



# SOCIAL MARKETING EVIDENCE BASE

## CHILD SURVIVAL

The [Social Marketing Evidence Base](#) was compiled from a systematic review of published literature evaluating social marketing interventions in global health. Thirty-five studies assessed the effectiveness of social marketing on behavioral factors, behavior change, and health outcomes related to child survival:

- 19 studies on diarrhea prevention, water treatment, sanitation, and hygiene
- 15 studies on nutrition
- 1 study on maternal-neonatal mortality
- 1 study on the integrated management of childhood illness

Twenty-three studies found changes in behavioral factors such as improved beliefs about anemia and knowledge of diarrhea treatments and proper hygiene practices. Evidence from these studies also found improvements in purchasing and ownership of household latrines, iron-fortified products, hygiene kits, and water treatment products. Twenty-nine studies found changes in behaviors, including: pregnant women's rate of attendance at antenatal care services and increased breastfeeding, and children's consumption of nutrient-rich and fortified foods. Studies also found improvements in handwashing practices, use of oral rehydration salts and water treatment products, and timely treatment-seeking for children's fever and diarrhea episodes. Twelve studies found changes in health outcomes, such as reductions in incidence of diarrheal disease and stunting among children under the age of five, improved hemoglobin and serum retinol levels among children. Eight child survival studies had Social Marketing Benchmark Criteria scores of 6 or higher.

## EXPERIMENTAL STUDY DESIGNS

**Habib MA, Soofi S, Sadiq K et al. A study to evaluate the acceptability, feasibility and impact of packaged interventions (Diarrhea Pack) for prevention and treatment of childhood diarrhea in rural Pakistan. *BMC Public Health* 2013; 13: 922.**

<b>Location</b>	Pakistan	<b>Intervention Description</b>	Distribution of diarrhea pack (two packets of ORS, zinc tablets, water purification sachets and pictorial leaflet on hand washing, use of toilets, safe water and food storage); promotion through print media and community leaders
<b>Population</b>	Caregivers of children under 5		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	3: Behavior, Exchange, Methods Mix		
<b>Outcomes</b>			
Mixed		<b>Health Outcomes:</b> Lower prevalence of diarrhea, less severe symptoms, fewer cases needing hospitalization	
NS/NR		<b>Behavior Change:</b> Treatment-seeking for diarrhea	
NS/NR		<b>Behavioral Factors:</b> Belief in the effectiveness of diarrhea treatment and willingness to buy	

**Pattanayak SK, Yang JC, Dickinson KL et al. Shame or subsidy revisited: social mobilization for sanitation in Orissa, India. *Bull World Health Organ* 2009; 87.8: 580-587.**

<b>Location</b>	India	<b>Intervention Description</b>	Social marketing strategies to elicit an emotional response to open defecation and motivate households to install latrines; subsidies for latrine construction offered to households below the poverty line
<b>Population</b>	General population		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	7: Behavior, Customer Orientation, Insight, Exchange, Competition, Segmentation, Methods Mix		
<b>Outcomes</b>			
Positive		<b>Behavior Change:</b> Latrine use by men, women, and children	
Mixed		<b>Behavioral Factors:</b> Greater dissatisfaction with current sanitation; increase in household latrine ownership and construction and greater increase among the poorest households	

**Sun X, Guo Y, Wang S et al. Social marketing improved the consumption of iron-fortified soy sauce among women in China. *J Nutr Educ Behav* 2007; 39.6: 302-310.**

<b>Location</b>	China	<b>Intervention Description</b>	Mass media campaign promoting use of iron-fortified soy sauce (FeSS)
<b>Population</b>	Women age 19-70		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	8: Behavior, Customer Orientation, Theory, Insight, Exchange, Competition, Segmentation, Methods Mix		
<b>Outcomes</b>			
Positive		<b>Behavior Change:</b> Increases in purchase and consumption of FeSS	
Mixed		<b>Behavioral Factors:</b> Compared to control group, more positive attitudes toward FeSS and belief in the benefits; fewer perceived barriers to purchase and greater intent to purchase	

<b>Hotz C, Loechl C, De Brauw A et al. A large-scale intervention to introduce orange sweet potato in rural Mozambique increases vitamin A intakes among children and women. <i>Brit J Nutr</i> 2012; 108.1: 163-176.</b>			
<b>Location</b>	Mozambique	<b>Intervention Description</b>	Agricultural component: distribution of sweet potato vine; demand creation/behavior change component: education on nutrition topics, community drama, field day events, radio spots and programs on benefits of orange sweet potatoes; marketing and product development component: training for traders, urban and rural market development, establishment of market stalls
<b>Population</b>	Caregivers of children under 5		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	Behavior, Exchange, Competition, Methods Mix		
<b>Outcomes</b>			
Positive		<b>Behavior Change:</b> Increase in women's intake of vitamin A through sweet potatoes	

<b>Gupta N, Mutukkanu T, Nadimuthu A et al. Preventing Waterborne Diseases: Analysis of a Community Health Worker Program in Rural Tamil Nadu, India. <i>J Commun Health</i> 2012; 37.2: 513-519.</b>			
<b>Location</b>	India	<b>Intervention Description</b>	ICICI CHW program: bi-weekly visits by CHWs to identify community risk factors, refer to clinic, organize plays/community events, distribute of free chlorine tablets for water treatment; educate on hand washing, treating drinking water, use of ORT for diarrhea
<b>Population</b>	General population		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	2: Behavior, Methods Mix		

### Outcomes

Mixed

**Behavior Change:** Use of water purification methods and home treatment for diarrhea

Mixed

**Behavioral Factors:** Knowledge of the causes and symptoms of diarrhea and means of prevention

Harris JR, Patel MK, Juliao P et al. Addressing Inequities in Access to Health Products through the Use of Social Marketing, Community Mobilization, and Local Entrepreneurs in Rural Western Kenya. *International Journal of Population Research* 2012.

<b>Location</b>	Kenya	<b>Intervention Description</b>	Safe Water and AIDS Project (SWAP): Social marketing of Water Guard water treatment products, Sprinkles, and insecticide-treated bednets through SWAP vendors
<b>Population</b>	General population		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	6: Behavior, Customer Orientation, Insight, Exchange, Segmentation, Methods Mix		

### Outcomes

Mixed

**Behavior Change:** Increased purchase of WaterGuard, Sprinkles, and ITNs

Mixed

**Behavioral Factors:** Increase in exposure to SWAP vendors

## QUASI-EXPERIMENTAL STUDY DESIGNS

Garrett V, Ogutu P, Mabonga P et al. Diarrhoea prevention in a high-risk rural Kenyan population through point-of-use chlorination, safe water storage, sanitation, and rainwater harvesting. *Epidemiol Infect* 2008; 136.11: 1463-1471.

<b>Location</b>	Kenya	<b>Intervention Description</b>	Social marketing of the Safe Water System (SWS) in collaboration with CARE Kenya's program to provide latrines and promote rainwater collection
<b>Population</b>	Caregivers of children under 5		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	4: Behavior, Insight, Exchange, Methods Mix		

### Outcomes

Positive

**Health Outcomes:** Compared to control group, lower incidence of diarrhea in past week

Positive

**Behavior Change:** Greater use of water treatment products

Positive

**Behavioral Factors:** Compared to control group, greater household ownership of latrines and improved water sources

**Pinfold JV, Horan NJ. Measuring the effect of a hygiene behaviour intervention by indicators of behaviour and diarrhoeal disease. *T Roy Soc Trop Med H* 1996; 90.4: 366-371.**

<b>Location</b>	Thailand	<b>Intervention Description</b>	Mass media and community activities to promote handwashing and dishwashing; school-based education and construction of hand- and dish-washing facilities; distribution of handwashing containers and soap
<b>Population</b>	General population		
<b>Sampling Method</b>	Purposive		
<b>Social Marketing Benchmark Criteria</b>	5: Behavior, Customer Orientation, Insight, Exchange, Segmentation, Methods Mix		

### Outcomes

Positive

**Health Outcomes:** Reduced diarrhea prevalence

Positive

**Behavior Change:** Improved rates of handwashing and dishwashing

Positive

**Behavioral Factors:** Increased knowledge about handwashing and dishwashing

**De Pee S, Bloem MW, Satoto et al. Impact of a social marketing campaign promoting dark-green leafy vegetables and eggs in central Java, Indonesia. *Int J Vitam Nutr Res* 1998; 68.6: 389-398.**

<b>Location</b>	Indonesia	<b>Intervention Description</b>	Educational campaign promoting eggs and dark-green leafy vegetables
<b>Population</b>	Caregivers of children under 3		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	3: Behavior, Customer Orientation, Insight		

### Outcomes

Positive

**Health Outcomes:** Improved serum retinol levels among mothers and children

Mixed

**Behavior Change:** Increased intake of iron-and vitamin-A rich foods by mothers and children

Zagré NM, Delpeuch F, Traissac P et al. Red palm oil as a source of vitamin A for mothers and children: impact of a pilot project in Burkina Faso. *Public Health Nutr* 2003; 6.8: 733-742.

<b>Location</b>	Burkina Faso	<b>Intervention Description</b>	Social marketing of red palm oil (RPO) as a source of vitamin A
<b>Population</b>	Caregivers of children under 3		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	3: Behavior, Segmentation, Methods Mix		

### Outcomes

Positive

**Health Outcomes:** Increased serum retinol levels in mothers and children

Mixed

**Behavior Change:** Increased intake of vitamin A rich foods by mothers and children

Wang B, Zhan S, Sun J et al. Social mobilization and social marketing to promote NaFeEDTA-fortified soya sauce in an iron-deficient population through a public-private partnership. *Public Health Nutr* 2008; 12.10: 1751-1759.

<b>Location</b>	China	<b>Intervention Description</b>	Community mobilization; social marketing of iron fortified soya sauce
<b>Population</b>	Women aged 20 or older and children aged 3-7		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	6: Behavior, Customer Orientation, Insight, Exchange, Competition, Methods Mix		

### Outcomes

Mixed

**Health Outcomes:** Decreased prevalence of anemia and increased mean hemoglobin levels among women and children

Positive

**Behavior Change:** Increase purchases of iron-fortified soya sauce

Mixed

**Behavioral Factors:** Improved knowledge related to iron deficiency risks and symptoms; increased intentions to include more iron in diet

Patel MK, Harris JR, Juliao P et al. Impact of a Hygiene Curriculum and the Installation of Simple Handwashing and Drinking Water Stations in Rural Kenyan Primary Schools on Student Health and Hygiene Practices. *Am J Trop Med Hyg* 2012; 87.4: 594-601.

<b>Location</b>	Kenya	<b>Intervention Description</b>	School-based education component of the NICHE project: Students taught how to use the handwashing and water treatment facilities and encouraged to pass on the information to their parents
<b>Population</b>	Schoolchildren		
<b>Sampling Method</b>	Two-stage sampling: random/census		
<b>Social Marketing Benchmark Criteria</b>	4: Behavior, Customer Orientation, Segmentation, Methods Mix		

#### Outcomes

Mixed

**Health Outcomes:** Decreases in reported acute respiratory infections and any illness during school year among students

Mixed

**Behavior Change:** Increases in handwashing by students at school; water treatment by caregivers at home

Mixed

**Behavioral Factors:** Increases in students' and caregivers' knowledge of correct handwashing and water treatment techniques and awareness of WaterGuard

Alisjahbana A, Williams C, Dharmayanti R et al. An integrated village maternity service to improve referral patterns in a rural area in West-Java. *Int J Gynecol Obstet* 1995; 48 Suppl: S83-S94.

<b>Location</b>	Java	<b>Intervention Description</b>	Promotion of accessible birthing homes for clean delivery
<b>Population</b>	Pregnant women		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	1: Methods Mix		

#### Outcomes

Mixed

**Health Outcomes:** Compared to control group, lower likelihood of experiencing complications in the antenatal period; no different in perinatal deaths

Mixed

**Behavior Change:** Greater likelihood of receiving antenatal care, referrals for complications; no different in delivery with skilled birth attendant

Warnick E, Dearden KA, Slater S et al. Social marketing improved the use of multivitamin and mineral supplements among resource-poor women in Bolivia. *J Nutr Educ Behav* 2004; 36.6: 290-297.

<b>Location</b>	Bolivia	<b>Intervention</b>	Multifaceted communications campaign promoting
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<b>Population</b>	Women of reproductive age	<b>Description</b>	use of multivitamin supplement
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	7: Behavior, Customer Orientation, Theory, Insight, Exchange, Segmentation, Methods Mix		
<b>Outcomes</b>			
	Mixed	<b>Behavior Change:</b> Increase in ever use of multivitamin supplements; greater equity in use by socioeconomic group and education level	
	Mixed	<b>Behavioral Factors:</b> Awareness of multivitamin supplements; greater equity in level of awareness by socioeconomic group and education level	

<b>Crape BL, Kenefick E, Cavalli-Sforza T et al. Positive Impact of a Weekly Iron-Folic Acid Supplement Delivered with Social Marketing to Cambodian Women: Compliance, Participation, and Hemoglobin Levels Increase with Higher Socioeconomic Status. <i>Nutr Rev</i> 2005 63.12: S134-138.</b>			
<b>Location</b>	Cambodia	<b>Intervention Description</b>	Social marketing of weekly iron-folic acid supplement use and education materials about anemia
<b>Population</b>	Schoolchildren		
<b>Sampling Method</b>	Purposive		
<b>Social Marketing Benchmark Criteria</b>	1: Methods Mix		
<b>Outcomes</b>			
	Mixed	<b>Health Outcomes:</b> Improved mean hemoglobin level among children	
	Mixed	<b>Behavioral Factors:</b> Greater equity by socioeconomic group and education level in use of iron-folic acid supplements	

<b>Angeles-Agdeppa I, Saises M, Capanzana M et al. Pilot-scale commercialization of iron-fortified rice: effects on anemia status. <i>Food Nutr Bull</i> 2011; 32.1: 3-12.</b>			
<b>Location</b>	Philippines	<b>Intervention Description</b>	Social marketing of iron-fortified rice
<b>Population</b>	Mothers and children age 6-9		
<b>Sampling Method</b>	Purposive/probability		
<b>Social Marketing Benchmark Criteria</b>	4: Exchange, Competition, Segmentation, Methods Mix		



## Outcomes

Mixed

**Health Outcomes:** Reduced prevalence of anemia and increased mean hemoglobin level among mothers and children

**Baizhumanova A, Nishimura A, Ito K et al. Effectiveness of communication campaign on iron deficiency anemia in Kyzyl-Orda region, Kazakhstan: a pilot study. *BMC Blood Disord* 2010; 10: 2.**

<b>Location</b>	Kazakhstan	<b>Intervention Description</b>	Mass media to increase public awareness about anemia and promote fortified wheat flour
<b>Population</b>	Women of reproductive age; children age 2-14		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	2: Behavior, Methods Mix		

## Outcomes

Mixed

**Health Outcomes:** Decrease in iron deficiency/anemia among women and children

**Havemann K, Pridmore P, Tomkins A et al. What works and why? Evaluation of a community nutrition programme in Kenya. *Public Health Nutr* 2013; 16.9: 1614-1621.**

<b>Location</b>	Kenya	<b>Intervention Description</b>	Community Based Nutrition Program (CBNP): social marketing and training of key stakeholders to increase awareness of child undernutrition; educational theatre, training of CHWs, construction of protected wells and latrines
<b>Population</b>	Caregivers of children under 5		
<b>Sampling Method</b>	Purposive		
<b>Social Marketing Benchmark Criteria</b>	7: Behavior, Customer Orientation, Insight, Exchange, Competition, Segmentation, Methods Mix		

## Outcomes

Mixed

**Health Outcomes:** Reduced rate of stunting and under-weight among children

**Kassegne S, Kays MB, Nzohabonayo J. Evaluation of a social marketing intervention promoting oral rehydration salts in Burundi. *BMC Public Health* 2011; 11: 155.**

<b>Location</b>	Burundi	<b>Intervention Description</b>	Mass media and community outreach to promote the use of ORASEL for diarrhea in children under five
<b>Population</b>	Caregivers of children under 5		

<b>Sampling Method</b>	Probability
<b>Social Marketing Benchmark Criteria</b>	5: Behavior, Customer Orientation, Theory, Insight, Methods Mix
<b>Outcomes</b>	
Positive	<b>Behavior Change:</b> Increased use of ORASEL at child's last diarrheal episode
Mixed	<b>Behavioral Factors:</b> Greater perceived affordability and availability of ORASEL, social support and self-efficacy to use ORASEL for treating diarrhea, belief in the efficacy of ORASEL and home-based diarrhea treatment, intentions to buy ORASEL

**Littrell M, Moukam LV, Libite R et al. Narrowing the treatment gap with equitable access: Mid-term outcomes of a community case management program in Cameroon. *Health Policy and Plann* 2013; 28.7: 705-716.**

<b>Location</b>	Cameroon	<b>Intervention Description</b>	Community case management for childhood illnesses through community health workers: diagnosis, referral for suspected malaria, treatment with artemisinin combination therapy (ACT); treatment of diarrheal disease with ORS and zinc; media, community meetings, and interpersonal communication to promote awareness of CCM services
<b>Population</b>	Caregivers of children under 5		
<b>Sampling Method</b>	Purposive/census		
<b>Social Marketing Benchmark Criteria</b>	2: Behavior, Methods Mix		
<b>Outcomes</b>			
Positive	<b>Behavior Change:</b> Increased treatment-seeking for diarrhea and fever in children and receipt of appropriate treatment		
Mixed	<b>Behavioral Factors:</b> Greater equity by socioeconomic groups in treatment-seeking for diarrhea and fever in children; greater perceived access to CHW services and perceived quality of services		

**Wang A, MacDonald VM, Paudel M et al. National Scale-up of Zinc Promotion in Nepal: Results from a Post-project Population-based Survey. *J Health Popul Nutr* 2011; 29.3: 207-217.**

<b>Location</b>	Nepal	<b>Intervention Description</b>	POUZN project: national mass-media campaign to promote the use of zinc and ORS for diarrhea
<b>Population</b>	Caregivers of children under 6		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	5: Behavior, Customer Orientation, Theory, Insight, Methods Mix		

### Outcomes

Positive

**Behavior Change:** Increased use (and correct use) of zinc for diarrhea treatment

Mixed

**Behavioral Factors:** Increased awareness of zinc for diarrhea treatment and knowledge of appropriate use

**Pinfold JV. Analysis of different communication channels for promoting hygiene behaviour. *Health Educ Res* 1999; 14.5: 629.**

<b>Location</b>	Thailand	<b>Intervention Description</b>	Mass media and community activities to promote handwashing and dishwashing; workshops with community leaders; school-based education and construction of hand- and dish-washing facilities; distribution of handwashing containers to households with children under 5
<b>Population</b>	General population		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	5: Behavior, Customer Orientation, Insight, Competition, Segmentation		

### Outcomes

Positive

**Behavior Change:** Improved handwashing and dishwashing practices

NS/NR

**Behavioral Factors:** Improved hygiene knowledge

**Loharikar A, Russo E, Sheth A et al. Long-term Impact of Integration of Household Water Treatment and Hygiene Promotion with Antenatal Services on Maternal Water Treatment and Hygiene Practices in Malawi. *Am J Trop Med Hyg* 2013; 88.2: 267-274.**

<b>Location</b>	Malawi	<b>Intervention Description</b>	Free hygiene kits (water storage container and treatment product, soap, and two sachets of oral rehydration salts) given to pregnant women during their first antenatal clinic visit; up to three free refills of water treatment product and soap during subsequent antenatal visits, at delivery, or during postnatal checkups
<b>Population</b>	Pregnant women		
<b>Sampling Method</b>	Purposive		
<b>Social Marketing Benchmark Criteria</b>	5: Behavior, Customer Orientation, Insight, Segmentation, Methods Mix		

### Outcomes

Mixed

**Behavior Change:** Increase in purchase and use of WaterGuard and other water treatment methods

Mixed

**Behavioral Factors:** Improved knowledge of correct handwashing and water treatment practices; access to improved water storage facilities and handwashing facilities

**Monterrosa EC, Frongillo EA, Gonzalez de Cossío T et al. Scripted Messages Delivered by Nurses and Radio Changed Beliefs, Attitudes, Intentions, and Behaviors Regarding Infant and Young Child Feeding in Mexico<sup>1-3</sup>. *J Nutr* 2013; 143.6: 915-922.**

<b>Location</b>	Mexico	<b>Intervention Description</b>	Five scripted messages and IPC disseminated by nurses during immunization services and over the radio to improve infant and young child feeding
<b>Population</b>	Caregivers of children under 2		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	5: Customer Orientation, Theory, Insight, Segmentation, Methods Mix		
<b>Outcomes</b>			
	Mixed	<b>Behavior Change:</b> Increases in breastfeeding and feeding children nutritious foods	
	Mixed	<b>Behavioral Factors:</b> Improved beliefs and attitudes about eating nutritious foods and intentions to feed them to children	

**O'Reilly C, Freeman M, Ravani M et al. The impact of a school-based safe water and hygiene programme on knowledge and practices of students and their parents: Nyanza Province, western Kenya, 2006. *Epidemiol Infect* 2008; 136.1: 80-91.**

<b>Location</b>	Kenya	<b>Intervention Description</b>	School-based education program on handwashing practices and how to use the safe water system; students encouraged to teach their parents
<b>Population</b>	Schoolchildren		
<b>Sampling Method</b>	Random		
<b>Social Marketing Benchmark Criteria</b>	2: Behavior, Methods Mix		
<b>Outcomes</b>			
	Mixed	<b>Behavior Change:</b> Increase in handwashing by students and their parents; increase in household WaterGuard use	
	Mixed	<b>Behavioral Factors:</b> Improved knowledge of correct handwashing and water treatment practices, awareness of WaterGuard; availability of WASH facilities at home and at school and availability of WaterGuard at school	

**Russo ET, Sheth A, Menon M et al. Water Treatment and Handwashing Behaviors among Non-Pregnant Friends and Relatives of Participants in an Antenatal Hygiene Promotion Program in Malawi. *Am J Trop Med Hyg* 2012; 86.5: 860-865.**

<b>Location</b>	Malawi	<b>Intervention</b>	Free hygiene kits (water storage containers, water
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<b>Population</b>	Pregnant women/women of reproductive age	<b>Description</b>	treatment solution, soap) and educational materials distributed to pregnant women at antenatal clinics
<b>Sampling Method</b>	Purposive		
<b>Social Marketing Benchmark Criteria</b>	5: Behavior, Customer Orientation, Theory, Insight, Methods Mix		
<b>Outcomes</b>			
	Mixed	<b>Behavior Change:</b>	Increased use of WaterGuard and other water treatment methods
	Mixed	<b>Behavioral Factors:</b>	Increased availability of WASH facilities at home; improved knowledge of correct handwashing practices

<b>Sheth AN, Russo ET, Menon M et al. Impact of the Integration of Water Treatment and Handwashing Incentives with Antenatal Services on Hygiene Practices of Pregnant Women in Malawi. <i>Am J Trop Med Hyg</i> 2010; 83.6: 1315-1321.</b>			
<b>Location</b>	Malawi	<b>Intervention Description</b>	Free hygiene kits distributed at antenatal care clinics; eligibility to receive refills of water treatment product
<b>Population</b>	Pregnant women		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	3: Behavior, Exchange, Competition		
<b>Outcomes</b>			
	Mixed	<b>Behavior Change:</b>	Increased use of WaterGuard and other water treatment methods;; correct handwashing techniques
	Mixed	<b>Behavioral Factors:</b>	Increased knowledge of correct WaterGuard treatment; household ownership of latrines and soap

<b>Thevos AK, Olsen SJ, Rangel JM et al. Social marketing and motivational interviewing as community interventions for safe water behaviors: Follow-up surveys in Zambia. <i>Int Q Community Health Educ</i> 2002; 21.1: 51-65.</b>			
<b>Location</b>	Zambia	<b>Intervention Description</b>	Volunteer community health promoters trained in causes of diarrhea and prevention; weekly household visits by promoters to educate people and use motivational interviewing techniques to encourage them to buy and use the socially marketed disinfectant Clorin and safe water storage
<b>Population</b>	General population		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	2: Behavior, Theory		

### Outcomes

Mixed

**Behavior Change:** Increased water treatment use and storage of water in safe containers

NS/NR

**Behavioral Factors:** Increased knowledge of correct water treatment

Dunston C, McAfee D, Kaiser R et al. Collaboration, cholera, and cyclones: A project to improve point-of-use water quality in Madagascar. *Am J Public Health* 2001; 91.10: 1574-1576.

Location	Madagascar	Intervention Description	Social marketing of Safe Water System (point of use treatment and storage containers)
Population	General population		
Sampling Method	Probability		
Social Marketing Benchmark Criteria	5: Behavior, Customer Orientation, Insight, Exchange, Methods Mix		

### Outcomes

Positive

**Behavior Change:** Increased use of the Safe Water System

Baker EJ, Sanei LC, Franklin N. Early Initiation of and Exclusive Breastfeeding in Large-scale Community-based Programmes in Bolivia and Madagascar. *J Health Popul Nutr* 2006; 24.4: 530-539.

Location	Bolivia, Madagascar	Intervention Description	LINKAGES project: Provider training, community education events, mother-to-mother support groups, local health fairs, health facility referrals to promote early exclusive breastfeeding
Population	Mothers of infants		
Sampling Method	Probability		
Social Marketing Benchmark Criteria	Behavior, Customer Orientation, Insight, Methods Mix		

### Outcomes

Mixed

**Behavior Change:** Increase in timely initiation of breastfeeding, exclusive breastfeeding during first month

Blanton E, Ombeki S, Oluoch GO et al. Evaluation of the Role of School Children in the Promotion of Point-of-Use Water Treatment and Handwashing in Schools and Households: Nyanza Province, Western Kenya, 2007. *Am J Trop Med Hyg* 2010; 82.4: 664-671.

Location	Kenya	Intervention Description	CARE Kenya program to promote PuR water-purification in schools: Teachers and school
Population	Schoolchildren		

<b>Sampling Method</b>	Probability	administrators trained in proper hand washing; safe water clubs formed; schools given water and PuR water treatment for drinking and hand washing; comic book for students on diarrhea prevention
<b>Social Marketing Benchmark Criteria</b>	3: Behavior, Exchange, Methods Mix	
<b>Outcomes</b>		
Mixed	<b>Behavior Change:</b> Increase in ever use of PuR and WaterGuard; increased handwashing	

**Curtis V, Kanki B, Cousens S et al. Evidence of behaviour change following a hygiene promotion programme in Burkina Faso. *B World Health Organ* 2001; 79.6: 518-527.**

<b>Location</b>	Burkina Faso	<b>Intervention Description</b>	Household visits, plays, and education through school curriculum, health centers, and community volunteers to promote proper hygiene
<b>Population</b>	Caregivers of children under 3, schoolchildren		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	5: Behavior, Customer Orientation, Insight, Segmentation, Methods Mix		
<b>Outcomes</b>			
Mixed	<b>Behavior Change:</b> Increases in latrine use and handwashing		

**Kanal K, Busch-Hallen J, Cavalli-Sforza T et al. Weekly Iron-Folic Acid Supplements to Prevent Anemia among Cambodian Women in Three Settings: Process and Outcomes of Social Marketing and Community Mobilization. *Nutr Rev* 2005; 63.12: S126-133.**

<b>Location</b>	Cambodia	<b>Intervention Description</b>	Social marketing of weekly iron-folic acid supplementation to women who are not easily accessible through existing health networks
<b>Population</b>	Women of reproductive age		
<b>Sampling Method</b>	[not described]		
<b>Social Marketing Benchmark Criteria</b>	6: Behavior, Customer Orientation, Insight, Exchange, Segmentation, Methods Mix		
<b>Outcomes</b>			
Mixed	<b>Behavior Change:</b> Increases in knowledge about anemia and preventative measures, beliefs about the need to take iron supplements, and intentions to take supplements		

Khan NC, Hoang Thi Kim T, Berger J et al. Community Mobilization and Social Marketing to Promote Weekly Iron-Folic Acid Supplementation: A New Approach Toward Controlling Anemia Among Women of Reproductive Age in Vietnam. *Nutr Rev* 2005; 63.12: S87-94.

<b>Location</b>	Vietnam	<b>Intervention Description</b>	Provider training; community mobilization activities; promotion over loudspeakers, posters, cars, and leaflets of preventative iron folic-acid supplementation
<b>Population</b>	Women of reproductive age		
<b>Sampling Method</b>	Probability		
<b>Social Marketing Benchmark Criteria</b>	4: Customer Orientation, Insight, Exchange, Methods Mix		
<b>Outcomes</b>	<b>Behavioral Factors:</b> Improved knowledge of causes of anemia, particular risk for pregnant women, and means of prevention		
	Mixed		

Angeles-Agdeppa I, Paulino LS, Ramos AC et al. Government-Industry Partnership in Weekly Iron-Folic Acid Supplementation for Women of Reproductive Age in the Philippines: Impact on Iron Status. *Nutr Rev* 2005; 63.12: S116-125.

<b>Location</b>	Philippines	<b>Intervention Description</b>	Social marketing of weekly iron-folic acid supplement in community; sale of Femina 60 in stores
<b>Population</b>	Women of reproductive age		
<b>Sampling Method</b>	Census		
<b>Social Marketing Benchmark Criteria</b>	2: Behavior, Methods Mix		
<b>Outcomes</b>	<b>Behavior Change:</b> Increase in use of iron-folic acid supplements by pregnant and non-pregnant women		
	NS/NR		

**Suggested Citation:** Firestone, R., Rowe, C.J., Modi, S., and Sievers, D. (2017). Social Marketing Evidence Base for Child Survival. Washington, DC: Population Services International.