting the most important or relevant problem to address. The situational analysis must also accurately describe the problem, the focus of the intervention to address the problem, and any existing

interventions with similar goals. (Kotler, 2002, p. 116) This complete analysis lays the groundwork for creating a relevant, realistic intervention in a community.

Next, program planning begins. Using a social marketing approach starts with a "customer orientation"; it aims to define and thoroughly understand the target audience. Selecting a target audience is often not as simple a task as it at first appears. A group must be selected which would allow the marketer to meet the marketing objectives. There are all kinds of people in the world, and the task of the social marketer is to select a subset of individuals with similar characteristics, including their needs, wants and behaviors. This subset or "segment" of the population becomes the target group whose behavior the marketer will attempt to influence. (Kotler et al., 2002, p. 7)

Carefully segmenting the target audience is cost- and time-efficient, according to social marketing theory, and it increases the effectiveness of a program. Resources and energies can be directed to the well-defined segment of the population that is most in need of, or most receptive to behavior change, or who are most accessible and the best match for the resources and mission of the organization designing the intervention. (Kotler et al., 2002, p. 129-130)

After selecting a target audience for an intervention, the next step in social marketing is to invest time and resources into identifying the values, needs, wants and behaviors of this audience. This critical step is accomplished with formative research on the selected target audience. In the example of a teenage unplanned pregnancy prevention program, the target audience might be adolescent girls ages 15 to 19, and the research might include results of focus groups, surveys, local statistical information or clinical experiences with this target group within a community. Preliminary marketing research

could also include secondary sources from the wider scientific body of knowledge on the problem.

Once the target audience and the specific segment to be influenced have been identified, the social marketer must decide on the social marketing campaign strategy. Campaign strategy consists of the goals and objectives for the program being planned. The definition of a successful program is one that achieves its goals and objectives. The objective of any social marketing effort is behavior change. The social marketer has at his or her disposal a tool set similar to the commercial marketer, known as the "Four P's" or the "Marketing Mix": product, price, place and promotion. These variables are used to successfully sell a product, and are the core building blocks of commercial marketing strategy. (Siegel & Doner, 2004, p. 206)

Public Health practitioners using social marketing techniques also incorporate a fifth tool in their work, partners, to create a marketing tool box containing five powerful P's. (Siegel & Doner, 2004, p. 215) Partners are those organizations or individuals with a similar commitment to promoting the behavior change in question. These entities are often called collaborators and as such can work synergistically to enhance effectiveness of programs. The Social Marketing Mix, product, price, place, promotion and partners, can be manipulated to create powerful interventions promoting social change (Siegel & Doner, 2004, p. 217)

Creating an effective social marketing campaign strategy involves selection of a suitable objective. In social marketing the primary objective is behavior change. The campaign objective must identify a specific behavior we want the target audience to adopt. Occasionally there are secondary knowledge and belief objectives as well. The

campaign objectives must answer the questions, "What do we want the target audience to do, know and believe in order that they will change their behavior in the way we are attempting to influence them?" (Kotler et al., 2002, p.155)

To answer these questions requires careful reflection on the target audience's current knowledge, beliefs and behaviors. The initial research phase of campaign development is the source of much of this knowledge about the target audience. In addition, the social marketer must use the wisdom of past experience with the target audience to analyze their perception of the benefits, costs and barriers to adopting the new behavior.

In a teenage unplanned pregnancy prevention campaign, for example, it would be necessary to understand the knowledge set, values and beliefs that teenagers have about pregnancy and pregnancy prevention before deciding upon suitable campaign objectives. If the selected objective is for teenagers to use a condom correctly during each act of sexual intercourse, the social marketer must then clarify the teenagers' perceptions of the costs, benefits and barriers to condom use. These might include decreased sexual pleasure, relief from fear of pregnancy and unavailability of condoms, respectively. Only by understanding target audience perceptions of cost, benefits and barriers can interventions be created to influence behavior in the desired direction.

Considerable understanding of human nature is needed to create successful social marketing strategies. "Theories or models of how (behavior) change occurs should guide development of the strategic plan, and ultimately the components of the interventions. The role of theory is to help determine how change will occur and the role that the intervention can play in facilitating that change. It can also help planners set reasonable objectives." (Siegel & Doner, 2004, p. 230)   In their text, Siegel and Doner discuss two

popular theories of behavior change: the Transtheoretical Model of Stages of Change

developed by James Prochaska and colleagues identifiying "precontemplation,

contemplation, preparation, action and maintenance" as stages of change; and Social

Cognitive Theory described by Baranowski and colleagues describing the reciprocal

interaction of the individual, environment and behavior. (Siegel & Doner, 2004, p. 230-

232)

The Transtheroetical Model of health behavior change assumes that "no single theory

can account for the complexities of behavior change." It asserts that "change is a process

that unfolds over time through a sequence of stages," and that "the majority of at-risk

populations are not prepared for action and will not be served by traditional action

oriented prevention programs." This model also introduces the concept of a decisional

balance which an individual must process in order to make a behavior change. (Prochaska

& Velicer, 1997, p.41-42)

Social Cognitive Theory introduces the concepts of "self-efficacy", an individual's

confidence that he can make the behavior change, and "modeling positive outcomes" of

healthy behavior using "credible role models and incentives". (Siegel & Doner, 2004, p.

234)

The particular change model theory used in planning a program's strategy does not

matter as much as that a framework is used to help unravel the mysteries of human

behavior change and create realistic behavior objectives. From these reasonable

objectives, program planners can then create realistic, quantifiable, measurable goals that

relate to the specific campaign focus, target audience and time frame. (Kotler et al. 2002,

p. 155)

Using Social Marketing to Reduce Teenage Unplanned Pregnancies Returning to the

example of a teenage unplanned pregnancy prevention campaign, the objective could be

to have sexually active teenagers use a condom correctly with each act of intercourse.

Using this example, an appropriate goal might be to increase the numbers of teenagers

who report that they used a condom during their most recent incident of sexual

intercourse from 30% to 40% during the one year of the campaign.

In order to plan strategies to achieve the goals and objectives in this hypothetical

teenage unplanned pregnancy prevention campaign, social marketers must also identify

the competition to the behavior change they are marketing. The competition is

represented by competing or alternative behaviors. If using condoms consistently and

correctly is the behavior change, the competition might be spontaneous unprotected

sexual relations. A responsible, pre-meditated approach to sexual activity is trying to

replace an irresponsible, thoughtless approach. Other alternative competing behaviors

might be drug or alcohol use. The competition to healthy behaviors must be seriously

addressed by program planners as they represent formidable barriers to the desired

behaviors. Successful social marketing campaigns address the major potential foils to the

healthy behaviors they seek to promote.

The final strategic steps in social marketing involve designing the specific social

marketing mix, product, price, place, promotion and partners, to best accomplish the

campaign goals and objectives. The product in a social marketing campaign answers the

question, "What's in it for the customer or target audience?" In the example of condom

use, this might be to use a condom with each act of sex so that they will have freedom

from worry about pregnancy and sexually transmitted diseases. Kotler et al. refer to the

latter part of this sentence, "freedom from worry about pregnancy and sexually

transmitted diseases", as the "core product".   "Use a condom consistently and correctly"

is the "actual product", the specific desired behavior.   In some instances, campaigns also

have an "augmented product" which is a tangible object or service which supports the

behavior change. (Kotler et al., 2002, p. 196) Condom machines in public restrooms or

free condom distribution at clubs and clinics are examples of tangible objects.

Price represents the perceived cost of the new behavior to the target audience. Costs

may be monetary or non-monetary, such as psychological, social or physical. The

challenge facing the social marketer is to assure that the benefits to the target audience of

the new behavior are equal to or greater than the costs, or what they have to give up.

(Kotler et al., 2002, p. 230) "Price considerations include the exchange theory…It can

include giving up one behavior in exchange for something else. In social marketing,

positioning is the process of showing key benefits of the product relative to the

competition." The target audience must be made to see the benefits of making the

exchange. (Neiger et al., 2003, p. 78)

Attention to place in social marketing refers to making the new behavior convenient

and tangible objects accessible. Kotler et al. define place as "where and when the target

market will perform the desired behavior, acquire any related tangible objects, and

receive any associated services." (Kotler et al.,2002, p. 243) For example, in a teenage

pregnancy prevention campaign this could be a free and confidential health clinic for

adolescents or it could be the plan to place free condoms in the restrooms of social

environments frequented by youth. In developing the place strategy, the marketer must

make it as convenient and pleasant as possible for the target audience. (Kotler et al., 2002, p. 253)

The fourth tool of the social marketer, promotion is the critical public component of any campaign. It involves creating "persuasive communications designed and delivered to highlight the following: product benefits, features and associated tangible objects and services; pricing strategies, including emphasis on value relative to the competition, as well as any incentives, recognition, and rewards." (Kotler et al., 2002, p. 264) In short, the communication plan must "ensure that the target audience knows about the offer, believes they will experience the stated benefits, and are inspired to act" (Kotler et al., 2002, p. 264) Creating such a well- publicized, credible and inspiring message is often a monumental undertaking upon which all prior research findings and marketing experience must come to bear.

Kotler et al. describe the communications plan as consisting of two components, creating messages and selecting media. The communications plan is the exciting final phase of the social marketing campaign. However, many ill-fated initiatives have started with these final components in their haste to create and launch a campaign. For example, when overly enthusiastic program planners decide to address the teenage pregnancy problem overnight by immediately launching a series of catchy radio ads urging youth to "Say Not Yet to Sex," they have broken all the rules of social marketing. Without first carrying out a meticulous situational analysis, target market research, reflection on target market beliefs, values, and behaviors, and without addressing costs, benefits and competition, all advertising genius comes to nothing. This human tendency is known as a "rush to tactics" (Personal communication, Christopher Cooke, lesson 2-3, PUBH 231).

It is admittedly irresistible at times, but it can be lethal to the success of a social

marketing campaign and can waste precious resources. (Siegel & Doner, 2004, p. 227-

228)

In recent years, many useful tools have been developed to aid social marketers in

developing effective communication plans for their messages. One such health

communication tool is a CD-rom developed in 2003 by the Centers for Disease Control

and Prevention (CDC), entitled CDCynergy 3.0. The link, CDCynergy Lite abridges the

detailed version into five basic phases: describe the problem; analyze the problem; plan

the intervention; develop the intervention; plan the evaluation. Phase 3, planning the

intervention involves deciding whether communication is a "dominant intervention" (as

in health education) or is used to support other interventions. It also involves audience

research, segmentation and writing detailed communication objectives for each audience

segment. Key elements in Phase 4 are developing and pre-testing the concepts and

messages, settings and specific media channels for proposed messages. It is in this phase

that tactics are finally elaborated: specific activities and materials are developed for

dissemination, timelines assigned and partners enlisted.

The success of social marketing lies in the depth of its formative research and strategic

planning which are based on a profound understanding of "consumer motivational and

resistance points." As intricate and exhaustive as this process is, when applied

conscientiously, "social marketing results in the type of outcomes desired by health

educators in all settings." (Niger et al., 2003, p. 79)

In summary, effective social marketing campaigns are informed by previous research

and knowledge from other successful programs; they start with the target markets most

ready for action or change; they promote a single, doable behavior explained in simple

clear terms; they understand and address the benefits and costs of the new behavior from

the target audience's perspective; they consider promoting a "tangible object" with the

target behavior to encourage compliance; they make the tangible object easily accessible;

they develop catchy, motivating messages, choose appropriate media channels and they

allocate appropriate resources for media, outreach and research. After the campaign is

launched they monitor and evaluate results and make adjustments as indicated. (Kotler et

al., 2002, p. 68)

Strategies of Successful Unplanned Pregnancy Prevention Programs In whatever

communities it occurs, the complex problem of unplanned pregnancy prevention warrants

the use of a social marketing approach. Several successful programs have done just that.

"Emerging Answers" (Kirby, 2001) is the National Campaign to Prevent Teenage

Pregnancy's (NCPTP) latest comprehensive review of the effective programs and the

research on teenage pregnancy prevention. Conventional wisdom is that the majority of

teenage pregnancies are unplanned; therefore this review of the evidence serves to

provide an impression of program elements which could be useful for unplanned

pregnancy prevention in general.

The encouraging news in "Emerging Answers" is that evidence gathered since the

NCPTP was founded in 1996 indicates that there are pregnancy prevention programs that

have demonstrated long-term impact on behavior; there are teenage pregnancy prevention

programs that indeed work and can be replicated. Specifically, programs which

combined both sexuality education and youth development, such as the widely acclaimed

Children's Aid Society-Carrera Program in New York City, can decrease teenage

pregnancies for as long as three years. In addition, service learning programs that consist

of voluntary community service and youth group discussions, and sex and HIV education

programs, such as Reducing the Risk, were shown to decrease sexual risk-taking and

pregnancy in several settings. (Kirby, 2002, p. 17) These promising results have been

confirmed for the first time by independent research teams. Even more encouraging is

the fact that shorter duration clinic interventions using educational materials combined

with one-on-one counseling show evidence of increasing contraceptive use. Dr. Kirby

admits that preventing adolescent sexual risk-taking is still a challenge but it is now clear

it can be achieved. (Kirby, 2002, p. 9-10)

Social Marketing in Action   A close look at two of these effective pregnancy prevention

programs confirms their clever incorporation of social marketing principles in their

design and implementation. The Children's Aid Society-Carrera Program (CAS-Carrera)

addresses multiple antecedent risk factors for sexual risk-taking, both sexual and non-

sexual. Early sexual initiation, and sexual attitudes, beliefs and skills are examples of

sexual risk factors; school failure, economic disadvantage, poor family relationships are

examples of non-sexual risk factors. The original CAS-Carrera (1984) chose as its target

population students between the ages of 13-15 who were not pregnant and had never

parented. It then supported these students with an "intensive, year-round, multi-year

after-school program for high school students...designed to employ several different

strategies." (Child Trends, 2003, p. 1) This multifaceted support system represents the

"product" in a social marketing framework. The program developers demonstrated a

deep understanding and appreciation for the emotional, social, economic, and educational needs of the target group by supplying services to address these needs. The program benefits included an encouraging and emotionally nurturing staff, educational support and vocational training, family life and sexuality education, comprehensive medical services, and mental health support. The social marketing "exchange" or "price" was represented in concrete terms by a contract to which participants agreed; the exchange also included the requirement of school attendance and commitment to the program over the long term. "Place" issues were addressed by creating one-stop services, eliminating the need to travel to various locations to have needs met, and by operating services in the urban areas where other established community programs existed. Community "partners" were an integral part of the support system provided by CAS-Carrera, and were essential to its sustainability. Multiple evaluations and replications of the CAS-Carrera Programs have occurred in the past 20 years in communities across New York City and the US; they have confirmed the effectiveness of its techniques. (Child Trends, 2003, p.2)

Reducing the Risk is another adolescent pregnancy prevention program whose long-term results warranted its inclusion in the "Emerging Answers" review of successful programs. This is a curriculum based program, first implemented in 1988 in a selection of California schools. It addresses only the sexual antecedents to high-risk behavior and offers a curriculum for health education to reduce risk. The current curriculum, entitled "Reducing the Risk: Building Skills to Prevent HIV and STD", consists of 16 lessons designed to encourage students to evaluate the risks and consequences of becoming an adolescent parent or becoming infected with HIV or another STD, and to recognize that

abstaining from sexual activity or using contraception are the only ways to avoid

pregnancy, HIV infection and other STD." (ETR's Resource Center for Adolescent

Pregnancy Prevention [ETR], 2005, p. 1) These knowledge objectives are fortified by

skills education which the program creators identified as deficiencies in the knowledge

and behaviors of the target audience. The program describes itself as being based on three

theories of health behavior, Social Learning Theory, Social Influence Theory and

Cognitive-Behavioral Theory. Social marketing experts recommend that programs

promoting social change be based on a theoretical framework for health behavior change;

and the three theoretical frameworks may account for some of the effectiveness of the

Reduce the Risk program. (ETR, 2005, p. 3)

Social marketing techniques have been in use by international health agencies since

the 1980's. A notable "miracle" story involves the Ugandan government's HIV/AIDS

prevention initiative, "Abstinence, Be Faithful, Use Condoms" (ABC). This multifaceted

social change initiative was launched in the late 1980's through the middle 1990's, and is

widely credited with having "stopped the spread of HIV/AIDS in its tracks" in Uganda

when the rest of Sub-Saharan Africa was being devastated by the epidemic. The Ugandan

ABC experience has been intensively studied in an effort to replicate its success in

regions throughout the world and to apply its principles to other problems such as

prevention of other STD, unintended pregnancy and abortion. (Cohen, 2003, p. 1)

Although the mystery of its success has not been entirely unraveled, its amazing results in

changing health behaviors are well documented and include: fewer Ugandans having sex

at young ages, increased levels of monogamy, and increased condom use in unmarried

sexually men and women. (Cohen, 2003, p. 1) Similar programs using the ABC

strategies have shown encouraging results in Cambodia, Thailand and the Dominican

Republic. (Cohen, 2003, p. 2) Among the strategies pioneered by the program were

social marketing mainstays: intensive research into the beliefs, attitudes and behaviors of

the target population; the creation of multifaceted interventions which specifically

addressed these; a communication plan containing an array of complementary,

reinforcing messages; and convenient, accessible services to meet the proven needs and

wants of the target population.

There is mounting evidence of the ability of social marketing principles to enhance

programs aiming to change behavior. Its increasing use in all areas of public health seems

guaranteed. In the foreword of "Social Marketing, Improving the Quality of Life," noted

social marketing pioneer, Alan Andreasen comments:

"By the late 1980's and early 1990's, there was a marked acceleration in the adoption of
social marketing approaches by a growing array of international and domestic
agencies...The World Bank recognized the power of social marketing in international
contexts and began a continuing series of strategic interventions and distance learning
programs on social marketing...Social marketing is an extremely powerful set of
concepts and tools that can accomplish much to relieve the pain and suffering of
populations around the world and to address social problems that have their roots in
undesirable behaviors." (Kotler et al., 2002, forward, p. xi)

It is incumbent upon all those working in the areas of social welfare and public health

to develop the skills necessary to optimize this versatile and effective tool for social

change.

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