

Topic 1: Introduction to Social Marketing

Content

- Definition of social marketing.
- History of social marketing.
- Role of social marketing.
- Social marketing Vs social media marketing.

1) Definition of Social Marketing (SM)

- ❑ Social marketing applies marketing thinking to influence behaviours for social good (not to sell more of a brand).
- ❑ It integrates marketing concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good.
- ❑ **Social marketing is a research-informed, ethical approach that applies and integrates marketing concepts** (e.g., audience insight, segmentation, and a methods/marketing-mix approach) with other strategies to **influence voluntary behaviours that benefit individuals, communities, and the wider social good.**
- ❑ Behavior change is central: outcomes are measured in behaviours (e.g., uptake, adherence, maintenance), not only awareness.

Core Principles of SM

- **Behaviour focus:** Define a specific, measurable behaviour to change (who does what, when, where).
- **Customer orientation:** Understand the audience “in the round” (lived realities, constraints, motivations).
- **Insight + theory:** Use formative research and behaviour theory to explain barriers/drivers.
- **Exchange:** Make the desired behaviour more rewarding / less costly for the audience.
- **Competition:** Account for alternatives that “compete” with the desired behaviour (habits, norms, convenience).
- **Segmentation:** Prioritize distinct groups and tailor the offer and messaging to them.
- **Methods mix:** Use a coordinated mix of tools (product/service design, policy, community action, comms).



Examples of Social Marketing

1) Condom social marketing (e.g., branded condoms like “Protector”)

- Target behavior:** Consistent condom use and safer sex.
- Why it’s social marketing:** It applies **branding** (making condoms socially acceptable and desirable), **pricing strategies** (affordability + perceived value), and **wide distribution** (pharmacies, kiosks, bars, clinics) to reduce access barriers and stigma.
- Behavior-change mechanism:** Increases *availability + acceptability + confidence* in use, and offers an “exchange” (protection + peace of mind + pleasure) that competes with perceived costs (embarrassment, myths, partner resistance).

2) Handwashing promotion with enabling technology (e.g., “tippy taps”)

- Target behavior:** Handwashing with soap at key moments (after toilet use, before eating/food prep).
- Why it’s social marketing:** It combines **behavior prompts**, **community demonstrations**, and an **enabling product** (tippy tap) that makes the desired behavior easier and cheaper—classic “make it easy” social marketing.
- Behavior-change mechanism:** Removes friction (no running water needed), builds social norms (“people like us wash hands”), and reinforces habits through cues and visible installations at homes/schools.

3) Safe Male Circumcision (SMC) demand generation campaigns

- Target behavior:** Voluntary medical circumcision uptake (where appropriate) and follow-through on appointments.
- Why it’s social marketing:** Uses **segmentation** (e.g., young men, partners, influential peers), addresses **perceived barriers** (fear of pain, time off work, myths), and promotes clear **benefits** (health protection, hygiene) through tailored messages and trusted channels.
- Behavior-change mechanism:** Reduces uncertainty and risk perceptions, increases motivation, and supports action through service linkages (where/when to go, what to expect).

Examples of Social Marketing... Cont'd

4) HIV testing and self-testing (HIVST) promotion

- Target behavior:** Increased testing uptake and linkage to care.
- Why social marketing:** Promotes a “product” (test kit/service), reduces psychological costs (fear, stigma), and uses **privacy and convenience** as value propositions.
- Behavior-change mechanism:** Improves perceived control and normalizes testing via peer influence and targeted messaging.

5) Immunization demand creation (e.g., child vaccination completion)

- Target behavior:** Timely immunization and completion of full schedule.
- Why social marketing:** Uses community influencers (VHTs, religious leaders), reminders, and myth-busting—plus service convenience (outreach days).
- Behavior-change mechanism:** Addresses misinformation, strengthens social norms, and reduces practical barriers (distance, time).

6) Family planning/contraceptive uptake campaigns

- Target behavior:** Adoption and consistent use of modern contraception.
- Why social marketing:** Builds **brand confidence**, tackles myths/side-effect fears, promotes method choice (fit-for-life-stage), and improves access.
- Behavior-change mechanism:** Shifts attitudes, reduces perceived risk, and increases self-efficacy through counseling and relatable testimonials.

7) Clean cooking adoption (improved cookstoves/LPG)

- Target behavior:** Switching from biomass/three-stone fires to cleaner options and sustained use.
- Why social marketing:** Uses **value propositions** (time-saving, cleanliness, health, modern identity), addresses barriers (cost, refills, safety fears), and supports trial/payment options.
- Behavior-change mechanism:** Makes benefits tangible and immediate, not only long-term health.

8) Household solid waste separation and plastic reduction

- Target behavior:** Sorting at source + reduced single-use plastic use.
- Why social marketing:** Reframes waste sorting as pride/cleanliness/status; uses prompts, incentives, and easy collection points.
- Behavior-change mechanism:** Turns “doing the right thing” into a simple routine with visible rewards and social approval.

Class exercise 1 (Definition & principles)

- In pairs, pick ONE behaviour to change in your community/university (e.g., helmet use, handwashing, energy-saving, responsible plastic disposal).
- Write the behaviour precisely: “WHO will do WHAT, WHEN, WHERE?”
- List 3 barriers + 3 motivators (use evidence or plausible insights).
- Define the “exchange”: what benefits will the audience gain, and what costs must be reduced?
- Identify key “competition” (habits, social norms, convenience, misinformation).
- Share: each group gives a 60-second pitch of their behaviour statement + exchange.

2) History of Social Marketing (brief timeline)

- 1960s: Early applications in international health and family planning (behaviour-focused communication + distribution).
- 1971: The term “social marketing” was formalised by Kotler & Zaltman (planned social change using marketing tools).
- 1990s: Field expands; clearer boundaries and emphasis on voluntary behaviour change (Andreasen).
- 2000s: Consolidation of criteria and professionalisation (e.g., benchmark/criteria frameworks).
- 2010s: Global consensus definition; increased focus on ethics, equity and sustainability; growth beyond health into environment and systems change.
- Today: Digital platforms and data enable better targeting and feedback loops but raise concerns about privacy and misinformation.



Key shifts and debates in the field

❖ From messaging to value creation

Social marketing increasingly focuses on *what is offered* (services, products, access, incentives), not only information or persuasion.

❖ From “one-size-fits-all” to segmentation and tailoring

Different groups face different barriers and motivations; strategies are designed to match each segment’s needs and perceived exchange.

❖ From stand-alone campaigns to integrated programmes

Greater emphasis is placed on partnerships, systems thinking, and alignment with policy and service delivery to support sustained change.

❖ Stronger focus on ethics and equity

The field highlights transparency, respect, non-manipulation, inclusion, and monitoring for unintended consequences (e.g., stigma).

❖ From awareness metrics to behavioural and economic outcomes

Evaluation is shifting toward measurable behaviour change, impact, and cost-effectiveness rather than only reach, likes, or awareness.

Uganda mini-case: HIV prevention & condom Social Marketing

- Uganda's HIV response is often discussed through the "ABC" framing (Abstain, Be faithful, Condom use) alongside broader community mobilisation.
- Condom social marketing programmes used commercial distribution networks plus branding and promotion to improve access and acceptability.
- **Note:** Social Marketing is strongest when it combines messaging with availability, affordability and convenient access.

3) Roles of social marketing

- ❑ **Enables desirable behavior change**

Reduces practical and psychological barriers while increasing perceived benefits, making positive behaviors easier to adopt and sustain.

- ❑ **Is audience-centred and evidence-based**

Begins with audience research to understand needs, motivations, and constraints, rather than relying on organisational assumptions.

- ❑ **Mobilizes multi-sector collaboration**

Aligns actors across government, NGOs, communities, and business to improve service delivery, access, and supportive environments.

- ❑ **Advances equity and ethical practice**

Uses segmentation to prioritize vulnerable groups and applies ethical safeguards to minimise stigma, manipulation, and unintended harm.

- ❑ **Improves accountability and effectiveness**

Sets clear behavioral objectives and measurable indicators to evaluate results and strengthen programme performance over time.

Aligned with: consensus definition + benchmark criteria (ethics, equity, sustainability).

A practical planning model (simplified) – Social Marketing Plan

- 1) Define the problem as a behaviour (not a “knowledge gap”).
- 2) Audience research: barriers, motivations, contexts; map competing behaviours.
- 3) Segment & target: pick priority groups; create personas grounded in data.
- 4) Design the exchange: benefits, incentives, reduced friction; improve access and convenience.
- 5) Build a methods mix: product/service + price (costs) + place (access) + promotion + policy/community support.
- 6) Implement, monitor, evaluate: learn fast; adapt; measure behavioural outcomes.

Class exercise 2 (Build a mini social marketing plan)

- Group task (15–20 min): Design a mini social marketing programme to reduce plastic littering near your campus/market.
- Specify: (a) target segment(s), (b) desired behaviour(s), (c) exchange proposition, (d) competitors, (e) methods mix.
- Include at least ONE structural component (e.g., bins, collection schedule, deposit return, enforcement, retailer partnership).
- Define 3 evaluation metrics (at least 2 behavioural).
- Present as a 1-slide pitch.

4) Social marketing vs. social media marketing

Aspect	Social marketing	Social media marketing
Primary goal	Behaviour change for social good	Commercial/organisational goals (brand, sales, engagement)
“Customer”	Citizens/communities/priority groups	Consumers, followers, audiences
Success metrics	Behavioural outcomes; equity; sustainability	Reach, engagement, leads, conversions, sales
Tools	Segmentation, exchange, competition, methods mix (incl. policy/service design)	Platform strategy, content, paid/owned/earned media, analytics
Relationship	May use social media as ONE channel	Can promote anything (incl. social causes)

TOPIC 2: Understanding the drivers of consumers in social marketing

(Drivers of Behaviour for Social Marketing)

Social norms • Psychological • Personal • Social • Cultural

Levels of influence (what shapes behaviour)

- Individual: beliefs, skills, emotions, habits
- Interpersonal: family/peers, reference groups
- Community: norms, networks, local institutions
- Structural: policy, services, markets, media

Useful diagnostic models

- COM-B: Capability, Opportunity, Motivation → Behaviour
- Social norms: descriptive vs injunctive
- Learning: modelling + reinforcement
- Culture: shared meanings and practices

1. Social Norms drivers

- **What they are:** Shared expectations about “what people like me do” (**descriptive**) and “what people like me approve of” (**injunctive**).
- **Why they matter:** People often follow norms to gain belonging, avoid shame, and reduce uncertainty, especially when decisions are visible.
- **Common levers:** Correct misperceptions, make the desired behaviour visible, elevate credible referents, and enable public commitment.

Upstream vs Downstream applications of norms

Downstream (individual / community focus)

- Target: specific audience segments
- Tools: messages, prompts, peer modelling, commitment
- Goal: change behaviour adoption/maintenance
- Example: increase consistent handwashing at key moments

Upstream (systems / policy / market focus)

- Target: institutions, services, rules, media ecosystems
- Tools: policy design, service design, regulation, procurement
- Goal: change the “choice environment” and what becomes normal
- Example: mandate handwashing stations in public facilities

In groups of 4–6 (10–12 minutes):

Choose one behaviour (e.g., proper waste sorting, clinic appointment attendance, helmet use).

- 1) Identify the likely descriptive norm and injunctive norm in your target area.
- 2) List two “referent” groups that matter most (e.g., peers, spouses, religious leaders).
- 3) Design one downstream tactic and one upstream tactic to shift the norm.
- 4) Ethics check: how will you avoid stigma or shaming?

2. Psychological drivers

- **Motivation:** People weigh benefits vs costs (including effort, time, money, social risk). “Exchange” is central in social marketing.
- **Perception & heuristics:** Risk, trust and salience shape choices; people often use shortcuts rather than full rational calculation.
- **Learning:** Behaviour is learned through experience, modelling, and reinforcement (rewards/punishments).
- **Beliefs, attitudes, intentions:** Attitudes and perceived control influence intentions, which often predict behaviour when barriers are manageable.

Class exercise: “Barrier – Benefit” map

Work in pairs (8–10 minutes):

Pick a behaviour (e.g., consistent use of clean cooking fuels, saving weekly, completing TB treatment).

- 1) List 3 immediate psychological benefits your audience values (not what organisations value).
- 2) List 3 perceived costs (money, effort, fear, social risk).
- 3) Propose two changes that increase benefits or reduce costs (product/service, incentives, messaging).
- 4) Define one measurable behavioural objective (who does what, when/how often).

3. Personal drivers

- **Age & life-cycle stage:** Needs and constraints change across youth, parenting, working age and older adulthood.
- **Occupation & economic circumstances:** Income variability, time poverty and work patterns shape feasibility (e.g., shift work, informal sector).
- **Lifestyle, personality, self-concept:** Identity-based motives (e.g., “I am a responsible parent”) can sustain behaviour better than information alone.

Implication for social marketing: Segment beyond demographics: segment by constraints, motivations and contexts; then tailor the offer.

Group task (10 minutes): create 1 actionable segment persona

Choose one context (Kampala informal settlements, peri-urban towns, rural trading centre).

Include:

- Life stage + occupation + daily routine (constraints)
- Key motivations (what they want now) and fears (what they avoid)
- Access realities (phone/data, transport, time, money)
- One “exchange” offer: what they give up vs what they gain
- One preferred channel (and why)

4. Social drivers (interpersonal influence)

- **Reference groups:** People adopt behaviours endorsed by groups they identify with (peers, workplaces, faith groups).
- **Family roles and decision power:** Household decisions often depend on who controls money and who bears costs/benefits.
- **Status and signalling:** Some behaviours convey status (e.g., “modern”, “caring parent”), which can motivate adoption.

Implication: Design for “who influences whom”: engage gatekeepers, champions, and those who bear switching costs.

Examples

- Uganda: partner dynamics and peer influence shape condom use and negotiation among young adults
- Uganda: community meetings + public commitment can improve shared sanitation management
- International: peer-led programmes for smoking cessation and breastfeeding support

Mini-activity (5 minutes)

- Pick a target behaviour
- Map the “influence network”: 3 key influencers and 3 blockers
- Select 1 engagement tactic for each influencer
- Identify 1 risk of stigma and how you will prevent it

5. Cultural drivers

- **Culture & subculture:** Shared meanings, traditions and “ways of doing things” that shape what feels appropriate or taboo.
- **Social class and place:** Resources, exposure, and lived experience vary by class and locality, shaping aspirations and constraints.
- **Language, symbols, rituals:** Messages land when they match local metaphors, trusted sources, and everyday practices.

Implication: Co-create with communities, adapt interventions to local realities, and avoid “one-size-fits-all” messaging.

Small groups (10 minutes): adapt one intervention for two Ugandan contexts

Select a behaviour (e.g., waste sorting, antenatal attendance, saving for school fees).

Context A: Kampala (urban);

Context B: A rural trading centre.

For each context, specify:

- 1) Trusted messenger(s) and why they are credible
- 2) Words/symbols to use and avoid (stigma check)
- 3) What must change in the service environment (access, privacy, hours)
- 4) One evaluation indicator you can measure within 4–8 weeks

Key takeaways

- **Start with diagnosis:** Identify the dominant driver(s)
- **Match level to lever:** Use downstream tactics for individual/community behaviour, and upstream tactics to change systems and environments.
- **Segment for action:** Segment by constraints and motivations, not only demographics; tailor “exchange” offers.
- **Design ethically:** Avoid stigma and coercion; prioritise equity and protect vulnerable groups.
- **Measure behaviour:** Define behavioural objectives and track observable indicators (not just awareness).

TOPIC 3: Social Marketing & Social Services

- **Focus areas:** Health care, family planning, education, environment, safety/violence, policy & social innovation
- **Core social marketing principles:** audience insight, exchange, competition, segmentation, marketing mix, and evaluation

The nature of Social Services

- Social services address public value problems (health, education, safety, environment) in which benefits often accrue to society as well as to individuals.
- The “**product**” is frequently a **behaviour** (e.g., immunisation, use of contraception, handwashing, wearing a helmet) or **service uptake** (e.g., ANC visits).
- Demand is shaped by trust, stigma, cultural beliefs, and access constraints, not just awareness.
- Therefore, effective programmes combine communication with service design, distribution, incentives, and supportive policy.

Class exercise: mapping a social service as a “behaviour product”

- Pick ONE issue in Uganda (e.g., immunisation completion, antenatal care attendance, helmet use, waste sorting, school retention).
- Define the behaviour precisely: Who must do what, where, when, how often?
- List barriers (cost, distance, time, stigma, misinformation, norms) and benefits (immediate vs long-term).
- Identify the “competition”: what alternative behaviours or constraints compete with the desired action?
- Share back: Which barrier is most actionable through service design (not just messaging)?

Healthcare marketing: What does social marketing contribute?

- **Audience insight:** Understand lived realities (transport, time-off work, fear, misinformation, prior experiences).
- **Exchange design:** Make the healthy option feel “worth it” now (convenience, reduced waiting, reassurance, social support).
- **Service + communication integration:** Pair messages with accessible services (outreach clinics, mobile services, trusted providers).
- **Segmentation:** Tailor for groups (e.g., first-time mothers, adolescents, rural–urban, high-risk occupations).
- **Evaluation:** Track behavioural indicators (coverage, completion, adherence), not only awareness or reach.

Uganda: where social marketing ideas fit

- Immunisation completion: reminder systems + community mobilisation + convenient outreach points.
- HIV prevention: condom promotion, testing uptake, PrEP awareness, often combining communication, distribution, and stigma reduction.
- Malaria: net use and care; treatment-seeking; community health worker engagement.
- Maternal & child health: ANC attendance and facility delivery, improve transport info, waiting experience, and respectful care cues.

International: illustrative programmes

- National immunisation demand generation using reminders + trusted messengers + easy access points.
- Tobacco control: comprehensive strategies combining policy (tax, smoke-free laws) with cessation support.
- Road safety public health campaigns pairing enforcement, helmet availability, and persuasive messaging.

Challenges in Health Care Marketing

- **Trust deficits:** Rumours, past negative experiences, low institutional trust

Solution: Need credible messengers and transparency.

- **Access constraints:** Distance, stock-outs, service hours, waiting times

Solution: Service redesign is often the biggest “behaviour lever”.

- **Stigma and privacy:** HIV, mental health, sexual health

Solution: Protect confidentiality and avoid labelling audiences.

- **Misinformation dynamics:** Social media amplification

Solution: Pre-bunking, rapid response, and community listening.

- **Ethics**

Solution: Avoid coercion; ensure informed choice; minimise unintended harms.

Class exercise: “diagnose the bottleneck” in a health service

- Scenario: A clinic offers free cervical cancer screening but attendance is low.
- In groups, map the customer journey: Awareness → decision → travel → arrival → service → follow-up.
- Identify 3 barriers (behavioural + structural) and match each to a solution using the 4Ps/7Ps (Product, Price, Place, Promotion + People, Process, Physical evidence).
- Propose ONE metric for each solution (e.g., uptake rate, completion, repeat visit, wait time).
- Share: which fix is “service design” vs “message”?

- **Fertility norms:** Desired family size, lineage expectations, and community approval strongly shape intentions.
- **Gender and negotiation:** Partner influence, decision power, and fear of conflict or violence affect uptake and continuation.
- **Perceived side effects and myths:** Concerns about infertility, bleeding, or harm; misinformation can outweigh clinical facts.
- **Religious and moral frames:** Acceptability varies; faith leaders may be barriers or powerful allies.
- **Service experience matters:** Privacy, respectful counselling, and method availability influence trust and continuation.

Uganda: locally grounded examples

- Youth-friendly services: reduce stigma and waiting-time costs; integrate counselling with privacy.
- Community dialogues: engage men, couples, and trusted leaders to address myths and shared decision-making.
- Method choice and continuity: improve availability (Place) and manage side-effect support (Process/People).

International: typical strategies

- Social marketing of contraceptives: branded affordable products + wide distribution + targeted promotion.
- Mass media + interpersonal communication: combine narratives with clinic linkage and follow-up reminders.
- Norms interventions: highlight “approved” behaviours and positive role models; avoid shame-based messaging.

Class exercise: design a respectful FP message + service support

- Choose an audience segment: (1) married couples, (2) adolescent girls, (3) men 25–40, (4) postpartum mothers.
- Write ONE value proposition using exchange: “If you..., you will gain..., and we will reduce...”.
- Select ONE channel (radio, WhatsApp, VHTs, clinic posters, faith leaders) and justify why it fits the segment.
- Add ONE service change that makes adoption easier (e.g., private counselling hours, fast-track queue, confidential hotline).
- Ethics check: How will you avoid stigma or coercion?

Education and social marketing: (Why does it matter?)

❖ **Education is a key social service.**

It includes enrolment, retention, and completion. Education also influences long-term outcomes such as health, income, and civic participation.

❖ **Many barriers to education are practical, not just attitudinal.**

These include school fees, uniforms, safety concerns, menstrual hygiene management, household labour responsibilities, and doubts about the benefits of schooling.

❖ **Social marketing can help address these barriers.** It involves:

- Understanding different groups of students and parents (segmentation)
- Designing appropriate incentives and support
- Reducing practical obstacles in access and processes
- Encouraging positive social norms around schooling

❖ **Effective approaches work at multiple levels.**

- *Downstream*: Supporting individuals and families directly
- *Upstream*: Improving school systems, policies, and infrastructure

Uganda

- School retention: address hidden costs and norms (e.g., early marriage, child labour) through community dialogue + support schemes.
- Menstrual health: improve product access and privacy; normalise discussion to reduce absenteeism.
- School WASH: handwashing stations + cues + student-led monitoring to build habits.

International

- Conditional cash transfers and nudges to improve attendance and completion (where appropriate and ethical).
- Anti-bullying and safe school climates using peer norms + reporting systems.
- Environmental education linked to practical actions (recycling, energy saving) with measurable school targets.

- Social services require behaviour change + service delivery: Messaging alone is rarely enough.
- Start with audience insights and exchanges; design the service (Place/Process) to remove friction.
- Use segmentation and ethics to prioritise vulnerable groups and avoid harm.
- For safety/violence issues, combine education + marketing + law appropriately.
- Policy and social innovation (upstream) often create the enabling environment for sustainable change.

TOPIC 4: Contemporary Social Marketing Environment

. The PESTLE Lens

Why does “environment” matter in Social Marketing?

- Behaviour change rarely depends on information alone; context shapes what is possible, acceptable, and rewarding.
- Upstream forces (policy, markets, services, norms) can enable or block downstream behaviour change.
- A strong environmental scan improves: (1) targeting and exchange, (2) partnership strategy, (3) risk management, and (4) evaluation indicators.

Class Exercise

Pick a behaviour (e.g., handwashing, contraceptive use, waste sorting, safe riding) and list 5 contextual barriers beyond “knowledge”.

1) Political issues

- **Policy priorities.** These shape which behaviours get funded and how (e.g., prevention vs treatment).
- **Public trust in institutions.** This erodes credibility and compliance.
- **Policy agendas and implementation capacity:** Decentralization, staffing, logistics, and enforcement.
- **Stakeholder power.** Where does it lie? Stakeholder power mapping helps anticipate resistance (industry, local leaders, professional bodies).

Implication for program design

Build coalitions (government–NGO–community–business), align with existing policies, and plan for realistic delivery constraints.

Political issues — Uganda examples

- Decentralised delivery: Health promotion relies on district health teams and community health workers (VHTs); capacity and supervision affect the consistency of services.
- Public trust & rumours: Vaccine hesitancy or outbreak response can be influenced by perceived credibility of messengers (health workers, religious leaders, local councils).
- Multi-sector coordination: Road safety, sanitation, or plastic waste initiatives require alignment among ministries, KCCA/local governments, schools, and private actors.

Mini-case

A sanitation campaign fails in one district because enforcement is weak and local leaders do not champion it. Which political levers and partners would you activate?

Exercise 1 — Political scan (15 minutes)

- Choose one behaviour in Uganda (e.g., helmet use, modern contraception, exclusive breastfeeding, waste sorting).
- Map stakeholders: who benefits, who loses, who has power to enable/block?
- Identify 3 political risks (trust, enforcement, leadership changes, coordination) and 3 mitigation actions.
- Present a one-slide “political strategy”: champions, partnerships, and implementation realities.

2) Economic issues

- **Prices.** Behavior has “prices”: money, time, effort, social risk, and convenience (opportunity costs).
- **Economic shocks** (inflation, unemployment). These change priorities and reduce the capacity to adopt healthier choices.
- **Markets.** Availability matters: if products/services are scarce, promotion can backfire.
- **Cost of living.**

Incentives can help, but must be ethical, sustainable, and aligned with long-term motivation.

- Clean cooking and energy: Upfront cost and liquidity constraints limit adoption; PAYGo and microfinance can reduce the “price” barrier.
- Health behaviours: Transport costs and lost wages can reduce clinic attendance (ANC, immunisation, chronic care).
- Water and sanitation: Fees, unreliable supply, and time costs affect hygiene practices; service design often matters as much as messaging.

Design prompt

Rewrite the “price” of a desired behaviour in four forms: money, time, effort, and social risk. Then propose one intervention for each.

Exercise 2 — Exchange & affordability (15 minutes)

- Pick a target segment (e.g., urban youth, market vendors, boda riders, rural mothers).
- Describe the exchange: what must they give up vs what they gain (short-term vs long-term).
- List 3 competitors (alternative behaviours or products) that “win” today and why.
- Design a “price-reduction” strategy: subsidy, service redesign, defaults, social support, or financing.

3) Socio-cultural aspects

Culture shapes what is “normal”, “acceptable”, and “shameful”, influencing adoption and maintenance.

- **Norms/values.** Norms about cleanliness, shared facilities, and privacy affect adoption
- **Religion**
- **Gender roles.** These and community authority structures affect who decides and who can act.
- **Language and symbolism matter:** Metaphors, humour, and storytelling must fit local meaning.

Culturally competent programs co-create solutions with communities to avoid resistance and stigma.

Socio-cultural aspects — Uganda examples

- Family planning: Beliefs about fertility, lineage, and side-effects can shape attitudes; trusted messengers (health workers, faith/community leaders) matter.
- Sanitation/hygiene: Norms about cleanliness, shared facilities, and privacy affect adoption; shame-based messages can backfire.
- Gender dynamics: Women may be responsible for health behaviors but lack decision-making power over spending or mobility.

Design principle

Use “insight-led” messaging: understand the lived reasons behind resistance, then redesign the exchange and social support, not just the slogans.

Exercise 3 — Cultural insight sprint (15 minutes)

- In pairs, select a target group and behaviour (e.g., adolescents & SRH; boda riders & helmet use).
- Draft 5 interview questions to uncover cultural beliefs, norms, and decision dynamics.
- List 3 “red flags” (stigmatizing words/frames) to avoid.
- Create one message concept and one service design idea that respects local culture and improves adoption.

4) Technological issues

Technology can reduce barriers (access, convenience) but can also create exclusions (data costs, device access, literacy).

- **Mobile/digital access.** Digital platforms enable personalisation, rapid feedback, and peer support, useful for maintenance.
- **Risks:** Misinformation, privacy breaches, algorithmic bias, and overreliance on “reach” rather than behavioural outcomes.
- **Adoption barriers.**
- **Innovation is not only digital:** service redesign, new financing, and distribution models can be the real “breakthrough”.

Technology — Uganda examples

- Mobile money and PAYGo models enable affordability and sustained use of products such as solar, clean cooking, and some health services.
- WhatsApp/Facebook groups: can build social support for behaviour change (e.g., parenting, entrepreneurship, health education) if moderated ethically.
- Digital divides: rural connectivity, data costs, disability access, and literacy can exclude priority segments, plan offline complements (radio, VHTs).

Design prompt

Create a “blended channels” plan: one digital channel + two offline channels that reinforce each other for the same behaviour.

Exercise 4 — Digital intervention design (15 minutes)

- Design a 3-step digital journey (awareness → trial → maintenance) for one behaviour.
- For each step, define: objective, message/content, channel, and the “next action”.
- Add an ethics & equity check: who is excluded and how will you include them?
- Define 2 behavioural metrics (not vanity metrics) to evaluate success.

5) Legal aspects

- **Laws.** Laws can enable behaviour (standards, safety rules) or constrain it (access restrictions, mandatory procedures).
- **Regulation.** Shapes marketing practices: advertising restrictions, labelling, consumer protection, and product quality.
- **Privacy and data governance.** These are critical for digital health, SMS campaigns, and social media interventions.
- **Rights & duties.**
- **Consumer protection.**
- **Ethical practice.** This goes beyond compliance: consent, non-stigmatising messaging, and safeguarding vulnerable groups.

Legal aspects — Uganda examples

- Tobacco Control Act (2011): advertising restrictions and smoke-free public places provide a legal backbone for anti-tobacco social marketing.
- Data Protection and Privacy Act (2019): requires lawful processing and safeguards for personal data in digital campaigns and research.
- Public health and safety rules (e.g., traffic and occupational safety) support enforcement-led behaviour change (helmets, seatbelts, workplace safety).

Exercise 5 — Legal & ethics checklist (15 minutes)

- Choose a proposed intervention that uses digital data (SMS reminders, WhatsApp groups, online ads).
- Identify: (1) what data is collected, (2) who holds it, (3) how consent is obtained, (4) how risks are reduced.
- Write 3 “do no harm” rules to avoid stigma or coercion.
- Design a monitoring plan for misinformation and unintended consequences.

6) Environmental issues

These are ecological conditions and sustainability pressures, such as climate change, pollution, resource scarcity, and ecosystem degradation, that determine which behaviours are necessary, feasible, and urgent in social marketing programs. They shape risk perceptions (e.g., floods, disease outbreaks) and daily constraints (e.g., water access, waste services), thereby influencing behaviour adoption and maintenance.

- **Climate variability and shocks:** Floods, droughts, and heat stress can change priorities and disrupt routines (e.g., hygiene, food safety, health service use).
- **Pollution and environmental health burdens:** Plastics, open burning, air pollution, and contaminated water increase health risks and create strong “reason-to-change” narratives.
- **Resource availability and infrastructure:** Water reliability, sanitation facilities, drainage, and waste collection determine whether a behaviour is realistically possible (not just desirable).
- **Environmental “co-benefits” as motivation:** Emphasize immediate benefits (cleaner home, less smell, fewer pests, saving money/time) alongside long-term environmental benefits, because near-term rewards are often more persuasive.
- **Environmental justice and equity:** Environmental harms disproportionately affect low-income communities; interventions must avoid burdening those with the least resources and agency.

Implication for program design

Use environmental insight to redesign the exchange: reduce time/effort costs, improve access (“place”), and address competing practices (e.g., dumping/burning) through enabling services and norms.

Environmental issues — Uganda examples

- Plastic waste and blocked drainage increase urban flooding risks; sorting/recycling depends on accessible collection points and markets.
- Open burning competes because it is quick and low-cost; alternatives need convenient disposal and enforcement that feels fair.
- Intermittent water supply constrains hygiene behaviours; interventions should include enabling tools (tippy taps, storage) and reliable access points.
- Clean cooking reduces indoor air pollution and black soot; co-benefits (health, cleanliness, savings) support sustained use alongside climate goals.

Mini-case

A waste-sorting campaign succeeds in messaging but fails in practice because households have no nearby collection point. Redesign “place” (drop-off sites, scheduled pickup) and “price” (time/effort) before scaling promotion.

Exercise 6 — Environmental scan (15 minutes)

- Choose one behaviour in Uganda (e.g., stopping open burning, waste sorting, safe water storage, clean cooking use).
 - 1) List 3 environmental constraints affecting adoption (e.g., flooding, water access, lack of collection services).
 - 2) Identify the main competing behaviour and why it wins (cost, convenience, norms).
 - 3) Propose a response using the marketing mix: Product (support tools), Place (where/how), Price (what to reduce), Promotion (message).
 - 4) Equity check: who is most burdened and what support avoids stigma or unfair costs?

Link to practice: environmental context should translate into exchange design and realistic delivery, not awareness campaigns alone.

Conclusion: From environmental scan to better programs

- Translate PESTLE findings into: segmentation choices, exchange design, service improvements, and partnership strategy.
- Plan for competition: what alternative behaviours/products are easier, cheaper, or more socially rewarded?
- Build ethics in by design: equity, privacy, and stigma avoidance, especially for vulnerable groups.
- Evaluate continuously: pretest, pilot, scale with learning loops.

THE END