

## Social Marketing

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Social marketing is globally recognized as a key strategy for improving access to a wide range of products and services that directly and positively influence the outreach and coverage of health care. From conceptualizing product development, testing and targeted communication to consumer research and market segmentation, social marketing looks at the provision of health care products and services not as a medical problem but as a sociological issue and marketing challenge. Precisely, social marketing in the health sector seeks to introduce changes in health seeking behaviour of the target audiences by creating access to and increasing the demand for products and services. (National Strategy for Social Marketing (2001))<sup>1</sup>

Social marketing refers to the application of commercial marketing concepts, tools, resources, skills and technologies to encourage socially beneficial behaviour among those segments of the population either not served or not adequately served by the existing public and private system. Social Marketing has been defined by Kotler Philip<sup>2</sup> as the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon behaviour for the benefit of individuals, groups, or society as a whole. Realizing the potentials of marketing techniques, the National Population Policy 2000 underlined the need to formulate and implement social marketing schemes for providing products and services to the community<sup>3</sup>. The philosophy behind this approach is when we can sell toothpaste to a customer at any cost, why can't we promote social ideas at either low cost or at a minimum cost.

The social marketing technique has been intensively used in international health programmes, especially for the distribution of contraceptives and oral rehydration therapy. It has also been frequently used for bringing about changes in attitudes and behaviour of people in diverse areas such as smoking, drug abuse, heart disease, organ donation, pulse polio immunization programme, etc. It has been viewed differently by different authors but by and large they have almost common views on social marketing with reference to its functions (i) to creates products which are useful; (ii) to position those products in the market place to meet the

special user demands;(iii) to makes the products available and affordable to a particular consumer segments; and (iv) to motivates consumers to buy and use a product for their benefits<sup>4</sup>. Persuading people not to smoke in public places, encouraging condom use, asking drivers to use seat belts while driving, imposing conditions on people to quit chewing tobacco, smoking cigarettes, consuming drugs and alcohol are few examples of social marketing. Further, social marketing has a couple of aspects such as (i) Social aspects which includes social sciences and social policy; and (ii) Marketing aspects which includes commercial and public sector marketing approaches.

Public sector undertakings can use standard marketing approaches to improve the promotion of their relevant services and organizational goals. For example, a three-month marketing campaign to encourage people to get a H1N1 vaccine should not be considered social marketing, whereas, a campaign that promotes a long term behavior change to practice a particular behaviour by the targeted audience can be considered social marketing<sup>5</sup>.

### **Features of Social Marketing**

Social marketing (i) Uses the same tools and techniques of commercial marketing but its purpose is to bring about a positive health and social change and its bottom line is to change the behavior of the users; (ii) Focuses primarily on social goods for the benefit of a common man but not all the public sector and not-for-profit marketing can be considered social marketing; (iii) Deals with products which can either be tangible (e.g., Condom) or intangible in nature ( an idea, service, way of life) without any profit motives; (iv) Primarily caters to all those who actually need to adopt the product/ideas; particularly lower, middle and poor classes; (v) Has long term goals; and (vi) Looks after the consumer's interest.

Social products are different from commercial ones in several ways:

1. ***Social Products are more Complex than Commercial Ones:*** Like, persuading people to purchase coca cola from market is one thing but influencing poor people for regular checks-ups of Tuberculosis is another and difficult.
2. ***Social Products are Often more Controversial than Commercial Ones:*** It is very easy to sell a new perfume but it is difficult to promote the use of contraceptives among young couples because of their traditional mindset in a highly orthodox society where even open talks on such issues are considered taboo.
3. ***Social Products are Less Immediately Satisfying to the Consumers:*** As we can see, it is not easy to stand in line for long to get vaccinated and wait for hours, when one depends on his daily wage. The benefit he/she likely to get from vaccination is though obvious, he/she does not attach importance to it due to his/her ignorance but they value the money much more.

4. **Social Programmes require Spectacular Results:** Any major manufacturer of mobile phones would be delighted to have 2-3 per cent of increase in market share after six months of advertising but we have to do more in case of health related issues to bring about substantial reduction in infant mortality and maternal mortality.
5. **The Audiences for Social Marketers have Fewer Resources than Most Consumers:** The “poorest of the poor” are rarely an explicit audience for commercial marketers but they are the primary target audience for social marketers, who are often illiterate, isolated, sick, discouraged and left out<sup>6</sup>.

### **Chronology of Social Marketing**

The roots of the social marketing date back to the 1950s, when a psychologist argued that more the non-profit organizations communicated like profit marketers, the better their prospects for success. Then during the 1960s, practitioners in developing countries and marketing academics set the stage for the emerging field of Social marketing. Social marketing was formally launched in the 1970s; searched for an identity in the 1980s; and finally found a unique position by the 1990s. By 2000, social marketing was considered an established field; it now continues to grow and evolve.

#### ***1950s***

The roots of the social marketing are attributed to G. D. Wiebe who asked the question, “Why can’t you sell brotherhood and rational thinking like you sell soap?” (Wiebe, 1951)<sup>20</sup>. He proposed that marketing could be used to solve social problems and that the more non-profit campaigns resembled commercial marketing campaigns, the better their prospects for success<sup>7</sup>.

#### ***1960s***

Social marketing was not yet a formal concept in the 1960s. During this decade, international development agencies conducted family planning activities in developing countries through the distribution of contraceptive products where marketing principles played a role in their distribution (Andreasen, 2006).<sup>8</sup> Social advertising, a common mass-media approach to social change, had been employed during this decade. Social advertising was considered a precursor to social marketing (Fox & Kotler, 1980).<sup>9</sup> India was one of the first countries to adopt the social marketing of contraceptives to extend the coverage and outreach of the family planning programme. In the early 1960’s, India had introduced a brand of condom, known as “Nirodh” for free supply through government hospitals and primary health centers. By 1968, private sector companies with extensive distribution networks for consumer products were invited to promote ‘Nirodh’ in the market. Social Marketing was launched with six leading consumer goods/oil companies with three lakh outlets, with area allotted to each. (These were: Lipton, Brooke Bond, Union

Carbide, Hindustan Lever, Indian Tobacco Company, Tata Oil Mills).<sup>10</sup>

### ***1970s***

Social marketing was “born” as a discipline in the 1970s, when Philip Kotler and Gerald Zaltman realized that the same marketing principles that were being used to sell products to consumers could be used to “sell” ideas, attitudes and behaviors. Social marketing seeks to influence social behaviors not to benefit the marketer, but to benefit the target audience and the general society. This technique has been used extensively in international health programs, especially for contraceptives and oral rehydration therapy (ORT), and is being used with more frequency in the United States for drug abuse, heart disease and organ donation.

Social marketing began as a formal discipline in 1971, with the publication of “Social Marketing: An Approach to Planned Social Change” in the Journal of Marketing by marketing experts Philip Kotler and Gerald Zaltman<sup>11</sup>. However, earlier, social marketing had already been used as a tool for birth control in India, where a persuasion-based approach was favored over a legislative approach<sup>12</sup>.

### ***1980s***

Craig Lefebvre and June Flora introduced social marketing to the public health community in 1988<sup>13</sup> where it has been most widely used and explored. They noted that there was a need for “large scale, broad-based, behavior change focused programs” to improve public health e.g., community wide prevention of cardiovascular diseases<sup>13</sup>. During the eighties, Indian Government launched an oral contraceptive pill called “Mala-D” and initiated massive advertising and awareness campaigns. Up to the late eighties, the campaign spoke of “do ya teen bus”, highlighting an average family size of five members. In 1987, Parivar Sewa Sanstha was the first NGO to introduce its own branded condoms in the market<sup>10</sup>.

### ***1990s***

A major advancement in the field came when researchers clarified social marketing’s role as the change of behaviors. This shift helped contrast social marketing against other social influence practices. This focus helped to clarify when social marketing was appropriate to a particular problem, as opposed to other practices<sup>8</sup>. By the nineties, the message which was “do ya teen bus” changed to “hum do hamare do”, emphasizing the two child norm in India. Non-Government Organizations (NGOs) also began to participate in the social marketing programme with funding from Government as well as from other organizations<sup>10</sup>.

In India, during 1993-95, number of organizations namely, Hindustan Latex Ltd., DKT, Parivar Kalyan Kendra, FPI etc. joined the programme for bringing out own bands of condoms. Introduction of Centchroman, a non - steroidal weekly Oral Pill under the brand name ‘Saheli’ through HLL under social marketing was launched.

Product and Promotional Subsidy on sale of Centchroman was also provided<sup>10</sup>.

## **2000**

Since the term social marketing was coined in 1971, the field has grown and diffused across the planet. Social marketing is now seen as an effective way of improving public health, safety, the environment and community development (Kotler, et al., 2002). Social marketing is well established in North America and has a long tradition with international development agencies (Andreasen, 2006).

### **Social Marketing Mix**

This refers to the decisions about (i) the conception of a Product, (ii) Price, (iii) distribution (Place), and (iv) Promotion. These are often called the “Four Ps” of marketing in general.

#### **Product**

The social marketing “product” ranges from tangible, physical products (e.g., condoms), to services (e.g., medical exams), practices (e.g., breastfeeding, ORT or eating a healthy diet) and intangible ideas (e.g., environmental protection). In order to have a feasible product, people must first perceive that they have a genuine problem, and that the product offering is a good solution for that problem<sup>14</sup>. Any social marketing campaign for public health needs a clearly determined public health problem and clear description of the product required i.e., core, actual or augmented. A core product comprises the benefits that the target audience will experience or expect in exchange of performing the target behavior. E.g., Healthier life can be sustained by maintaining sanitation, hygiene and adequate consumption of nutrients. An actual product is the desired behavior, often embodied by its major features and described in specific terms such as healthy foods or beverages available at vending machines). An augmented product refers to any additional tangible objects and/or services that will be included in the offer and promoted to the target market, an augmented product helps perform the targeted behavior or increase its appeal e.g., information on healthy products available in vending machines. Good product management concerns branding, packaging, positioning, product life cycle and product development<sup>15</sup>.

#### **Price**

“Price” refers to what the consumer must do in order to obtain the social marketing product. This cost may be monetary or it may instead require the consumer to give up intangibles, such as time or effort. If the cost is more than the benefits, then the value of that offering will get low and will be unlikely to be adopted. However, if the benefits are perceived greater than their costs, chances of trial and adoption of the product is much greater. In setting the price, particularly for a physical product, such as contraceptives, there are many issues to consider. If

the product is priced too low, or provided free of charge, the consumer may perceive it as being low in quality. On the other hand, if the price is too high, some will not be able to afford it. Social marketers must balance these considerations, and offer nominal fee to increase perceptions of quality and to award a sense of “self-esteem” to the transaction.<sup>14</sup> A price strategy sums up the cost that target audience will pay for adopting the desired behavior that leads to the promised benefits. A sensible price strategy is aimed at minimizing these costs by maximizing incentives to reward desired behaviors or to discourage competing undesirable behaviors.<sup>15</sup>

### **Place**

Place describes ‘*how the product reaches the consumer*’. For a tangible product, this refers to the distribution system—including the warehouse, trucks, sales force, retail outlets where it is sold, or places where it is given out for free. For an intangible product, place is less clear-cut, but refers to decisions about the channels through which consumers are reached with information or training. This may include doctors’ offices, shopping malls, mass media vehicles or in-home demonstrations. Place is where the target audience will be encouraged to perform the desired behavior or to obtain tangible products or services associated with the campaign. Similar to commercial marketing, ‘place’ in social marketing can be regarded as a delivery system or a distribution channel. Strategies related to the system or channel management need to be provided here to ensure that they will be as convenient and pleasant as possible for the customers to engage in the targeted behavior and access to products and services<sup>15</sup>.

### **Promotion**

Information on product benefits and features, fair price, easy accessibility needs effective and efficient communications to bring to the target audience and inspire action. The development process begins with determination of key messages, continues with selection of messengers and communication formats and channels, creating communication elements and implementing those.<sup>15</sup> Promotion consists of the integrated use of advertising, public relations, promotions, media advocacy, personal selling and entertainment vehicles. The focus is on creating and sustaining demand for the product. Public service announcements or paid ads are one way, but there are other methods such as coupons, media events, editorials.<sup>14</sup> It should be kept in mind while preparing promotional strategies that creative elements if added into the intended messages give more effective and desired results.

Social marketers often have many different audiences that their program has to address in order to be successful. “Publics” refers to both the external and internal groups involved in the program. External publics include the target audience, secondary audiences, policymakers, and gatekeepers, while the internal publics are those who are involved in some way with either approval or implementation of the

program. Also, one has to figure out which organizations have similar goals to yours—not necessarily the same goals—and identify ways if the two can work together keeping in mind the source of funding. Most organizations that develop social marketing programs operate through funds provided by sources such as foundations, governmental grants or donations.

### **Application of Social Marketing in Case Studies on Health**

A few case studies in India as well as Abroad have been reviewed to perceive how social marketing is important in promotion of social issues, particularly health and family welfare.

### **Social Marketing for Family Planning Programme**

India was the first country to introduce the concept of contraceptive social marketing to its family planning program. The government of India sources condoms and oral contraceptive pills from local manufacturers and supplies them at a subsidized rate to non-profit social marketing agencies, which distribute the products through existing commercial networks and other retail markets.

### **HIV/AIDS Prevention by UNAIDS**

The joint programme on HIV/AIDS prevention by UNAIDS is the leading example of Social Marketing. UNAIDS leads and supports the prevention of transmission of HIV/AIDS in collaboration with Population Service International (PSI). They develop, implement and promote social marketing as a key strategy in the prevention of HIV/AIDS. At the national level, UNAIDS encourages governments to support HIV/AIDS prevention social marketing initiative within their countries. This may include advocating for the inclusion of social marketing in national plans, allocation of resources to such programmes and facilitation of positive legislation environment.<sup>16</sup>

### **Population Service International- Emergency Contraception Campaign**

Population service international has been a partner in India's national contraceptive social marketing program since 1988. In addition with the permission of the government of India and support from bilateral donors and U.S based foundations, PSI has implemented social marketing programs to encourage the use of Emergency Contraception for birth spacing and reproductive health, as well as other social marketing products. PSI also applies social franchising concepts and techniques to improve utilization of quality services for maternal health and child health, voluntary counseling and testing for HIV, and the diagnosis and treatment of Sexually Transmitted Infections (STIs). The high maternal mortality in India is fueled by high rates of unintended pregnancy, complications of pregnancy and child birth and unsafe abortions majorly due to social and cultural constraints, early marriage, sexual violence and coercion and lack of access to safe abortion procedures. Emergency Contraceptives play an important role in the reduction of maternal mortality by providing women a safe, effective and affordable method to prevent

unwanted pregnancy. Emergency contraceptives are intended for emergency use only<sup>15</sup>.

### **Hindustan Latex Family Planning Promotion trust (HLFPPT)**

HLFPPT implemented a project to strengthen the contraceptive social marketing as a means to reduce fertility particularly among rural areas of four selected districts from three states viz. Bihar, Jharkhand and Orissa. HLFPPT adopted innovative measures addressing the major barriers in the adoption of contraceptives in rural areas. HLFPPT focused on accessibility, affordability and motivation. To make this project successful, rural based distributors/village level vendor were involved, uniform strategies in all three states were implemented. Uniformity in training of project managers, district program co-coordinators (DPC) and other middle level functionaries on the objective of the project, its modus operandi, communication strategy, promotional activities under the project, networking with other departments and role and function of staff at different levels was maintained. These stakeholders are mainly the unemployed men/women from the local communities and/or registered medical practitioners. Video van programmes was organized as a range of promotional activities for males and females separately to overcome the problems faced during initial phase. Such strategies were useful not only in reducing people's hesitation but also in improving the overall image of the grass root level staff and the project as a whole. Non conventional channels of communication used were: Folk programmes (Daskathia, Pala, Nacha), video van programmes, street theatres etc. the evaluation study of this project was taken by IIPS which revealed in its report that people's participation in promotional activities of the project was quite satisfactory. There is a gradual increase in the number of couples purchasing the products available under Community Based Social Marketing (CBSM)<sup>17</sup>.

### **Social Marketing Emergency Contraception in Rajasthan**

The total fertility rate in Rajasthan is 3.2 children per woman (International Institute of Population Sciences & Macro International, 2007) and maternal deaths of 607 per 100000 live births (MOHFW, n.d). In Partnership with the William and flora Hewlett foundation, PSI created, managed and promoted a branded network of qualified medical doctors to provide affordable, high quality family planning choices to low income women and men in Rajasthan under the brand name "Saadhan". The program's secondary target audience consisted of pharmacists and doctors in the public and private sectors. In view of the low awareness of Emergency Contraceptives, pharmacists and doctors played an important role as trusted, authoritative sources of information and effective behavior change agents. For this reason it was essential to build their knowledge and endorsement of Emergency Contraceptives. The program budget was US\$ 1.2 million. The program took place over 28 months from January 2004 to April 2006. The major achievements seen were that by promoting only one kind of contraceptive, motivated them to use modern contraceptive methods through follow up counseling.

Mass media provided credibility to ground level activities. Initially when Emergency Contraceptives pills were prescription-only drugs, the strategy was to provide access to Emergency Contraceptives pills. After Emergency Contraceptives pills became over the counter drug, the strategy was further amended to increase the focus on mass media promotion and coverage to maximize product visibility and accessibility. Such campaigns help in debunking myths regarding fertility, building women's confidence about modern contraceptive methods, including Emergency Contraceptives; and generally supporting them through the different stages of the behavior change, create an opportunity for men to think about benefits of spacing.<sup>15</sup>

### **The Truth Campaign - National Youth Smoking Prevention Campaign, USA**

It was launched in February 2000 and is the national youth smoking prevention campaign. The campaign was created by the American Legacy Foundation®, with the mission to build a world where young people reject tobacco and anyone can quit. The target market for the campaign is youth aged between 12 and 17 years who are vulnerable to smoking. The objectives of this campaign were to: (i) influence youth not to smoke; (ii) tell them facts regarding ingredients and additives, health effects, addictiveness and social cost; (iii) Make youth believe that smoking is not a way to express independence.

The key messengers for the truth® Campaign are youth, appearing in advertisements, websites, sharing information through social network sites and sharing information at grass root level throughout the country. The campaign is designed to be peer to peer so that the elements can be passed on and shared with friends.<sup>15</sup>

### **Anti Tobacco Campaign**

Other examples of Social marketing include anti-tobacco campaign “Quit” (1988) by the Victoria Cancer Council developing and “SunSmart” (1988), against skin cancer<sup>18</sup>

### **Work-place Safety**

WorkSafe Victoria, a state-run Occupational Health and Safety organization in Australia has used social marketing as a driver in its attempts to reduce the social and human impact of workplace safety failings. In 2006, it ran “Homecomings”, a popular campaign that was later adopted in New South Wales, Queensland<sup>19</sup>

### **‘Be Water Wise ... It Makes Cents’ Campaign - to promote water efficiency and reduce water consumption**

In April 1996, The Clean Nova Scotia Foundation launched this program in response to concerns about diminishing supplies of clean water. It was implemented in the three municipalities of Sackville, Bedford (urban) and New Glasgow (rural), with

a total population of 55,000. The campaign began with a news conference on Earth Day, April 22, 1996, during which organizers displayed and described the water saving devices. Local radio and television stations aired news releases, public service announcements, interviews and quizzes, local newspapers featured stories about “waste-wise” families and internet Web site provided information on the program. Community centres, public libraries, museums, and The Clean Nova Scotia Foundation affiliates also participated fully in the program.

One hundred households were selected from each of the three communities and received a 10-minute home visit conducted by trained volunteers who delivered package on water conservation. The package contained an explanation of the program, a fact sheet on waste reduction, a brochure explaining why and how to conserve water in the home, and a program sign to post in the window. Following this, participants were asked to sign a commitment form stating that they would reduce water consumption for one year. The participants were told that all committed water-savers would be publicly recognized in the local newspaper and at a news conference the next year<sup>21</sup>.

#### **Tuberculosis Prevention and Treatment – Peru**

The purpose of this effort was to decrease the incidence of tuberculosis, with two areas of focus; (i) Directly Observed Treatment (DOTS) and (ii) Identification of patients currently infected so that the treatment could begin. The country’s Government declared Tuberculosis a significant and widespread public health problem and allocated lots of funds for National Tuberculosis Control program (NTCP). The strategies implied were divided into three phases; (i) Downstream efforts, to influence those with symptoms to get diagnosed and influence for treatment; (ii) Midstream efforts focused on families, co-workers with symptoms diagnosed to accept treatment and support them in completing treatment; and finally (iii) Upstream efforts were intended to persuade policy makers to provide support in every way possible.

The promotion of this campaign was disseminated to the public through a variety of media channels, both wide and narrow, providing information about the causes of tuberculosis, sources of infection, how it is transmitted, symptoms, treatment and prevention.

Slogans like “treatment for one is prevention for all”, “all tuberculosis services are for free” were designed for mass awareness. Healthcare workers were key to establish the credibility of messages. Media channels ensured effectiveness, consistent messages were conveyed through the mix of mass media, printed media, social networks, advocacy etc.

Partnerships with Pan American Health Organizations, the Japan International Cooperation Agency, the Peru Canada Agreement, USAID and other national and international NGOs ensured sufficient help and support in every possible way. The

outcome was that in 2000, WHO reported promising results in PERU, touting its TB program as one of the world's most successful DOTS program in the World<sup>15</sup>.

### Summary

Social Marketing in the health sector seeks to bring about changes in the health seeking behavior of the target audiences by creating access to and increasing the demand for products and services by sustaining their change in behavior. It also looks at the provision of health care products and services as a sociological issue and marketing challenge but not as a medical problem. However, social marketing has its own limitations such as more complex, controversial, slow in results etc. as compared to commercial marketing. Because social marketing deals with behavior change of the target audience who are mostly poor, illiterate, isolated, sick and neglected group in the society. So, the authors feel, designing a social marketing strategy is crucial for achieving the goal of behavior change of a customer or a beneficiary to experiment an idea. The authors, further, feel that though the intentions of social marketing are altogether different but the techniques of commercial marketing can be applied to make it more effective in reaching the unreached population with social ideas. Finally, the authors conclude that appropriate marketing mix of product, price, place and promotion should be carefully decided to make the Social Marketing a successful platform for the promotion of social products, specially in country like ours.

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