

Full Length Research Paper

Social marketing for women's health campaigns

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The social marketing orientation seeks to potentialize public health campaigns using five principles: customer focus; focus on the benefits to customers; endeavouring to create value; involving the whole organisation in the process; being aware of customers' difference. This article aims to identify the Social Marketing principles (and practices) in women's health programme in the ABC Region, located in the Greater São Paulo, Brazil. In methodological terms, this research is exploratory through a single case study, the ABC region; seven interviews have been carried out with health managers of women's health programmes in the three cities of the region. The qualitative methods were used to report the results. Thus, our contributions are: Social Marketing theory is still unknown; health managers have few skills and expertise in management; culture of social marketing requires implementation; social marketing is a tool useful to public health; and social marketing works in health perspective.

Key words: Social marketing, behaviour change, health campaigns, public health.

INTRODUCTION

In 1986, the Ottawa Charter presented among its many topics, the fact that health promotion requires attention and support of communities and individuals as a whole to make desirable changes related to behaviour. Some aspects of health promotion were pointed out: (i) introducing public health policies to commitment to health and social equity; (ii) focusing on public health issues and unhealthy conditions; (iii) responding to health service gap within and among societies; (iv) understanding individuals as the main health resource; (v) reorienting health services and its resources towards the health promotion; and (vi) recognising health as a social investment (Ottawa Charter, 1986).

In the meantime, the New Public Management (NPM) recommends the application of strategies from private sector to public sector, such as: (i) introducing tools to manage the

market; (ii) managing efficiency and effectiveness of resources; (iii) implementing the consumer-oriented perspective to achieve convincing outcomes; (iv) developing governance mechanisms (Tigañas et al., 2011). Social marketing is an appropriate tool for the public sector and health promotion, when: the target audience's unmet needs in terms of health benefits are from moderate to high; campaigns based on behaviour change are required; and the population demand better health services (Andreasen, 2006). Social marketing should be used when voluntary behaviour change is the goal (Gordon and Moodie, 2009).

Social marketing strategies come up as an option to improve also public health and health promotion. Thus, the research question is: how the Social Marketing principles (or activities) are present in women's health programmes in the

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ABC Region, Greater São Paulo, Brazil? This paper aims to identify the Social Marketing principles (and practices) in women's health programmes in the ABC Region, located in the Greater São Paulo, Brazil. A well-planned Social Marketing campaign requires studies around the outside and inside environments, market research, behaviour change goals and integrated Marketing mix to encourage the target audience to change their. In the end, we expect to establish the Social Marketing as an alternative to improve the public health management.

BACKGROUND AND LITERATURE

Social marketing orientation

Social marketing was coined by Kotler and Zaltman (1971), from the article *Social Marketing: an approach to planned behaviour change*. On that occasion, the authors sought to introduce Social Marketing as the design, implementation and control of programmes to influence the acceptability of social ideas, considering research, product, price, distribution and communication in Marketing (Kotler and Zaltman, 1971). Thus, social marketing was designed in terms of social ideas in order to assist a society, whose opinions on a particular social cause could be modified. Perhaps, it was an audacious proposal for applications of marketing for that time, as proposed to undertake activities with the purpose of creation, modification and maintenance of behaviours using ideas to remedy social causes, regardless of the sponsoring person or organisation (Gordon and Moodie, 2009).

Social marketing is understood as the marketing strategies applied to ideas, causes and social programmes (Kotler and Lee, 2008). The concept of exchange in Social Marketing from the public health perspective is more complex than Commercial Marketing, because it involves intangible products such as well-being and health, and the benefits are not immediate. Actually, the complexity lies on social change, specifically the behaviour and value, because they are more difficult to achieve. The cognitive changes and action are not difficult to be achieved. The concept of exchange is not an easy task, but it is feasible, if the Social Marketers seek to know through the social market, the yearnings of the target audience (Lefebvre, 2011). Social marketers take time to learn what the target audience current knows, believes and does. Every decision is made related to audience's perspective. The programme is designed to fulfil the audience's needs and desires.

Social Marketing uses Commercial Marketing strategies, with the purpose of influencing voluntary (no force or coerce) behaviour change (it is not just increasing awareness or knowledge) and promote an end goal of improving personal well-being as well as the society's as a whole. Thereby, Social Marketing orientation establishes as practices for public managers to lead and keep a healthier and sustainable relationship with their target audience (Kotler and Roberto,

1989). The customer-orientation can provide a set of tools useful to the public sector arena, in order to: (i) assist professionals in managing the best way possible the public health resources to reach greatest results; (ii) undertake a new platform of concept of exchange in the public arena; (iii) provide an innovative tool to get performance in the relationship with citizen-consumers; and (iv) join the NPM perspective and Public Marketing, because they introduce the consumer-oriented (Tigañas et al., 2011).

Social Marketing Plan

Since the 1st World Conference about Social Marketing in Brighton in 2008, several studies have been developed around Social Marketing practices. Previously, the discussion was: What is Social Marketing? Recently, the discussion has taken another perspective: Social Marketing is not education and/or promotion. Scholars believe that the progress of social media has widened the misunderstanding about the concept, because Social Marketing has been defined as an alternative to inform individuals about ills and health care. Such definitions disaffirm the social change standpoint as one of the axes that hold the Social Marketing principles. Social Marketing is a sort of utility package related to activities, processes and effort to deliver benefits to individuals. Social Marketing is not just communication or media (Donovan, 2011; Wymer, 2011).

Social Marketing Orientation aims to improve the public health campaigns and NPM orientation, when: the changing behaviour is the goal; the individuals are the target of behaviour change; the emphasising is the creation of attractive exchanges in order to encourage behaviour using irresistible benefits through minimal costs (Andreasen, 2006; Kotler and Roberto, 1989; Wood, 2012; Wymer, 2012). The development of a Social Marketing plan should be planned from the understanding of 3 levels, as recommend in Figure 1. The 1st level diagnoses the social cause; the 2nd level develops the planned social change; and the 3rd level implements the tactics to encourage social change in the target audience. It is important to recognise all levels for the relevant planning of a Social Marketing campaign, but professionals' attention should be addressed to 2nd level, because it is in this level that the value proposition for the public health campaigns is created. Marketing mix is used to produce the conditions for the change (Lefebvre, 2011).

The behaviour change in public health is always complex in developing countries, like Brazil, due to the low level of individual's education and culture, and the unfavourable of social context. For Kotler and Lee (2008), two factors require analysis: the inappropriate management of public resources and the level of knowledge about what health promotion means. According to Donovan (2011) and Marchioli (2006), there are key considerations for Social Marketing programmes in public health: (i) fit the Social Marketing model to the programme objectives and country context; (ii) ensure

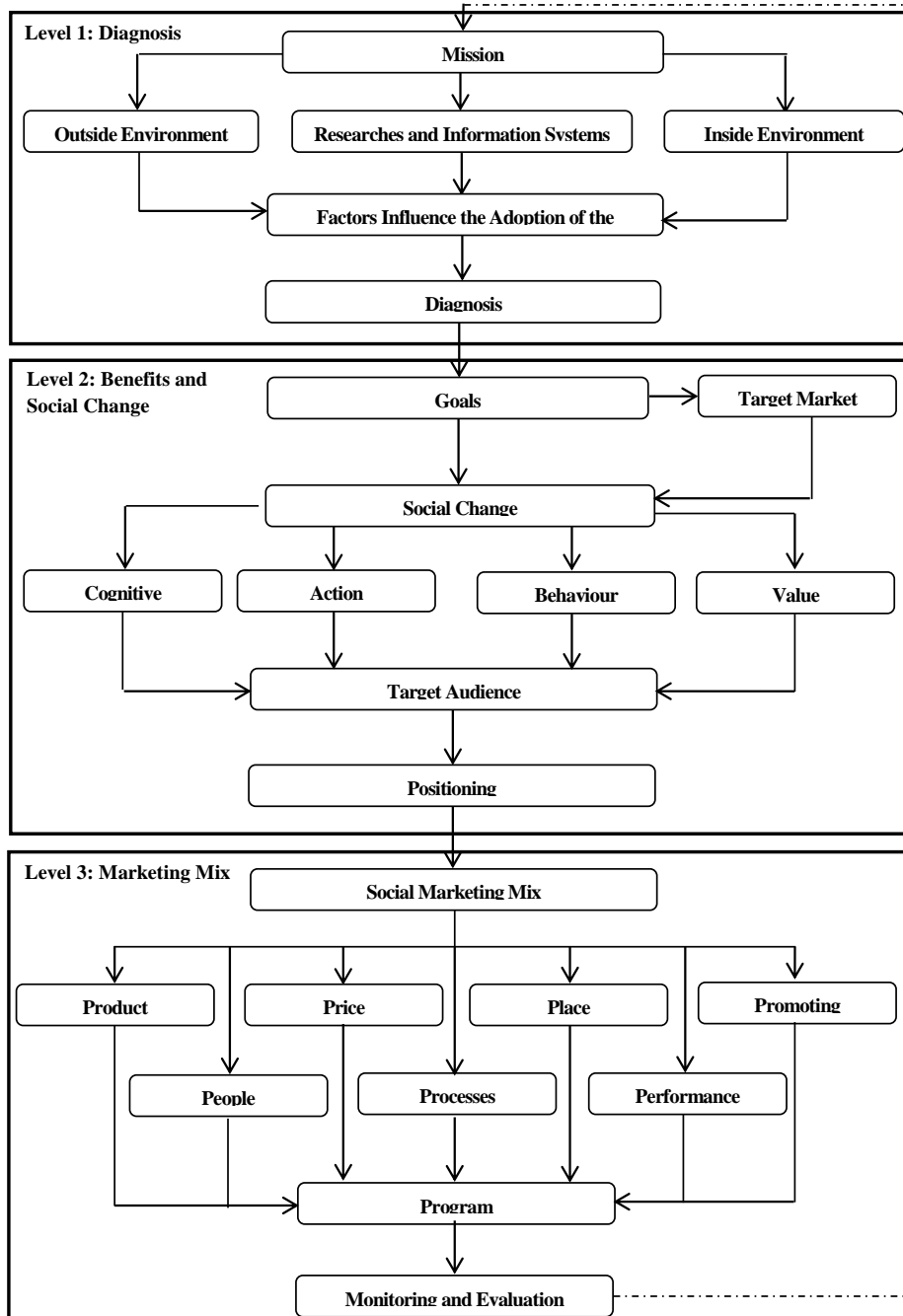


Figure 1. Social marketing plan. Source: Authors.

coordination among key players for effective market segmentation; (iii) conduct research to ensure appropriate Social Marketing programme design and implementation; (iv) use the power of Social Marketing to introduce and scale up access to product (benefits); (v) invest in behaviour change communication; and (vi) plan for sustainability since the beginning. On the one hand, Social Marketing is very similar to Commercial Marketing; on the other hand, the goal is not

getting profits or sales, but changing behaviour in individuals and societies.

METHODOLOGY

This exploratory research aims to understand the Social Marketing application in women's health programmes in Brazil, in particular in the ABC Region, located in the Metropolitan Region of the State of São

Paulo, and to describe it from the public health managers' perspectives. With purpose of getting the best understanding about the research object, this study made use of a single case study, that is, the ABC Region (Yin, 2012). The research, identification and description of Social Marketing application in the women's health programme happened in three cities: Santo André, São Bernardo do Campo and São Caetano do Sul.

According to the Brazilian Institute of Research and Statistics (BIRS, 2010), the three cities have altogether 1.6 million people and 60 - 70% of the population have private health insurance, because most of them work for the hub of automotive industries (General Motors, Mercedes-Benz, Scania, Ford, Volkswagen, Pirelli, Bridgestone-Firestone, etc) or great companies in São Paulo (far 15-20 km or 1 h from ABC Region); and low quality of public health systems. Seven managers of the women's health programmes were interviewed: 3 from Santo André, 2 from São Bernardo do Campo and 2 from São Caetano do Sul. These managers were chosen by function (since, all of them are coordinators of the programmes), experience and familiarity at the public health in the ABC Region.

Concerning research instrument, 15 opened questions were focused on in the processes of Social Marketing (Figure 1) and joined in three axes: (i) diagnosing the individual behaviour; (ii) planning the benefits of campaign; (iii) and designing the Social Marketing mix; then, we applied these questions to health managers. The interviews were carried out between February and March 2014. Each interview took about 45 - 60 min and was recorded in their work places: Coordination of Women's Health Programme (CWHP) in each city; and Integrated Centre for Women's Care (ICWC).

For the purposes of the analysis and discussion of the results, the qualitative method was required, as the study focused on understanding what the interviewees said, known as content analysis. Three analyses were carried out in thematic, formal and structured pattern; afterwards, the content was grouped according to processes (Stake, 2000). It is the best alternative to explain the situation of the women's health programmes in the ABC Region, because it is the public health managers who plan and perform the activities in the campaigns.

FINDINGS AND DISCUSSION

Diagnosis of Social Cause

Mission is the first process. Mission should describe in a clear and concise way, the common purpose in order to guide decisions for women's health campaigns and it should be known by everyone (Kotler and Lee, 2008). One of the campaigns developed in the region has as mission "*perform actions addressed to the overall care of priority needs of 10 years old girls in order to reduce its morbidity and mortality from preventable causes*". However, it recommends "*reducing the risk of mortality from preventable causes in women above 10 years old*". Mission has abstract sense. Placing the target or result to be achieved in the mission statement, misrepresents its concept and it becomes goals. An effective mission requires: (i) strategic intent, a set of social goals of value developed by the sponsor; (ii) organisation values, as moral and ethical assumptions to guide the campaign; (iii) ability and skills, expressed through performance; (iv) market definition using consumer-oriented activities and processes; (v) positioning the image in terms of benefits of the campaign. These elements were not found in health campaigns in the ABC Region and are unknown by the managers.

The monitoring of the external (outside) and internal (inside)

environment is the next process. In the women's health campaign the public health manager analyses (Andreasen, 2006): (i) demography - when collecting data and information about ages, families, education levels, income, medical history, locations (or places), priority target, etc.; (ii) legal - according to Ministry of Health standards, ANVISA (*Agência de Vigilância Sanitária*, in English: Health Surveillance Agency) guidelines, public health system called by SUS (*Sistema Único de Saúde*, in English UHS - Unified Health System) norms and law about right to health and citizenship; and (iii) sociocultural - the health managers carry out studies in neighbourhoods with the intent to find out individuals' behaviour, habits and customs; professionals of Family Health Programmes (FHP) are responsible for approaching these individuals. Technological studies were not verified. They are carried out when recommended by governmental organisations.

Regarding the internal environment, the interviewees argue that each variable is ordinarily identified and known by them with accuracy and precision to reach the goals of the campaign, such as: (i) capacity of the department of women's health to handle campaigns; the suppliers of specific products (vaccines, condoms, etc) as well as permission of the Ministry of Health and ANVISA; (ii) availability of arrangements for assisting (health centres, hospitals, etc), to meet the target audience's demand; (iii) managers seek to know more about competition, barriers of campaigns; and (iv) local communities to support the campaigns with the purpose of raising awareness of individuals. Nevertheless, the health managers admit that more skills and expertise are required. Understanding the external and internal environments allow companies to mitigate eventual risks, in order to improve the efficiency and effectiveness around the decision-making and management processes of health managers, with purpose of addressing solutions for social problems.

The research is the third process, in which the interviewees rely on the support of community health agents and the FHP through visits and interaction with families to meet them (door-to-door); afterwards, figure out their real needs and desires. The FHP teams are lined up with purpose of health prevention and promotion as well as with the PHC (Primary Health Care). Actually, the FHP is a sort of health sales team, inasmuch as they meet the demand and collect data and information from families and residents of more remote areas (in their homes), in order to take the opportunities to sell the benefits of social products. These FHP professionals provide to health departments a set of updated data and information of the current situation of families, which is something health information systems (due to out-dated data and information) might not provide to managers.

The health managers do not often search data and information in sources as BIRS, since they are out-dated according to current situation in social and health issues. In summary, the data and information are provided by sources, such as: (i) FHP teams - sales teams; (ii) DATASUS (SUS data) - health information and maps from a given area that

can serve to support analysis and decision-making based on evidence and preparation of campaigns; (iii) TABNET – public domain generic tabulator, which allows managers to organise data quickly from health tables and graphics regional and municipal by illness and health causes; and (iv) Ministry of Health and/or Health State Department systems. Thus, these four sources may provide (joined) analysis of the reports to enable health managers to make decision about what they need to do in a given campaign.

Understanding the behaviour determinants of the target audience is the fourth step (Smith and Strand, 2009). External determinants are the forces outside the individual that affect his or her behaviour, such as: (i) skills, the set of abilities necessary to perform a particular behaviour; (ii) access, encompasses the existence of products and services, their availability to an audience and the audience's comfort in accessing desired types of products or using a services; (iii) policy, laws and regulations that affect behaviours and access to products and services; (iv) culture, a set of life history, customs, lifestyles, values and practices within a self-defined group of individuals and may be associated with ethnicity or with lifestyle; (v) actual consequences, what actually happens after performing a particular behaviour.

Internal determinants are the forces inside an individual's head that affect how he or she thinks or feels about a behaviour (Kotler and Lee, 2008; Smith and Strand, 2009), such as: (i) knowledge, basic facts about social problems, how to protect oneself from injury, where to get services, etc; (ii) attitudes, a wide-ranging category for what an individual thinks or feels about a variety of issues. This overarching category would include self-efficacy, perceived risk, and other attitudinal factors; (iv) self-efficacy, an individual's belief about a particular behaviour; (v) perceived social norms, the individual's perception and what he or she thinks regarding adopting new behaviour; (vi) perceived consequences, what an individual thinks will happen, either positively or negatively, as a result of performing a certain behaviour; (vii) intentions, the individual's plans and projects for the future; commitment to a future act. Future intention to perform behaviour is highly associated with actually performing that behaviour. The women's health programmes in the ABC Region ponder and consider such analysis; however, in the rudimentary way, without the application of management concepts, strategies and techniques to produce more efficient and effective campaigns.

The fifth process involves the identification of opportunities and threats from external environments as well as from researches and information system; and strengths and weakness from internal environment in order to set up the social cause and current situation analysis. The health manager must prepare a detailed and rigorous analysis in order to prepare a number of viable and safe alternatives to organise appropriate campaigns for a target audience. This process will provide the situation analysis and, then, assist the development of women's health campaigns in the Social Marketing perspective, with the purpose of ensuring greater

chances of success in terms of: achieving the behaviour goals, satisfying the target audience; and improving results of campaigns. Thus, there are some processes that require adjustments, such as: mission statement, analysis of external and internal environments and mapping the situation analysis in order to provide better health campaigns.

Behaviour Change: The Goal of Campaigns

The first process involves the definition of goals. The goal in health campaigns is always the behaviour change. The goals should be measurable; to indicate performance and results expected; be a reference for everyone; be specific; to indicate dates and places; be realistic and clear; and to represent an action. We have identified the following goals: promoting the improvement of living conditions and health; reducing morbidity and mortality from preventable causes; qualifying and humanising healthcare to women in the SUS; drawing attention to women in situation of domestic and sexual violence; promoting the elderly women's health; and strengthening the participation of women in social control health policies addressed to them. Each goal is clear and concise and being a guide to health professionals, although, it is impossible to measure their outcomes, because the indexes do not monitor and control the performance of campaigns (Figure 2).

The second process is the social change. For health managers, the difficulty in promoting social change lies in the low educational level of the population that attends the campaigns, then, if they reach the cognitive level and actions, sometimes it is an advance or a win. Kotler (1975) introduces the four stages of changing: cognitive; action; behaviour; and value. Prochaska and DiClemente (1983) have a similar model, whose introduces six processes, called as behaviour change, as shown in Figure 2. This study made use of the Kotler's model, but, the Prochaska and DiClemente's model produces the same result. We present another situation which prevents the social change: if a woman can afford her social problem, if she can afford a private medical assistance, she does not change, even though she has a great level education and is conscious and aware of the effects of the problem in her health. The economic conditions may infer in the persistence of the social problem, like the different situations and realities that prevent the actions of social change in favour of health promotion in a target audience.

Social change is the modification in women's lifestyle. Thus, according to health managers social change requires that women want it to be an active element and influence their community; although, many of them do not come to the health centre to get guidance, but for the tangible product which supplements the campaign. The interviewee informed, in this case, that the campaign did not result in social change, but in the possibility of getting a product for free. It means these women did not recognise their social (or health) problems. The manager of ICWC from São Bernardo do

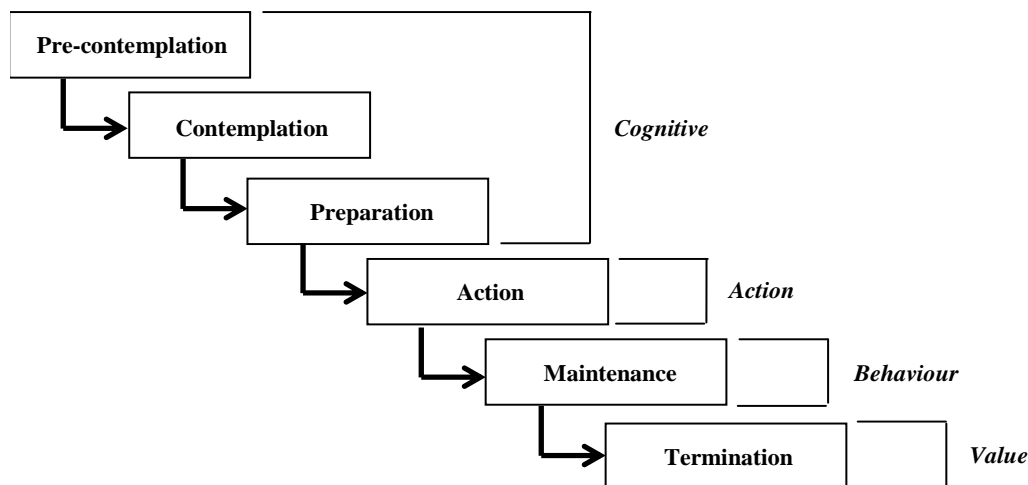


Figure 2. Similarities between models of social change and behaviour change. Source: Kotler (1975) and Prochaska and DiClemente (1983).

Campo city believes that some women only look for a social change when the problem worsens, or when they have a serious illness. He also gave an example of a woman who went to the ICWC seeking help on oral health caused by poor hygiene. After the analysis of the woman's health situation, the professional advised her about harmful-habits and her case would require an invasive treatment. The patient said to this professional: "Is there any kind of medicine for it? Is there something that can I take to get better quickly?" The interviewee said that this is ordinary recurrent situation, which means, that this woman does not think about a social change perspective in her life.

Thus, changing behaviour involves recognising, admitting and waiving something that one really likes, which provides pleasurable sensations as well as amusement and social conviviality. It is an effort which implies accepting, modifying or abandoning ideas, attitudes, habits, practices and behaviours in favour of healthier living e.g. drinking or smoking with friends (Carvalho and Mazzon, 2013). The Interviewees pointed out that among the four categories of social change the cognitive and the action are the easiest to promote, while behaviour and value are hardest an only reach a small part of the target audience. That is the case in the ABC Region. They emphasise that 15% - 20% of the target audience overcomes the cognitive and action change, which, go beyond the behaviour and value change. The health managers of the women's health programmes have faced two situations to shift the outcomes of campaigns: poor exposure the benefits and awareness of target audience. They believe that this is due to bad perception of society about the quality of public services in the ABC Region.

We have examined the promotional material to identify the benefits of the campaign; however, it was not possible. The folders, flyers and posters provide information and explain about breast cancer, how to prevent and identify nodules, but

they did not say what the benefits would be for women. The health manager related this health conditions and quality of life. According to the interviewees when the women are guided since childhood to take care of their health and, future the campaign focus on this audience, behaviour change happens easily. In a women's health campaign, the first step is the cognitive change, expose the women to a value proposition, emphasising to them the importance of prevention; the second step is making them join in every campaign promoted in the city to prevent and protect themselves; the third step is behaviour, making each woman understand that health is always a priority in their lives; and value, convincing them that behaviour should be part of their values.

The target audience is the fourth process. In the case of HPV campaign recently developed in the region, the target audience was the girls between 11 and 13 years old, taking into account their early sexual initiation. In a study realised by the Ministry of Health on HPV, it was identified that the problem begins in this age group and develops between 15 and 17 years olds. For the interviewees the definition of the target audience is complex in some campaigns, since the health problems can be present in several groups and choosing one or two groups can produce conflicts with those who are not in the group. In this sense, they seek to provide, even for those who are not part of the group, assistance and support, as needed. In the influenza H1N1, five years ago, the health managers expressed that they had a great number of problems, because the vaccination was aimed just at three or four groups.

Positioning is the last process. Positioning is filling a distinctive place in the woman's mind to draw their attention to the idea of changing behaviour. Even with not knowing about Marketing, the FHP teams make this work better than promotional materials. The interviewees reported that the

HPV campaigns were a good example. The FHP teams had been to several districts, schools and colleges in order to influence parents and teenager girls in respect to well-being and health prevention. Another example was the breast cancer prevention campaign in São Caetano do Sul, when the FHP teams visited households in the city to emphasise the benefits of preventive healthcare to women. The interviewees believe that the fragmentation of media encourages even more the FHP in given campaigns. They recognise the importance of the FHP teams in positioning an idea in women's mind. In a recent research with women carried out by CWHP from São Caetano do Sul, the health managers recognise that personal communication is more effective and efficient than any media.

Social Marketing Mix: Designing a Value Proposition

Once the data and information are collected and the change process is conceived, the designing the 8 Ps remains. The mix provides for health managers: (i) the creation of a product; (ii) the price to be paid for the product; (iii) the place where the product is available; (iv) the promotion of positioning of the product; (v) the definition of health team enabling them to provide the services; (vi) the setting of the process of product delivering to women; (vii) the development of methods to measure the performance to achieve outcomes; and (viii) the possibility of integrating all Ps (product, price, place, promotion, people, process and performance) in an action programme is known as plan. This plan is a document, which describe the step-by-step of the activities in a campaign (Lovelock and Wirtz, 2011).

Product is the first P. Even with not knowing the Social Marketing practices, it is noticed by the interviewees, which they understand, plan and develop the products related to prevention, well-being, and healthcare to offer the possibility of changing women's lifestyle, so they take care of themselves, explaining about risks and health care. The health managers believe that the products of the campaigns involve education and awareness, and preventive actions to make women understand that if they take care of themselves; they will have low possibility of incidents and potential problems. In Social Marketing the product is not easy to be understood by those who prepare health campaigns and also by those who buy and use the product. In a Social Marketing campaign is possible to find supplementary products that follow the main product, for example, in the sexually transmitted diseases (STD) campaign in the carnival 2014, the health managers handed out condoms. Thus, the product in Social Marketing is known and planned by the health managers.

Price is the second P. The price is non-monetary, which means: dedication, time or guidance for orientation and cultural barriers in the personal and social perspectives. An interviewee of CWHP from São Caetano do Sul emphasised the barriers of women in performing preventive examination

for breast cancer, for fear finding out some nodule, then, they do not go the health centre (place) to get the product. In many instances, the FHP teams are challenged to overcome these barriers in order to influence and encourage women to join the campaign. A health manager of CWHP from Santo André referred to the HPV campaign as an example to explain the price; the health professionals have had to get the permission and consent from girls' parents, because they did not want their daughters to join the campaign as they were unaware of the meaning of HPV virus. In the end, their daughters attended the campaign. Price means objections and barriers. We observed that health managers recognise price as non-monetary issue.

The place is the third P. According to interviewees, the access to places is determined based on: target audience and equipment. The health managers gave us an example to introduce a definition for place, in a given campaign addressed to young women between 18 and 30 years old, which was organised by the Municipal Health Department, there were only two places to serve them: the Women's Hospital and the Health Centre in Capuava neighbourhood (border of Mauá City). They also mentioned that the Municipal Health Department provided transportation vehicles to them; otherwise these women, who live in neighbourhoods far from the health place, would most likely not be able to attend the campaign. Thus, the where and when are critical in a campaign. The health managers realise the relevance of place, but, it step requires adjustments related to target audience's perspective, i.e., the focus on the customer orientation.

Promotion is the fourth P. In the health campaigns at the ABC Region, the managers use communication, by means of: (i) advertising: posters, folders, flyers, billboards and banners in specific location of the cities; (ii) publicity: local newspaper as *Diário do Grande ABC* (in English: *ABCRegion Diary*) and health and well-being magazines; (iii) personal selling: FHP teams; and (iv) digital marketing: the city hall homepage, the Municipal Department Healthcare homepage, city public agencies and links on search engines. In promotional materials made available by the women's health programmes it was possible to identify that contents of messages are clear to the value proposition, e.g. HPV campaign "*Every girl has her own way of expressing herself, but all of them have just one way to protect themselves*"; skin cancer campaign in São Caetano do Sul: "*Protect yourself, the danger comes from the sun*". The studies on media habits are required to achieve the target audience, even knowing that the costs can increase. Developing a communication plan takes time in Social Marketing, but, produces good outcomes.

Professional is the fifth P. The professionals are those who raise the campaign performance. In the women's health campaign in the ABC Region, the teams perform several roles, according to the interviewees: providing guidance to target audience about the required preventions; offering emotional support to those who are convalescing due to

health problems; collecting data and information related to health status; and intervening to help women. Then, professionals give performance in a campaign. Unfortunately, the health professionals have not the enough expertise and skills in Social Marketing strategies to produce great campaigns addressed to customer perspective. On the one hand, they are engaged and want help someone in the campaigns; on the other hand they are unmotivated, because: the resources are scarce to realise their job; their wages are low; and they are not encouraged to learn on new strategies in public health, since they believe that new knowledge will not raise their wages. The mayors in the ABC Region do not understand that great health teams may improve health campaigns.

Process is the sixth P. All processes are previously designed and planned; however, unexpected failures happen. The interviewees indicated that in a STD campaign developed four years ago, there was a problem which they managed to overcome, the company hired to provide condoms to the campaign had a little problem in one of their transportation vehicles, and we had to go all the way there to get the condoms. On the one hand, we recognise that sometimes the process does not perform as expected due to the absence of professionals, but the effort is offset by those who work to do their best, making each woman have access to the product and service of the health campaign. On the other hand, we verified that the processes chain of the health campaigns is unplanned or unknown, in details, by the health teams, due to lack of skills.

Performance is the seventh P. All interviewees informed that when the campaign is Federal, as the HPV's, the Ministry of Health presents indexes of performance and outcomes expected; in this campaign the outcomes to be achieved was at least 85% of teenager immunised. In Santo André, they exceeded the goal set of 97%. Health campaigns produced by the State are similar to the Federal ones. When the campaigns are designed by the city, there are surveys in order to find out the outcomes that should be achieved in a target audience. The interviewees say that the Municipal Health Department carries out surveys with women who attend the campaigns with the purpose of measuring their satisfaction level and meet needs, which have not being met.

Programme is the last P. The health managers undertake women health campaigns; however, they do not follow the Social Marketing orientation, because they are less familiar with this sort of management. They believe that the training in technical focus prevents health managers have a great vision of the management process and decision-making, i.e., there are lacks in respect of management tactic and strategies. The products and service are not clearly described in terms of social (or behaviour) change in the plan related to value proposition, even though the health manager says otherwise. It is worth mentioning that if a product is not well designed, the unfolding will also be a badly-planned price, place, promotion, people, processes, professionals and performance. One Social Marketing campaign unplanned

presents outcomes inconsistent and inadequate and disrespects the customer orientation principle, as well as the individuals - the demand and the target audience of the campaigns.

Final considerations

Social Marketing aims to ensure individuals' access to health services by: (i) determining what is the problem through systematic data collection; particularly important for setting mission and objective, including behaviour goals; (ii) identifying behaviours risks and external and internal determinants which impact the individuals' life condition in an attempt to diagnosis social problems; (iii) developing and implementing interventions to understand target audiences; (iv) applying effective interventions in the whole population, assessing their impact and cost-effectiveness; (v) continuing monitor to analyse data and modify interventions. In this perspective, Social Marketing represents a unique system for understanding who the individuals are and what do they desire to organise the creation, delivery and communication of products, services and messages to meet their desires while, at the same time meeting the needs of society and solve serious social problems in the public arena.

Social Marketing borrowed the Commercial Marketing and social (or behaviour) change theories to set a Marketing application for intervention in the social arena. Social Marketing is not just advertising or communication, media campaign, reaching everyone and a fast process, since entire processes depends on the individual's active role. Regardless of the Social Marketing model used to plan and develop health campaigns, some assumptions are required before preparing an action plan: (i) to define a consumer-oriented culture through a mission and a goal; (ii) to understand consumer behaviour through research, information system and external and internal environment, in order to track the current issues which characterise the individuals; (iii) to set the behaviour goal as well as the processes to change (iv) to map the competition - barriers; (v) to know how to establish the concept of exchange; (vi) to define the target audience and positioning of the benefit; (vii) to set up the Social Marketing mix in the perspective of 8 Ps instead of 4 Ps, as present in several literatures, once the product is, actually, a service; (viii) to create a performance indexes to monitor, analyse and assess the health campaign.

Having carried out all interviews and analysing all campaign materials, we may answer our aim; we identified the three levels in the women's health campaigns in the ABC Region. But, we conclude that plenty of processes were not lined up with Marketing concepts, such as: (i) mission and goals were misrepresented as one; (ii) the collection of data and information coming from external and internal environments were not regarded as a whole; (iii) the research and information systems have not data and information updated about the current situation; (iv) the social (or behaviour)

change processes are not covered in all stages, the health managers do not reach the behaviour and value changes; (v) the benefits are not clear to women as to health managers of the campaigns; and (vi) the 8 Ps are recognised in women's health campaigns, although, these tactics require improved related to campaign purpose. Health managers cannot design, plan and perform a campaign without the women's active role to achieve behaviour and value change, as it was also observed through studies produced by Cismaru et al. (2009), Christine (2007) and Lefebvre and Flora (1988).

Thereby, our contributions are: (a) the ABC Region teaches us that Social Marketing strategies are still incipient in developing health campaigns in Brazil; (b) health managers have great difficulty in improving women's health campaigns, because: the resources are not enough; the women have no great education and culture to understand the change benefits, except who those have money to afford their social problem; and professionals have no qualifications to handle the public management to undertake relevant changing in the public area; (c) introducing a culture of Social Marketing takes time, since the health manager who designs and implements campaigns in Brazil, still, do not recognise the potential of Social Marketing strategies to get performance in the public policies addressed to citizens. (d) Social Marketing is a tool useful to realise a radical transformation in the social and health arena in the ABC Region, once the managers understand what needs to be done and planned; and (e) Social Marketing aims to optimise public resources, since it works in the health perspective instead of the disease.

The Social Marketing plan is a professional alternative to introduce customer orientation as regards integrated Marketing to promote consumer satisfaction through behaviour change in the public health. On the one hand, health promotion and prevention is cheaper for the State; on the other hand it is more difficult. Therefore, we want to reinforce and recommend the function of levels I, II and III in assisting health managers in designing and planning Social Marketing campaigns lined up with the target audience. Level I aims to provide the where and when the social problem lies; level II the what to be done; and level III how to be done. In other words, levels I and II define the setting of level III. The plan guides the entire processes from the individual's perspective, increasing the chances of success of a given campaign and decreasing the discrepancies between the planned and the performed. However, the first step involves the introduction of Social Marketing culture, because these problems pointed out in this article is an unfolding of the lack of customer-orientation in the health campaigns.

Conflict of Interests

The author has not declared any conflict of interests.

REFERENCES

- Andreasen A (2006). *Social Marketing in the 21st Century*. Thousand Oaks: Sage Publications, Inc.
- BIRS - Brazilian Institute of Research and Statistics (2010). National Census [Online], available in: http://www.ibge.gov.br/home/estatistica/populacao/censo2010/tabelas_pdf/total_populacao_sao_paulo.pdf [ago 22, 2014].
- Carvalho HC, Mazzon JA (2013). Homo Economicus and Social Marketing: Questioning Traditional Models of Behavior, *J. Soc. Mark.* 3(2):162-175.
- Christine D (2007). The Use of Social Marketing for Science Outreach Activities in Ireland. *Irish J. Manag.* 28(1):103-125.
- Cismaru M, Lavack AM, Hill PJ (2009). Social Marketing Campaigns Aimed at Preventing drunk driving. *Intl. Mark. Rev.* 26(3):292-311.
- Donovan RJ (2011). The Role for Marketing in Public Health Change Programs. *Aust. Rev. Public Aff.* 10(1):23-40.
- Gordon R, Moodie C (2009). Dead cert or Long Shot: the Utility of Social Marketing in Tackling Problem Gambling in the UK? *International Journal of Non-profit and Voluntary Sector Marketing*, London 14(3):243-253.
- Kotler P, Lee N (2008). *Social Marketing: Influencing Behavior for Good*. 3 ed. Thousand Oaks: Sage.
- Kotler P, Roberto E L (1989). *Social Marketing Strategies for Changing Public Behavior*. London: Collier Macmillan.
- Kotler P, Zaltman G (1971). Social Marketing: An Approach to Planned Social Change, *J. Mark.* 35:3-12.
- Kotler P (1975). *Marketing for Nonprofit Organizations*. Englewoods Cliffs, New Jersey: Prentice-Hall.
- Lefebvre RC, Flora JA (1988). Social Marketing and Public Health Intervention, *Health Educ. Q.* 15(3):299-315.
- Lefebvre RG (2011). An integrative Model for Social Marketing, *J. Soc. Mark.* 1(1):54-72.
- Lovelock C, Wirtz J (2011). *Services Marketing: People, Technology and Strategy*. 7th edition. New Jersey: Pearson Prentice Hall.
- Ottawa C (1986). Ottawa Charter for Health Promotion. First International Conference on Health Promotion, 17-21 November, Ottawa, Canada [Online], available: <http://www.mecd.gov.es/dms-static/574eadc8-07b6-450f-b5b2-85ff1e201c8/ottawacharterhp-pdf.pdf> [set 19, 2014].
- Prochaska JO, DiClemente CC (1983). Stages and Processes of Self-change of Smoking. Toward and Integrative Model of Change. *J. Consult. Clin. Psychol.* 51:390-395.
- Smith WA, Strand J (2009). *Social Marketing Behavior: A Practical Resource for Social Change Professionals*. Washington, DC: Academy for Educational Development (AED).
- Stake R E (2000). Case Studies. In: Denzin, N. K.; Lincoln, Y. S. (ed.) *Handbook of Qualitative Research*. London: Sage.
- Tigañas A, Ticiu T, Mora C, Bacali L (2011). Use of Public Sector Marketing and Leadership in Romania's Local Public Administration. *Revista de Cercetare si Interventie Sociala* 34:212-233.
- Wood M (2012). Marketing Social Marketing. *J. Soc. Mark.* 2(2): 94-102.
- Wymer W (2011). Developing more Effective Social Marketing Strategies. *J. Soc. Mark.* 1(1):17-31.
- Yin RK (2012). *Application of Case Study Research*. 3th ed. London: Sage Publication.