



Social marketing for urban sanitation

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THIS PAPER IS based on the early stages of a research project funded by the Department for International Development (DFID) on Social Marketing (SM) for latrines in poor urban settlements in Africa. It aims to develop and test a SM approach to latrine promotion. This project considers it likely that a well-designed marketing programme can significantly increase latrine demand and coverage. If successful, it hopes to influence sanitation policy-makers, government bodies, NGOs and international agencies to modify their approach to urban latrine promotion. This paper examines the opportunities and challenges presented by SM theory and practice for sanitation promotion.

Why use SM for urban sanitation promotion?

Despite the gains made in sanitation coverage during the 1980s Water and Sanitation Decade, many poor urban households still lack adequate sanitation facilities. The *Global Water Supply and Sanitation Assessment 2000 Report* states that 18% of the urban population in Africa lacks access to sanitation facilities, although this is likely to be underestimated if the adequacy of facilities is also taken into account. Many urban areas are densely populated, increasing both the volume of excreta, and the impacts and risks of poor sanitation.

Large-scale sanitation programmes have mostly failed to achieve substantial increases in uptake and coverage. Traditional hygiene and sanitation programmes have been concerned with the *supply* of education and materials, rather than with fulfilling a *demand* from intended beneficiaries. As the lack of progress in sanitation coverage shows, wide latrine coverage will only be achieved if large-scale demand can be created. For many families, latrines are desired for reasons not related to health, such as dignity, convenience and aesthetics, and therefore SM may potentially be an effective means of encouraging households to install latrines.

What is SM?

SM applies commercial principles to social causes. Commercial marketing seeks to discover the wants of a target audience and then create goods and services to satisfy them. Kotler and Zaltman (1971:5) defined SM as:

“...the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution and marketing research”.

As opposed to other initiatives that use some commercial components in latrine promotion, for the purpose of this project, SM is simply defined as “the application of commercial concepts and principles to the *whole* latrine promotion strategy”. Kotler and Zaltman first applied the ‘Marketing Mix’ to social issues

The ‘Marketing Mix’	
<i>Product</i>	Products and services that meet the needs and wants of the target audience, by emphasising their positive points.
<i>Promotion</i>	Communication to make the product familiar, acceptable and desirable.
<i>Place</i>	Appropriate distribution and response channels and accessible product outlets.
<i>Price</i>	Costs for the buyer to obtain the product, including money, opportunity and effort.

Kotler and Zaltman saw SM as increasing the rewards for the product relative to the costs and/or reducing the costs relative to the rewards, through a mix of product, promotion, place and price. They suggest the segregation of target audiences into smaller, more homogenous, sub-groups in order to better respond to their needs, a strategy known as consumer orientation.

Does SM respond to people’s needs?

SM theory presents some difficulties for sanitation promotion. Kotler and Zaltman’s definition emphasises the need to *find out consumers’ wants and satisfy them*, rather than to *find consumers for existing products and convince them to buy them*. However, in practice, most SM initiatives promote pre-determined products or behaviours, in this case the latrine and its use. So, although latrines are considered to be in the consumer’s best interest, some authors question whether social marketers really respond to consumer demands (Lane, 1997). Commercial principles suggest that a range of products responding to consumer demands should be available, therefore SM should promote a range of latrine models.

Can SM create demand for latrines?

An important part of the SM strategy is to ascertain consumers’ needs and desires through formative research prior to the intervention. At this stage, consumers’ demand for latrines must be assessed. In some contexts, demand will be high, as households will want a latrine, but prior

options and arrangements may not have suited their needs. In other contexts, demand may be low or absent, as families may see little need or have little desire for a latrine. The challenge for SM will be how to respond to different levels of demand.

The application of SM to demand creation for latrines is a key question. Some sources believe that SM can also stimulate demand, as marketers try to make people want products (EHP, 1999; WELL, 1998). Cairncross (1999) believes that demand can be created by marketing sanitation through the aspects of latrines that users value most. Research in the Philippines ranked these as follows:

1. no smell or flies
2. cleaner surroundings
3. privacy
4. less embarrassment when friends visit
5. less gastro-intestinal disease

Cairncross believes that these benefits are not just marketing points, but have a monetary value because people are willing to pay for them. Research by Jenkins (1999) in Benin examined rural villagers' motives for installing a pit latrine. Jenkins found that the decision is based on three conditions, comprising drives/dissatisfactions, constraints and influences:

Conditions	Examples
presence of at least one active drive or dissatisfaction with the existing situation	<ul style="list-style-type: none"> • distance to open defecation site • prestige (expression of lifestyles from outside village) • poor latrine design or performance • potential to increase rental income • protection from enemies stealing faeces for sorcery • difficulties of night-time defecation
absence of constraints on adoption	<ul style="list-style-type: none"> • lack of financial resources • misunderstanding of latrines
influence of lifestyle and village environment	<ul style="list-style-type: none"> • females have more preference for latrines but are more put off by barriers to adoption • greater social differentiation • level of infrastructural development • effect of cumulative latrine adoption

Jenkins stresses the critical role of prestige in driving latrine adoption, and notes that health was not an important driver for latrine adoption. This is consistent with the belief that health is commonly not the most important aspect of latrines to users (UNICEF, 1999).

The lessons for this research are that it is crucial to understand both people's motivations for installing a latrine, and the reasons that impede them. Field research will help to indicate whether marketing latrines through the aspects that appeal to users is likely to increase uptake.

Is SM appropriate for latrine promotion?

Supporters of SM believe that it has the potential of substantially increasing use of beneficial products such as

contraceptives and oral rehydration treatment (ORT). However, there is a debate over whether the results hoped for justify the means used to achieve them. Kotler and Zaltman foresaw that some people would interpret marketing as 'hard selling', and some critics accuse SM of being persuasive or manipulative, and appealing to people's self-interest (Buchanan *et al*, 1994; Ling *et al*, 1992). Supporters argue that SM makes the strongest case for a cause without distorting the facts (Fox & Kotler, 1980).

If SM for sanitation regards potential users as 'customers' rather than public health beneficiaries, there is concern that the focus will be on the promotion and sale of latrines to the detriment of the provision of information or training for latrine use and maintenance. WELL (1998) considers SM to be a systematic approach to public health that goes beyond marketing and is concerned with how the product is used after the sale. The objective is *increasing awareness and adoption* of latrines by low-income households, as the greatest health benefits of latrine installation occur when combined with a safe water supply and good hygiene. SM for sanitation will therefore seek to promote not only the physical latrine, but also good operation and maintenance and the need for hygienic behaviour. Careful attention must also be given to the extent to which SM is able to stimulate demand for the whole sanitation process, and not just the latrine itself.

A latrine SM initiative must also decide which criteria to use to segment the target audience into meaningful sub-groups. In areas with very low latrine coverage, there will be pressure to reach the whole market rather than certain target groups. The problem of achieving equity through SM is one of the greatest challenges facing the approach.

Critics of SM assert that it addresses social problems by focusing on individuals' behaviour to the neglect of social and environmental factors that also play a significant role (Buchanan *et al*, 1994; Goldberg, 1995). This raises the question of whether the underlying cause of the problem is individuals' behaviour, or primarily due to external forces over which individuals have little control. Therefore, we need to consider whether sanitation adoption is impeded mainly by a lack of information, individual-level barriers (e.g. cultural factors), or external factors (e.g. financial constraints). This is difficult to ascertain without precise knowledge of the barriers in individual contexts, and the role of formative research is partly to establish these constraints.

This raises the question of whether SM should address external factors, or just promote latrines to households. A more integrated approach to marketing would look at all barriers to product adoption, including regulatory, social and environmental influences. With latrines, external aspects may include supporting local entrepreneurs, engaging relevant government bodies in sanitation initiatives, or providing subsidies or credit. It may be appropriate to examine the role and possible improvement of policies and programme interventions.

Good SM uses existing channels of communication. Often SM makes use of the mass media to transmit messages and information, due to their capacity for reaching large audiences. Research indicates that there is great potential for people to imitate desirable health behaviours from entertainment if they are easy to execute and performed by attractive models (Lane, 1997). However, there is concern that the mass media are not inclusive, and may disadvantage the poor and illiterate. The mass media have also been criticised for not being a suitable means of conveying complete and/or accurate information (Wallack, 1990). As sanitation solutions are likely to be more individual than other products, it may be more appropriate to engage in promotion at the local, rather than national, level for latrine promotion, and use local or traditional media, including community groups if these are appropriate. SM will also have to respond to the challenge of how to design media messages to promote sanitation effectively.

SM has also been criticised for failing to involve target communities and not contributing to their empowerment by increasing their options and participation in their health care decisions (Lane, 1997; McKee, 2000). On the other hand, programmes based on community participation - however attractive - are often too costly to scale up to a regional or national level.

Is there evidence to support the application of SM to sanitation promotion?

Some authors believe that the use of SM in the field of public health is more effective than current health promotion practices (Hastings & Haywood, 1991), although critics claim that this view is not based on reliable theory or practice (Buchanan *et al*, 1994). In practice, SM with sanitation-related issues is very scarce. Egypt's National Control of Diarrheal Diseases Project used SM to promote ORT, but not sanitation infrastructure. A UNICEF project in Burkina Faso uses SM to promote hygienic behaviour among mothers and children, but not for school sanitation promotion or latrine construction. Other sanitation projects, such as UNICEF's Bangladesh Sanitation Advocacy Campaign, include components related to SM, such as the use of television and radio, raising the question of whether other projects use elements of a SM approach without being labelled as such.

Although there are several experiences of SM with ORT, it can be argued that ORT is a very different product to a latrine. A comparative analysis of ORT and contraceptive SM in Egypt gave valuable insights into the experiences of SM with different products (Fox, 1988). While ORT was well received and adopted, contraceptives faced a number of significant barriers from the outset: lack of pre-existing demand, cultural and religious barriers, benefits not being immediately apparent, and significant time, effort and cost burdens that probably outweighed the benefits. This may be partly due to the fact that ORT is often perceived in a

positive light, whereas contraception is more likely to be perceived negatively. Although latrines are not necessarily viewed negatively, the similarities between these barriers and those that face latrine adoption and use suggest that contraceptive SM may have important lessons for SM of latrines.

SM literature and practice includes few solid accounts of the effectiveness of SM interventions, making their evaluation problematic. Previous latrine programmes have not taken sufficient account of people's hygiene and sanitation behaviour, and their goals have tended to focus on the number of latrines constructed or number of people with access, rather than the reasons behind adoption or rejection. The choice of appropriate parameters and measures for monitoring and evaluation will be an important consideration for sanitation SM.

Will SM be more effective than other latrine promotion approaches?

Some authors believe that well-designed SM campaigns are more effective in influencing attitudes and behaviour than other approaches. One successful SM experience was the ORT programme in Egypt, as outlined below.

Egyptian National Control of Diarrheal Diseases Project

Just one year into the campaign, 90% of mothers recognised the dangers of dehydration, and 95% were aware of ORT, compared with 32% and 25% in the previous year (Ling *et al*, 1992).

However, many SM experiences have faced difficulties in engaging the target audience and achieving behaviour change. The complexity of behaviour change and the capacity of SM to achieve it should not be underestimated. Given the lack of demand for sanitation, latrine SM may face such barriers.

SM advocates believe that it can help public health education reach more people, more quickly and at less cost. They attribute this to the use of commercial processes to improve access to the product, incentives and existing distribution and supply networks, and more realistic cost recovery. However, they also note that adequate human and financial resources are needed, although organisations implementing SM often lack these (Weinreich, 1999). Other concerns are raised about the high cost of SM; if a large proportion of the budget is spent on full-price advertising, projects are unlikely to be more sustainable than other approaches. Comparisons on a large scale are needed to confirm whether SM is more cost-effective.

How can SM deal with affordability?

One very different characteristic of sanitation, compared with other products and services, is its relatively high cost. Sanitation practitioners are already concerned about latrine cost and affordability and its impact on access by

poorer households, as even small costs can present a burden for low-income families. SM of mosquito nets in Kenya found cost to be a significant barrier for poor households, especially as nets were not a high priority (Snow *et al*, 1999). In many SM initiatives, products are sold at relatively low or subsidised prices through commercial outlets or distributed free of charge through government agencies in order to reach the poorest groups. While other products in SM products tend to be relatively cheap consumables, latrines are more expensive infrastructural goods. Although latrines offer a benefit to public health that justifies some level of subsidy, they are primarily a private good for which consumers have to pay (Cairncross, 1999). SM initiatives for latrines must therefore consider how to price the product.

An opportunity or a challenge?

Several characteristics of urban communities present particular challenges and opportunities for sanitation SM. One notable opportunity is that urban dwellers are used to operating within a monetised local economy and paying for goods and services. This means that urban residents are likely to have a greater ability to pay for a latrine, and be more accepting of this idea. Urban dwellers also tend to be sophisticated consumers, and are likely to be aware of and responsive to different lifestyles, which may encourage them to install a latrine. Urban dwellers' good access to the media may mean that SM has effective existing channels through which to communicate with the target population.

On the other hand, poor urban households have many demands on low financial resources, and sanitation may be a low priority compared with other more pressing demands. Households may desire other consumer goods more than a latrine, and therefore SM will have to be particularly effective in order to compete with these (Jenkins, 1999). A key challenge is that poor urban households are often tenants rather than owners (Hardoy *et al*, 2001). While latrines may improve the living standards of tenant households, they may also cause rents to rise. Some poor urban dwellers regard their settlement in cities as temporary, and send their resources back to their villages. Such households, along with those occupying plots with insecure tenure or under the threat of eviction, are unlikely to want to invest in a latrine.

Final remarks

SM for sanitation promotion has the potential to be effective on a large scale, in contrast to previous small-scale latrine promotion initiatives. However, there are still a number of theoretical and practical issues to resolve with its application to sanitation promotion. Despite encouraging experiences with some products, other SM experiences suggest the need for caution before fully commercialising public health causes. These difficulties are confounded by the lack of practical experience of SM with sanitation promotion. Due to the significant differences of latrines as

compared with other products, other sanitation promotion approaches may also offer important lessons. It is still too early to know how SM will work with sanitation promotion.

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