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Social Marketing and Family Planning

Abstract

Introduction: Family Planning Issues around the World

Family planning has been one of the prime targets of social marketing activities ever since the broadening of the marketing concept (Kotler and Levy 1969; Levy and Kotler 1969). The ‘broadening of marketing’ move resulted in programmatic marketing elements – plans, research techniques, methods, strategies – being applied to fields outside core business domains (Kotler and Zaltman 1971), including family planning. In the early years, family planning had been synonymous with birth control in developing countries (Freeberne 1964, Tabbarah 1964) with particular focus on condom use (Harvey 1999). Demographic changes around the world necessitated a broader view (Dholakia and Dholakia 1984; Dholakia and Dholakia 2000; Kumcu and Firat 1989) and social marketing agencies began to emphasize the key concepts of ‘family’ and ‘planning’ rather than focusing only on birth control. In this chapter we review some of the social marketing programs around the world to reflect on the challenges that arise when family planning is broadened beyond birth control. The change in focus has been accompanied by different demographic dynamics across the world, intensifying religious campaigns (usually against family planning) in some cases, struggles for women’s rights, and changes in program participants; and we explore some of the limitations and contradictions of social marketing in such dynamic settings.
Population Control Issues

For a long time, family planning was synonymous with birth control. Predictions of population explosions and resource constraints (e.g., Ehrlich 1968) led experts to identify birth control as the primary means of addressing the perceived global problem of overpopulation. Because scholars and agencies from the rich western nations dominated the family planning related narratives, alternative social science voices that pointed to poverty as the cause of high birth rates in developing nations (and therefore dependence by the poor on large families to provide productive labor and possible old age security) were crowded out (for examples of such alternative works, see Mamdani 1973; Nag, White and Peet 1978) – and funding from development agencies was channeled aggressively into birth control rather than into poverty reduction programs.

From the 1970s, rather than bureaucratic approaches, social marketing approaches were advocated as more effective methods to meet population control targets (El-Ansary and Kramer 1973; Farley and Leavitt 1971; Roberto 1975). As recounted in Dholakia (1984), the traveling mass ‘family planning camps’ in India utilized market research, multiple communications media, as well as individual and group incentives to mobilize large numbers of men to undergo vasectomies in rural India. Use of condoms was promoted through the use of advertising agencies and the distribution channels of established, private sector consumer goods companies (Dholakia and Dholakia 2000). Family planning programs in Sri Lanka (Fox and Kotler 1980), Bangladesh (Brown, Waszak and Childers 1989) and other countries relied on similar K-A-P models: to increase ‘knowledge’ (K), reshape ‘attitudes’ (A), and promote birth control

According to USAID (2013), the population control measures have been largely successful and many developing countries have ‘graduated’ from the family planning assistance programs provided by the United States government. These countries have ‘reached high levels of modern contraceptives use (ranging between 51 and 70%) and low levels of fertility (ranging between 2.3 and 3.1 children per woman)’; and are no longer in need of family planning aid and assistance from agencies such as USAID.

In countries such as the United States, birth control programs are focused on specific demographic groups such as teenagers and low income women. Unwanted pregnancies, for instance, are significantly higher among these groups – ‘women with incomes below the federal poverty level have more than five times the unintended pregnancy rate of women at 200% of poverty and greater’ (Sonfield 2013) – and unwanted pregnancies have been found to seriously hinder maternal and child health as well as economic wellbeing across generations. The Personal Responsibility Education Program (PREP) of the U.S. Department of Health & Human Services has been designed to “educate young people on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, including HIV/AIDS. The program targets youth ages 10-19 who are homeless, in foster care, live in rural areas or in geographic areas with high teen birth rates, or come from racial or ethnic minority groups. The program also supports pregnant youth and mothers under the age of 21” (PREP 2012).
**Population Growth Issues**

In economically advanced countries, the family planning issue gets turned on its head. Though the specific terminology of ‘family planning’ is often not used, the behavior change challenge is again of altering conception and contraception behaviors, except this time framed as the challenge of raising rather than lowering birth rates. With rising affluence, there is a historic decline in births per woman, with a strong correlation between GDP per capita and Total Fertility Rate (TFR). The dramatic shifts can be seen in Table 1. When TFR drops below the population replacement rate (approximately 2.1), the population declines and there is the specter of ever fewer workers supporting a rapidly aging population, and there is even a danger of population collapse.

**Table 1: Total Fertility Rates for Selected Developed Countries**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>United States</td>
<td>3.45</td>
<td>3.30</td>
<td>2.02</td>
<td>2.05</td>
<td>2.06</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>2.18</td>
<td>2.80</td>
<td>2.04</td>
<td>1.78</td>
<td>1.73</td>
</tr>
<tr>
<td>France</td>
<td>2.73</td>
<td>2.90</td>
<td>2.31</td>
<td>1.72</td>
<td>1.80</td>
</tr>
<tr>
<td>Canada</td>
<td>3.73</td>
<td>3.60</td>
<td>1.98</td>
<td>1.73</td>
<td>1.60</td>
</tr>
<tr>
<td>Japan</td>
<td>2.75</td>
<td>2.00</td>
<td>2.07</td>
<td>1.49</td>
<td>1.50</td>
</tr>
<tr>
<td>Germany</td>
<td>2.16</td>
<td>2.50</td>
<td>1.64</td>
<td>1.30</td>
<td>1.30</td>
</tr>
<tr>
<td>Italy</td>
<td>2.32</td>
<td>2.60</td>
<td>2.28</td>
<td>1.28</td>
<td>1.20</td>
</tr>
</tbody>
</table>

Source: UN Population Division, demographic indicators 1950-2020 (the 1998 revision)

This is evident not only in long-established economically advanced countries which have seen dramatic declines in population growth rates, such as Japan (Oliver 2012) and Germany (Moore 2010), but also in countries that have climbed the economic progress ladder relatively recently such as South Korea and Singapore. Discussions, policies and programs in such countries have attempted to increase the birth rate. In Japan, for instance, billboards from Japan
Agriculture (JA) attempt to encourage birth rates. Hiroshi Yoshida, an economics professor at Tohoku University has created a clock that shows the population falling as the clock ticks down, and he projects that by 3011, there will be no one under 15 left in Japan (Oliver 2012).

In Russia, September 12 has been declared the National Day of Conception. Incentives such as refrigerators, money, cars are being offered to those couples who deliver a child on June 12, the national day (McRobbie 2013). An increase in the birth rate in the Ulyanovsk region has been attributed to these incentives (Associated Press 2007). In Italy, specifically in Laviano in southern Italy, a ‘baby bonus’ has been offered to any mother – single or married, local or immigrant – with the incentive distributed over several years in order to improve not only the birth rate but also the residency period; success has also been claimed for this incentive (Shorto 2008). At the national level, Italy has been less consistent – offering and withdrawing incentives – with changes in political leadership.

High economic costs of raising a family, work-family life balance issues, and gender equity pose structural barriers that limit the attractiveness and effectiveness of such incentives (BBC 2007). Because female labor participation rate is strongly correlated with birth rates, advanced countries with state supported child care tend to have somewhat higher birth rates (Billari and Kohler 2004; McDonald 2000). Sweden (and other Scandinavian countries) offer a more comprehensive and integrated policy that truly attempts to promote gender equity in the form of paid maternity and paternity leave, subsidized child care as well as cash incentives (Thorvaldson 2012). In countries where such integrated support services are not available – such as Japan (BBC 2007), Italy and Germany – cash or product incentives alone have not succeeded
is boosting birth rates (Schoppa 2010; Thorvaldson 2012). Even France, with a less comprehensive program than the Scandinavian countries, has a pro-child incentive policy that is considered to be a “permanent public investment to facilitate conciliation between work and child-care responsibility” (Shorto 2008).

Promoting higher birth rates is not confined to countries with a long history of economic development such as Japan and Germany. Newly rich countries such as South Korea and Singapore, faced with declining birth rates, are also attempting to reverse the trend. South Korea, for instance, has instituted ‘Family Day’ to ‘help staff get dedicated to childbirth and upbringing’ in addition to cash gifts and incentives to staff (employees) who have more than one child (McRobbie 2013). With support from candy maker Mentos, Singapore has similarly promoted ‘National Night’ and appeals to the patriotic ‘to show your love for Singapore by giving our country the population spurt it so desperately needs’ (McRobbie 2013).

**Population Balancing Issues**

In addition to incentivizing higher birth rates among the population in general, in some countries policies are being enacted to grow the population among selected groups. One such policy deals with immigration (Lopez 2012). Italy, for instance, is trying to attract ethnic Italians from North and South America to ‘come back home’; there is concern that the new births are greater among immigrant families whose ethnic origins threaten the ‘identity of the Italians’ (Fudge, 2012). Russia’s immigration policies are trying to address the labor shortages through its focus on ethnic Russians: from June 2007, Russian policy has been attempting – with cash, social benefits and government support – to lure “compatriots” (ethnic Russians) living abroad to
return to Russia to regain Russian citizenship (Banjanovic 2007). This has led to some success but there are not enough ‘compatriots’ living abroad, and willing to return, who can fully solve Russia’s declining population problem.

A second approach to balancing the population is to selectively foster birth rates. In Singapore, the emphasis is on ‘financially secure adults in stable, committed long-term relationships’ to have more babies, and the candy brand Mentos has bankrolled the ads for this campaign (Cullers 2012; Smithsonian 2012). In China, some exceptions to the government’s one-child policy have started to emerge: declining birth rates in urban areas and a rapidly aging population has led Chinese authorities to selectively encourage higher birth rates among eligible couples in cities such as Shanghai (Barboza 2009).

In the United States, where the overall birth rate is not as difficult an issue, population balance advocates take somewhat different perspectives. At one level, some advocated connect population changes to resource use and frame the problem as a global rather than a local one. For instance, in 2007, total population in U.S. represented only about 5 percent of world population but accounted for more than 20 percent of world energy consumption (see Table 2). In addition to advocating greater conservation of resources, population and family planning issues are also implicated. The Center for Biological Diversity created a condom campaign “to directly tie population growth to environmental problems” (Navarro 2011). Population Connection (the new name of the organization Zero Population Growth), an organization started by Paul Ehrlich (author of The Population Bomb), has been advocating population stabilization; its emphasis is to “ensure that every woman around the world who wants to delay or end her childbearing has
access to the health services and contraceptive supplies she needs in order to do so. Typically, when women have access to affordable birth control, they have fewer children, regardless of income or educational levels” (http://www.populationconnection.org/). At the national level, Negative Population Growth (NPG), an organization that believes in reversing the population growth (as its name implies) advocates a policy for the U.S. that includes stricter limits on immigration, discouraging fertility above two children, including elimination of tax benefits beyond the second child, and funding population control programs overseas to limit the pool of possible immigrants into United States (NPG 2006). The higher fertility rates among recent immigrants and the Hispanic population appear to be driving this group’s emphasis on immigration policies to limit population growth in the U.S.

Table 2: Population and Resource Consumption

<table>
<thead>
<tr>
<th>Country (Reference country is USA)</th>
<th>Ratios (USA: Listed Country)</th>
<th>Percentage (of listed countries plus USA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Population</td>
<td>Energy Consumption Per Capita</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2:1</td>
<td>57:1</td>
</tr>
<tr>
<td>India</td>
<td>1:4</td>
<td>20:1</td>
</tr>
<tr>
<td>China</td>
<td>1:4</td>
<td>6:1</td>
</tr>
<tr>
<td>Brazil</td>
<td>3:2</td>
<td>6:1</td>
</tr>
<tr>
<td>France</td>
<td>5:1</td>
<td>2:1</td>
</tr>
<tr>
<td>Germany</td>
<td>4:1</td>
<td>2:1</td>
</tr>
<tr>
<td>U.K.</td>
<td>5:1</td>
<td>2:1</td>
</tr>
<tr>
<td>Japan</td>
<td>2:1</td>
<td>2:1</td>
</tr>
</tbody>
</table>

Source: http://www.worldpopulationbalance.org/population_energy
Social Marketing Approaches to Family Planning Behavior Changes

The population changes around the world have elicited different approaches to advocating changes in family planning behaviors. India, one of the first countries to actively formulate a policy for family planning, moved away from the late 1970s from a bureaucratic approach to a social marketing approach. It adopted an integrated approach to plan the 4Ps – product, price, place and promotion – to bring contraceptive services to its population. This approach has been widely followed by other emerging countries, with financial and technical support from governmental aid agencies in the advanced countries such as USAID in the United States and CIDA in Canada.

As the population issues changed, advanced countries had to address concerns within their own national boundaries. While still attempting to use an integrated approach, given the different nature of the challenge (boosting conception, not contraception), bureaucratic agencies had to play a greater role. Communication and incentive strategies have always played a very important role in the “birth boosting” family planning programs. In Italy, incentives for larger family sizes were administered through government agencies as they were done in Russia. Incentives included short term (cash, cars, and other consumer products) as well as long term (citizenship/residency status). When an integrated approach was not adopted, as in Japan, it did not make a dent in the family planning problem that it was designed to affect. Table 3 compares, in a broad-brush fashion, the approaches and experiences of family planning in the developing and the advanced countries.
Table 3: Comparing Family Planning Approaches in Developing and Advanced Countries

<table>
<thead>
<tr>
<th>Family Planning Aspect</th>
<th>Emerging and Developing Countries</th>
<th>Advanced Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus and Goal</td>
<td>Birth Control</td>
<td>Mostly Birth Increase or Balance (Racial, Socioeconomic)</td>
</tr>
<tr>
<td>Target Population</td>
<td>Large Majority; Mostly low education; Married</td>
<td>Targeted; Lower Income or Younger Ages; Frequently Single</td>
</tr>
<tr>
<td>Goals</td>
<td>KAP</td>
<td>Practice (contraception, even abstinence until marriage)</td>
</tr>
<tr>
<td>Primary Initiator</td>
<td>Local and International Agencies</td>
<td>Mostly Local Government Agencies</td>
</tr>
<tr>
<td>Other Participants</td>
<td>NGOs and Private Firms (Brand marketers)</td>
<td>Churches and other Religious Institutions (Mentos in Singapore being a notable exception)</td>
</tr>
<tr>
<td>Major Barrier</td>
<td>Communication and Distribution Infrastructure</td>
<td>Political Infrastructure</td>
</tr>
<tr>
<td>Effects</td>
<td>Lowering of Birth Rate; Use of Contraceptives</td>
<td>Limited Effects</td>
</tr>
</tbody>
</table>

Source: Authors’ research.

In addition to differences in focus and target audiences, the family planning initiatives in emerging and developing countries have essentially been funded by external agencies (aid giving arms of western governments) even when the need has been articulated by local agencies. Park (2003) noted that for Taiwan and South Korea, when they had birth control programs in force, “foreign and domestic technocrats were responsible for implementation of global capital’s fertility control agenda” (p. 66). Lacking communications and distribution infrastructures, birth-control oriented family planning programs have relied on a large number of for-profit and non-governmental organizations (NGOs), as well as on private firms, to create and implement the programs. In India, for instance, consumer goods companies such as Hindustan Lever (now
called Hindustan Unilever), Union Carbide, and Coca-Cola – all with their extensive distribution networks – cooperated in the distribution of condoms and private communication agencies created the effective billboards and other advertising programs for the Nirodh brand of highly subsidized condoms. In the advanced countries, on the other hand, the family planning programs which emphasize births (rather than their control) rely on a more complex set of initiatives – tax considerations, subsidized/free child care, maternity and paternity leave – which can only be planned and implemented by government agencies. In Japan, a variety of government and quasi-government agencies such as Japan Agriculture have helped promote the message of increased birth rates. From time to time, particularly for communications strategies and tactics, private companies participate. In Singapore, for instance, the Mentos candy company promoted National Night on its Facebook page.

In general, the results of the family planning programs in emerging countries have yielded better results than in advanced countries. While surveys in both groups of countries suggest that women want children – fewer than they actually have in emerging countries, and more than they actually have in advanced countries – it has been easier to bridge the gap between ideal and actual in developing nations but not in the advanced ones. In Taiwan and South Korea, for example, target birth control rates were reached and exceeded (Park 2003); but now in these same nations – with the opposite challenge of boosting birth rates – inducing change is much more difficult. Large international donors such as USAID (April 2013) have declared many developing countries to have ‘graduated’ from the family planning assistance programs due to lowering of birth rates and high rates of contraception use. In the U.S., one of the very few economically advanced countries where birth control has been advocated (among certain
population groups such as teenagers), the family planning programs emphasizing birth control have been able to show some degrees of success. According to data released by Center for Disease Control and Prevention, teen pregnancy rates fell between 1991 and 2011, with a brief interruption between 2006 and 2007 (Hamilton, Matthews and Ventura 2013).

Because most advanced economies focus on growing the population through higher birth rates or through balancing the population, the barriers are more political. The consensus regarding the role and place of women and motherhood in society is weak or non-existent. This is easily seen in the debate regarding funding of Planned Parenthood in the U.S. (Roberts 2011) or even the incentive offered and withdrawn by different political leaders in Italy (Shorto 2008). Issues regarding national identity, economic growth, and environmental resources are also more complex with different degrees of political support. Often, in the advanced nations, ideological positions on such issues are diametrically opposed: pro-choice vs. anti-abortion, pro-contraception vs. anti-contraception, pro-growth vs. anti-growth (viz., ‘steady state’ economics, see Daly 1991, McKibben 2011), aggressive resource hunting vs. responsible resource conservation, racial-ethnic-religious unity vs. racial-ethnic-religious diversity, and so on. All these factors have created difficulties in developing and maintaining continuity in birth-rate-boosting family planning policies and programs, leading to weak or ineffective results.

**Critical Perspectives on Social Marketing and Family Planning**

Both social marketing and family planning have come under scrutiny: varied experiences and times have provided additional perspectives on the relevance and appropriateness of theory and practice. According to some proponents, social marketing itself requires ‘marketing’ in
order to overcome major barriers to its growth (Andreasen 2002; Lindenberger 2011). In assessing social marketing programs, Smith (2002) notes that non-profit or non-governmental organizations (NGOs) such as American Cancer Society and AARP are more effective than governmental agencies in creating and managing such programs.

Many other authors have called on changes in the direction of social marketing and its approach to solving social problems. Hastings (2003) has urged social marketing to adopt the relational rather than the transactional paradigm of marketing. This would require that interests of ‘recipients’ supersede those of ‘funders’, and to ensure freedom from pressures to produce short term behavioral results. Because social marketing programs deal with high involvement decisions (Lefebvre and Flora 1988), often made by needy and hard-to-reach groups (Black et al 1980; Smith 1997; Whitehead 1992), relationships would be ‘a more convincing articulation of the marketing concept than the transaction and the toolbox’ (p. 13). Peattie and Peattie (2003) go even further to suggest that social marketing can be improved not by a more rigorous application of conventional marketing principles but a ‘more thoughtful and selective application that emphasizes the difference between commercial and social marketing’ (p.367).

Fundamental to these arguments is the role and power of the ‘recipients’ (targets, consumers, participants, users) in the decision making process. In commercial marketing, where money is the primary basis of defining the buyer-seller exchange relationship, consumers with money have the power to opt-in or opt-out of the relationship even if they play a passive role in the decision making process. In social marketing, however, money is rarely a component of the exchange relationship and the application of the core marketing concepts are likely to ‘bypass
normal rights relating to participation and self-determination’ (Peattie and Peattie 2003, p. 380). In terms of the “exit, voice and loyalty” paradigm of Hirschman (1970), in social marketing programs the ‘exit’ option is often missing and the ‘voice’ option is highly muted. This is particularly problematic in social marketing programs where the ‘recipients’ are frequently vulnerable stakeholders. In social marketing programs for family planning, women particularly have played a minimal role; at the most they have been ‘mobilized for street-level social marketing as family planning field workers’ (Park, 2003; p.66). From a critical perspective, this shows the sharp contrast between commercial marketing, where the presumption is that the “consumer knows best”, and social marketing where the program creator and implementer (the marketer) knows best. There is deliberate disempowering of the targets, as they are presumed not to know what is good for them.

The negative consequences of a transactional paradigm and application of the ‘marketing toolbox’ were easily evident in the ‘mass vasectomy camps’ adopted in India. The program adopted an ‘integrated marketing mix approach’ (Dholakia 1984) and made the male-oriented birth control program conveniently available at times and places where maximum results could be achieved. The incentives attracted all types of men – unmarried men and older men not married to childbearing women – who underwent the operation. Since the population was largely rural and agricultural, the low season in the agricultural cycle was chosen for the mass vasectomy camps, to facilitate participation by the men who were extremely busy during the high agricultural season. But it was also the season when incomes, savings, and food stocks were low in the villages, and people saw the mass camp as a way of getting extra money or food.
When some of the men later wanted to reverse the procedure, no clinics were available as the camps and the doctors had moved on to other locations.

Another stream of thought advocates the direction of theoretical and conceptual flow to be from social marketing to commercial marketing. Hastings and Saren (2003) argue that the maturity of social marketing means it is now capable of contributing to the ‘parent’ discipline of commercial marketing. The context within which social marketing exists and flourishes has many distinctive features that make social marketing uniquely positioned to address some of the contemporary issues that are complex, contentious and with negative externalities. This is particularly relevant for traditional marketers who struggle with trust and commitment deficits among their customer constituencies.

Social marketing, however, is not free from the same negative consequences that plague traditional marketers. One of the common emphases of both approaches is the focus on ‘behavioral change’. As Andreasen (2002) has argued, the ultimate objective of all social marketing programs is behavior change. Geller (2002) is critical of social marketing when it takes the attitude change route; to attempt to ‘think people into acting differently’ rather than getting people to ‘act into thinking differently’. The attitude change model is time consuming and requires sustained funding. Since social marketing ‘consumers’ are not ‘moneyed’, the focus on behavior change supports a transactional approach where short term results become key requirements for continued financial support. This is the primary challenge faced by all social marketing – researchers as well as practitioners – and this challenge is still to be adequately addressed. Even advocating ‘social capital theory’ (Glenane-Antoniadis, Whitwell, Bell and
Menguc 2003) as an alternative does not address how the emphasis on behavior change can be accomplished without compromising the rights of the ‘recipients’.

Shifting to a larger theoretical canvas, the experiences of using social marketing programs for family planning point to an issue that marketing theories in general do not pay much heed to: the pervasive embeddedness of marketing activities in sociocultural and politico-economic contexts, the encompassing field in which the tools, techniques, and tactics of marketing are deployed. In family planning programs, given the nature of issues addressed – the very personal behaviors and decisions of intimacy, conception, and contraception – it becomes readily evident that transactional marketing actions are at best intrusive and at worst misleading or deceptive. It also becomes quite evident that politics, ideology, morality, sociality, autonomy, and dignity overlap and intersect heavily with social marketing methods of family planning campaigns. Indeed, in social marketing in general, such embeddedness and overlapping are transparent and easy to comprehend. Such embeddedness and overlapping are present in commercial marketing also, except the very instrumental nature of regular marketing results in the creation of two fields for action and study: the focal fields of marketing management and consumer behavior; and many peripheral fields such as macromarketing, social responsibility, sustainability, cultural studies, and so on. Paradoxically, however, core insights – about what marketing is, how and why it works, and what consequences it has – can only be obtained by stepping out of the (artificially fenced) focal fields and casting a critical gaze on the embeddedness of marketing (in this regard, see Bradshaw, Campbell and Dunne 2013; Dholakia 2012; Firat 2013).
Concluding Observations

From the 1970s, social marketing approaches to family planning have been tried, especially in the developing countries. Such approaches – when used with careful planning and good cooperative efforts among governments, private firms, and NGOs – have succeeded to a considerable extent in reducing birth rates, increasing spacing of children, and improving the health and economic conditions of children, mothers, and families. While such successes are clearly visible, the sheer demographic size of many nations – especially in Asia and Africa – would ensure that their national populations would continue to grow for some decades before the ‘steady state’ or ‘non-replacement birth rate’ conditions of the advanced nations are realized.

Demography is, to some extent, destiny – but demography also requires a fine balance. Indeed, when government directives are used to control population – as in the one-child policy of China – the inflection point between population growth and rapid graying of population could be reached and crossed quickly. Social and economic adjustments could become very difficult in such cases, as is already evident in China (Ebenstein 2010; Hesketh, Lu, and Xing 2005). By way of comparison, social marketing approaches to population control are slow in their impact but allow time for adjustments in individual behaviors, social norms, and government programs.

In the advanced nations, ‘family planning’ (though this terminology is rarely employed) often entails efforts to reverse population declines by boosting conception and birth rates, or promoting racial preferences in immigration. The ‘marketing’ approaches employed are often simple and crassly similar to commercial incentive marketing approaches: perform the indicated behavior and get rewarded. In such population boosting and balancing approaches, only
incentive marketing approaches, similar to the commercial domain, are evident: even full-fledged and integrated social marketing programs (of the type used to promote birth control in developing nations) are not evident. Such incentive approaches often get layered with religious approaches that proscribe abortion, and even contraception or premarital sex in many cases, and seek to typify women as producers of babies and nurturers of families.

In all instances of applying some forms of social marketing to family planning – to control population or to boost/rebalance population – the weight of evidence from across the globe and over many decades shows that: (1) Simple incentive-based programs (‘sales promotion’ type approaches) often do not work, or (in some developing nations) have led to tragic results such as unwanted and unintended vasectomies and/or tubectomies, (2) Integrated, well-designed, mutli-element social marketing plans with cooperative endeavors among governments, private firms, and NGOs have worked better than simple incentive programs, and (3) Best results are obtained when integrated social policies – policies that take into account the short and long-term welfare of the whole family – are employed, with social marketing programs only playing limited and selective roles consistent with other programmatic elements of the context.

On a wider canvas, this review of social marketing approaches to family planning points to the embeddedness of social marketing as well as of marketing in general in the prevalent sociocultural and politico-economic contexts. When program success or failure is analyzed only from instrumental angles, the resulting explanations are often circular and dead-end: it succeeded (failed) because it was well (poorly) designed and/or implemented. Moving the discourse to the
larger contexts in which programs are embedded helps us understand not only why programs
succeeded or failed but also how and why the goals, strategies, and actions of the programs got
formulated in the ways they did; and to question whether the programs were consistent with
overall public policies relating to the program goals; and – even move a step beyond – to critique
the polity, ideology, and culture of public policy structures and processes in general.
References


Founded in 1892, the University of Rhode Island is one of eight land, urban, and sea grant universities in the United States. The 1,200-acre rural campus is less than ten miles from Narragansett Bay and highlights its traditions of natural resource, marine and urban related research. There are over 14,000 undergraduate and graduate students enrolled in seven degree-granting colleges representing 48 states and the District of Columbia. More than 500 international students represent 59 different countries. Eighteen percent of the freshman class graduated in the top ten percent of their high school classes. The teaching and research faculty numbers over 600 and the University offers 101 undergraduate programs and 86 advanced degree programs. URI students have received Rhodes, Fulbright, Truman, Goldwater, and Udall scholarships. There are over 80,000 active alumnae.

The University of Rhode Island started to offer undergraduate business administration courses in 1923. In 1962, the MBA program was introduced and the PhD program began in the mid 1980s. The College of Business Administration is accredited by The AACSB International - The Association to Advance Collegiate Schools of Business in 1969. The College of Business enrolls over 1400 undergraduate students and more than 300 graduate students.

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Our responsibility is to provide strong academic programs that instill excellence, confidence and strong leadership skills in our graduates. Our aim is to (1) promote critical and independent thinking, (2) foster personal responsibility and (3) develop students whose performance and commitment mark them as leaders contributing to the business community and society. The College will serve as a center for business scholarship, creative research and outreach activities to the citizens and institutions of the State of Rhode Island as well as the regional, national and international communities.

The creation of this working paper series has been funded by an endowment established by William A. Orme, URI College of Business Administration, Class of 1949 and former head of the General Electric Foundation. This working paper series is intended to permit faculty members to obtain feedback on research activities before the research is submitted to academic and professional journals and professional associations for presentations.

An award is presented annually for the most outstanding paper submitted.