



Social Marketing in the Caribbean: Philosophy, Programs, Projects, and Pedagogy

Social Marketing Quarterly

2018, Vol. 24(1) 35-44

© The Author(s) 2018

Reprints and permission:

sagepub.com/journalsPermissions.nav

DOI: 10.1177/1524500417752311

journals.sagepub.com/home/smq



Livingston A. White¹

Abstract

This article chronicles a brief history of social marketing practice in the Caribbean by reviewing the thinking that led to the introduction of social marketing in the region. The early years of social marketing in the Caribbean were characterized by donor-funded programs and projects that addressed social issues such as environmental protection, family planning, contraception and fertility control, and sexual and reproductive health matters. Various examples of Caribbean media campaigns and interventions that have utilized social marketing principles are presented. While these initiatives have made a contribution, perhaps the strongest impetus for sustaining social marketing practice in the region has been the introduction of education and training in social marketing in Caribbean academia. With the increasing institutionalization of social marketing, Caribbean researchers and practitioners of social marketing are now poised to make a further contribution to the field.

Keywords

Caribbean, social marketing history, pedagogy, family planning, contraceptive social marketing

The practice of social marketing in the Caribbean has been influenced by international trends in development programs and the communication support activities associated with such programs. Early examples of social marketing in the Caribbean can be traced to the 1970s when contraceptive social marketing (CSM) was introduced by various development agencies operating within the region (Binnendijk, 1986). Arguably, the history of social marketing in the Caribbean can be described as one that mainly follows the history of family planning and population control programs implemented in the region.

Social marketing programs in the Caribbean expanded in the 1980s and 1990s (Piotrow, Kincaid, Rimon, & Rinehart, 1997) and were seen as one of the various strategies that could be mixed with other approaches to offer an integrated solution to Caribbean social issues. Indeed, an integrated approach that involved social marketing principles among other development programs and campaigns was probably seen as the best approach, given the Caribbean's diverse cultural, ethnic, and linguistic composition.

¹ Caribbean School of Media and Communication, The University of the West Indies, Kingston, Jamaica

Corresponding Author:

Livingston A. White, Caribbean School of Media and Communication, The University of the West Indies, Mona Campus, Kingston 7, Jamaica.

Email: livingston.white@uwimona.edu.jm

This commentary on social marketing in the Caribbean provides an overview of some of the reasoning that resulted in the introduction of social marketing in the region. The scope of this review is confined to select programs, projects, and academic courses that typify elements of social marketing. Rather than provide a systematic analysis of social marketing practice in the Caribbean, this article outlines trends that characterized various initiatives that could be classified as social marketing.

Background to the Caribbean

The Caribbean is a region comprising islands surrounded by the Caribbean Sea. Some mainland countries of Central and South America, such as Belize, Guyana, and Suriname, are considered a part of the Caribbean depending on the grouping system being used. With an estimated population of 39 million individuals, the region is multiethnic, multilingual, and organized according to various categorization systems or political structures that have been used to describe the configuration of the region. Geographically, the Caribbean is a chain of islands situated to the southeast of North America, the east of Central America, and the north of South America. Politically, the region is made up of dependent territories and sovereign states; some islands had a colonial relationship with Europe but eventually gained independence starting in the 1960s, while others still maintain their dependency. Socioeconomic groupings have emerged over time; these include the Caribbean Community, which promotes regional economic integration, and the Organization of Eastern Caribbean States formed to support development efforts. Linguistically, islands have been organized according to the major language spoken resulting in collections of islands known as the anglophone or English-speaking Caribbean, Spanish-speaking, Dutch-speaking, and so on. Within the United Nations, the Caribbean is grouped with South and Central America to form the regional classification—Latin America and the Caribbean. Although this specific grouping may be convenient for reporting on worldwide trends, the experiences among Caribbean countries are arguably different from those of Latin America. Known for its natural resources and tourism industry, the Caribbean region, with its many small island developing states, benefits tremendously from foreign aid and support given by the international donor community.

The structure of the Caribbean region is important to note, as in this overview, the practice of social marketing within the Caribbean region can be described at various levels. One could focus on social marketing programs occurring regionally, involving many islands, or one could look at programs implemented within individual islands. Examples of social marketing within a particular country can be seen as representing the experience of other islands with similar sociocultural, economic, and political settings. The history of the practice of social marketing in the Caribbean can be traced through an examination of the donor agencies implementing projects in the region, the actual interventions, and campaigns developed out of these development efforts as well as the training and educational opportunities that have been offered.

Philosophy

Social marketing as an approach to addressing various issues that beset Caribbean society can perhaps be viewed in a broader framework of the implementation of development support communication efforts. These activities were implemented to address family planning, agricultural extension, dehydration, sanitation and hygiene issues (Piotrow et al., 1997), as well as improving telecommunication and media infrastructure in the Caribbean. Development programs and campaigns emerged out of the belief in the 1950s and 1960s that newly independent and other poor countries had great needs, governments could socially engineer better societies, and development assistance would be a way to politically influence other countries in the context of the Cold War and waning colonial ties (Snyder, 2003). Although in theory, the roots of social marketing have been linked to American marketing

literature, beginning in 1952 with G. D. Wiebe's question, "Why can't you sell brotherhood like you sell soap?" and in 1971 with Kotler and Zaltman's article on "Social Marketing: An Approach to Planned Social Change," in practice, some poignant examples of social marketing emanated from developing countries with the promotion of contraceptive products (McKee, 1992) and the conservation of endangered birds (Butler, 1995). Social marketing became one among many approaches to achieving development goals. As Piotrow, Kincaid, Rimon, and Rinehart (1997) have argued while communication experts saw social marketing as one component of communication, social marketers began to see health communication as one component of social marketing, resulting in a controversy surrounding the merits of this approach. The Caribbean was not without its critics of social marketing who viewed it as a top-down approach to development borrowing principles from commercial marketing that manipulated consumers. These critics were in favor of alternative participatory approaches to development (Snyder, 2003).

With the shift away from early public education and health promotion campaigns that narrowly focused on creating information–education–communication materials, to more multipronged, participatory approaches to development, aspects of social marketing tenets have been incorporated into programs addressing social issues. While some efforts are not clearly labeled as social marketing—as development proponents and critics tend to avoid the negative connotations associated with "marketing" nomenclature (McKee, 1992)—additional and related approaches which incorporate some of the principles of social marketing have been used to guide intervention planning and implementation, such as communication for behavioral impact (COMBI). COMBI is a planning framework and implementation method that integrates behavioral and social communication interventions within public health programs (Hosein, Parks, & Schiavo, 2009). It borrows and builds on many features of private-sector marketing techniques as well as established theoretical behavioral models used in public health (World Health Organization [WHO], 2012). Regardless of labels applied, social marketing has been utilized in the Caribbean and its practitioners continue to identify opportunities for its application.

Issues addressed by social marketing. Donovan and Henley (2003) have noted that social marketing has its roots in public education campaigns aimed at social change. Within the Caribbean, the application of social marketing to matters of social change emerged out of a recognition that public education campaigns alone were not sufficient to achieve social change. Many (Butler, 1995; McKee, 1992) now saw social marketing as an additional approach that could be used to strengthen existing programs. Social marketing thinking helped program planners to focus on the complexity of behavior change rather than merely share information for increasing public awareness. In some respects, elements of social marketing—formative research, audience segmentation, the marketing mix, and branding—were being practiced without being labeled as such. And Caribbean societies were not short of issues that were amenable to a social marketing–based solution.

Interventions targeting health behaviors, injury prevention behaviors, environmental protection, community involvement, and financial well-being (Lee & Kotler, 2016) have been implemented across the Caribbean region. Determining whether or not a social marketing approach has been used in these interventions can be problematic owing to lack of detailed documentation of the efforts. Programs addressing environmental awareness and biodiversity conservation, population control, and family planning in the 1970s and 1980s; HIV and AIDS prevention programs beginning in the late 1980s; and adolescent reproductive health programs and environmental programs starting in the 1990s exemplify the application of social marketing in the Caribbean. Documented evaluations of some of these efforts will reveal that while there is some level of success in achieving goals, a few interventions still lack a clear behavioral focus and well-defined audience segments and instead promote basic awareness of issues to a general public (Tiffany, Conly, Hosein, Hamilton, & Wilcox, 2013).

Programs and Projects

Arguably, social marketing as an approach to social change was introduced in the Caribbean region through various development and donor agencies implementing programs in the region. Donors such as the U.S. Agency for International Development (USAID) and implementing agencies such as Academy for Educational Development, Family Health International, and Population Services International (PSI) have conducted social marketing work in the Caribbean region. For example, the USAID's International Contraceptive Social Marketing Project (ICSMP) was initiated in India in 1967 and eventually introduced to other countries around the world in the 1970s. The ICSMP was introduced in Jamaica in 1974. Initially, Westinghouse Health Systems managed the program, but when the contract ended in 1977, the operation was turned over to the National Family Planning Board [NFPB] in the Jamaican Ministry of Health (Binnendijk, 1986). This project was expanded to the rest of Caribbean in 1983 when the Caribbean CSM project was being implemented by the Barbados Family Planning Association (FPA) with technical assistance from the Futures Group International (now Palladium International Limited). It was the first regional CSM program, covering Barbados, St. Vincent, and St. Lucia, and used a regional commercial distributor. Advertising included television, radio, print, point-of-purchase materials, and physician detailing. The program was further expanded to include Trinidad and Tobago and shifted CSM management responsibility from the Barbados FPA to a commercial distribution firm (Binnendijk, 1986).

The Caribbean regional project attempted to reduce costs by using regional brand names and packages already in use in Jamaica, that is, Panther condoms and Perle oral contraceptives. A popular reggae song with the CSM brand name as the theme was reported to have increased sales in Jamaica (Binnendijk, 1986). ICSMP evolved into Social Marketing for Change (SOMARC), which continued to be funded by USAID. The Futures Group International directed SOMARC under three consecutive contracts: SOMARC I, SOMARC II, and SOMARC III. This program was sustained for 17 years. Since it began in 1981, SOMARC utilized "traditional marketing tool, including branding principles to reproductive health and family planning issues in developing countries" (Haider & Lee, 2008, p. 244).

PSI, headquartered in Washington, DC, and founded in 1970 to improve reproductive health using commercial marketing strategies, began operating in the Caribbean region since 2005. PSI-Caribbean (PSI-C) is headquartered in Trinidad and Tobago, with suboffices in Jamaica and Suriname, and it currently manages country programs in several Caribbean countries such as Antigua and Barbuda, Barbados, Belize, Dominica, Grenada, Jamaica, St. Kitts and Nevis, St. Lucia, St. Maarten, St. Vincent and the Grenadines, Suriname, and Trinidad. The organization's initial work focused mostly on HIV prevention by promoting condom access and use among at-risk youth and more recently expanded to address sexual and reproductive health, gender-based violence prevention efforts, and the growing burden of noncommunicable diseases in the region (psicaribbean.com).

In the area of environmental protection, perhaps one of the best examples of social marketing application in the Caribbean is the Rare's Pride program that had its roots in St. Lucia where social marketing was used to halt the decline in the population of the Saint Lucia Parrot (*Amazona versicolor*). Rare is a U.S.-based nongovernmental organization that focuses on international biodiversity conservation (Jenks, Vaughan, & Butler, 2010). Starting in 1977, Paul Butler, an English conservationist, worked with St. Lucia's Forestry Department by "borrowing marketing strategies from the private sector and adapted them for local use" (Hodges, 2016) to "brand the parrot and build local pride in it" (Jenks et al., 2010, p. 188). Later studies revealed that the population of parrots increased from 150 individuals in the 1970s to between 350 and 500 birds by 1996. The St. Lucian social marketing campaign was deemed successful and Butler was eventually hired by Rare in 1988. Rare named the social marketing campaign "Pride" and replicated it in over 50 countries. Rare has also partnered with other conservation agencies such as The Nature Conservancy, World Wildlife Fund to help the local

environmental group in The Bahamas called “Friends of the Environment” to implement the “Size Matters” campaign to reduce the harvesting of undersized lobsters (Friends of the Environment, 2017).

Agencies with a mandate to address health matters in the Caribbean region such as the Pan American Health Organization (PAHO) and the Caribbean Public Health Agency (CARPHA) have also used social marketing approaches in their programs. PAHO serves as the regional office in the Americas for the WHO. Through its Office of Caribbean Program Coordination based in Barbados and its various country offices in the Bahamas, Belize, Jamaica, Guyana, Suriname, Trinidad, and Tobago and Eastern Caribbean countries, PAHO provides technical cooperation and mobilizes partnerships to improve health and quality of life in the region. Through PAHO, social marketing has been applied to promoting behaviors associated with dietary salt reduction (Bardfield, 2012). CARPHA is a regional public health agency for the Caribbean established in July 2011 by combining the functions of five Caribbean Regional Health Institutes into a single agency. Although the agency identifies social marketing as part of its strategy to promote healthy behaviors (CARPHA, 2016), there is hardly any documented evidence of its application. Within various Caribbean countries, government agencies with responsibility for health such as Ministries of Health would also see social marketing as part of their strategic focus. Besides projects’, donors’, and the public sector’s use of social marketing, advertising agencies with commercial clients have also utilized social marketing in designing and implementing campaigns. Dunlop Corbin Communications based in Jamaica, with partner agencies in Trinidad and Barbados, have implemented various social marketing campaigns for Postinor, postcoital emergency contraceptive pills, and for the Youth.now project that addressed adolescent reproductive health.

Youth.now, which launched in 2000 in Jamaica, was funded by USAID and implemented by the Futures Group International. Messages in the media campaign were tailored to specific age groups. Radio, television, and print advertisements for 10- to 12-year-old Jamaicans, for example, focused on abstinence. One poster read “go real slow . . . take the time to know!” Self-knowledge and abstinence were implied in messages geared toward the 13- to 15-year-olds, who were told to “know yourself before you give yourself” and “since love so nice, wait ‘til it’s right!” Messages for the older group focused on responsible behavior and protection against STIs, HIV, and AIDS, with slogans like “my program is virus protected.” In addition, a 24-hr electronic fact line—“Friend’s Hotline”—had been set up. Ten episodes of “Yow,” a half-hour television magazine program featuring teen moderators and popular music, had been produced. Condom use, emergency contraception, and sexual behavior were among the topics explored on the program. Finally, a series of fact sheets were developed. A 2002 evaluation of the impact of the media campaign found that 82% of adolescents and 90% of adults recalled program messages, with 49% of the former saying that the messages would affect their thoughts and behaviors. The message of abstinence resonated strongest with young women and with 10- to 12-year-old youth. The message of safe sex with the use of a condom was best received among young men, especially in the oldest group (Francis-Brown, 2003; Hardee, 2002; Russell-Brown, 2003).

From these examples, it can be seen that various programs and projects using a social marketing approach were introduced into the Caribbean with support mainly from the international donor community. Many of these programs and projects were implemented in collaboration with local bodies. In some cases, programs were handed over and eventually sustained by these local entities. Given that these programs and projects introduced by the international donor community used social marketing, it is not surprising that local bodies within the region would eventually practice some form of social marketing when implementing subsequent programs and projects. Without a doubt, international donor agencies played a major role in introducing social marketing practice in the Caribbean. The use of social marketing became more evident in various interventions and media campaigns.

Examples of interventions and campaigns. Determining whether a campaign has a strong social marketing intent can be challenging. How does one recognize social marketing activity? Andreasen (2002) proposed six benchmarks for identifying an approach that could be legitimately called social

marketing; they include behavior change, audience research, segmentation, exchanges, product, price, place and promotion (the 4Ps marketing mix), and competition faced by the desired behavior. Based on this, some notable social marketing efforts can be found in family planning and HIV prevention in the region. The NFPB of Jamaica, as part of its ongoing population control program, implemented a two-child campaign during 1983–1987 with the slogan “Two is better than too many.” The campaign’s message was presented through the dramatic portrayal of the fortunes of two Jamaican female characters—Judy Smith and Bev Brown. One had two children and found economic security and a stable marital relationship and the other woman, who mothered four children, remained unsupported by her partner and had to endure a life of poverty and suffering. The NFPB’s two-child campaign continued with various messages promoting the adoption of this family size. In 1989, an evaluation of the campaign revealed that 89.2% recalled seeing or hearing the messages and of that figure, 22.2% interpreted the campaign message to mean plan your families, while another 19.7% said it meant you should have only two children (Scott, 1996). In terms of long-term impact, reproductive health surveys conducted by the NFPB showed that total fertility rates in Jamaica declined from 4.5 births per woman in 1975 to 2.4 in 2008 (www.jnfpb.org/research). The decline cannot be attributed to the “two is better than too many” campaign alone as several other family planning initiatives were implemented during this period. In addition to CSM, media campaigns, and community outreach activities, there were radio soap operas such as the Jamaica Family Planning Association’s *Naseberry Street*, a 15-min drama serial broadcast 3 times per week at 9:15 a.m. from 1985 to 1989 (Advocates for Youth Media Project, 1994). This production used edutainment to communicate a variety of family planning messages through the lives of characters associated with a fictional family planning clinic. A 1985 survey indicated that 75% of 2,000 respondents reported listening to *Naseberry Street* on a regular basis (Population Information Program, John’s Hopkins University, 1986).

Other notable efforts based on social marketing principles include Jamaica’s National HIV/STI Control Program within the Ministry of Health that implemented a campaign during 2009–2010 to support its efforts in promoting proper male condom use. The campaign’s slogan “Pinch, leave an inch and roll” targeted sexually active adolescent males and persuaded them to practice the specific behavior of squeezing the tip of the condom to release any air that may be trapped inside and leaving a space at the tip of the condom to collect the ejaculation. A message recall survey done almost 1 year after the campaign was implemented revealed that the campaign has a high level of recall. The results indicated that the majority (97%) of the respondents recalled campaigns about safer sex practices without being prompted. Specifically, 12% of the persons interviewed explicitly recalled the “pinch, leave an inch, and roll” slogan without being prompted. In terms of aided recall, 85% of those responding correctly completed the campaign slogan after being prompted with the first two words “pinch, leave . . .” of the slogan. In terms of behavioral impact, since receiving the message, 65% of individuals surveyed reported having personally practiced the behavior promoted (White, Byfield, Sutherland, & Reid, 2012).

At the regional level, PSI-C has promoted condom use through its popular branded “Got it? Get it” campaign that promoted condom use among at-risk youth. “Got it? Get it” was launched in 2006 and used mostly social media platforms to promote its message. Another regional campaign that appears to be based on social marketing principles is the Caribbean Broadcast Media Partnership (CBMP) for HIV and AIDS, which implemented the “LIVE UP: Love. Protect. Respect” campaign in an effort to help reduce the spread of and discrimination associated with HIV and AIDS among Caribbean people, particularly its youth. During 2007–2010, this campaign utilized popular musicians and entertainers in 53 television advertisements and 42 radio advertisements that were broadcast free of charge by participating media houses in various Caribbean territories. The CBMP connects 112 broadcasters from 24 Caribbean countries in a regional coordinated media response to the HIV and AIDS pandemic. In addition to traditional media content, the campaign maintains a social media presence and is known for its annual regional HIV testing day when people across the Caribbean visit testing sites to

participate in private, voluntary HIV counseling and testing conducted by trained and experienced personnel from Ministries of Health (cbmp.org). A message recall study in 2011 revealed that 64.4% of respondents reported that they have heard the campaign's tagline "Live Up: Love. Protect. Respect." Approximately 70% reported that they think the campaign was effective and about a third of the respondents stated that the campaign had an influence on their attitudes or behaviors regarding safer sex (White & Bravo, 2012). From these examples, it can be argued that interventions in the Caribbean do not rely only on social marketing principles but use them as a component within a mix of strategies. This implies that the practice of social marketing as an approach to social change by itself is not widespread in the Caribbean region.

Pedagogy

Social marketing in the Caribbean is likely to become more widely practiced as opportunities for social marketing training and education continue to increase in response to demand. Social marketing as an academic discipline has been offered at the undergraduate level at the Caribbean School of Media and Communication (CARIMAC) since 1998 (White, 2015). CARIMAC is a department in the Faculty of Humanities and Education on the Jamaica Mona Campus of the University of the West Indies (UWI) that serves the Caribbean region.

CARIMAC's social marketing courses were designed to offer students a chance to learn about the theory and the practical application of social marketing. The basic philosophy behind the teaching of these courses was that social marketing is one of the several approaches to development communication campaigning and public education activities. In their final year, the students are expected to complete a field project that involves the actual design, implementation, and evaluation of a campaign that employed social marketing principles. These student-led campaigns have addressed issues such as appropriate skin care, blood donation, building safer roofs using hurricane straps, child abuse, condom use, decriminalizing marijuana, dental health, fire prevention, focused driving to avoid texting while driving, interpersonal communication in relationships, men's health, mental health, pap smear screening for cervical cancer, proper handwashing, reducing carbon footprint, and supporting local economy (White, 2013).

Social marketing is also taught in other departments at the UWI. The Department of Sociology, Psychology and Social Work has offered an elective in social marketing. The Department of Community Health and Psychiatry has offered modules on Social Marketing in their graduate programs in public health. At the St. Augustine campus of UWI in Trinidad, the Department of Literary, Cultural, and Communication Studies in its section for communication studies would present social marketing as part of coursework in health communication. Various public agencies have offered social marketing training during workshops and short courses. In 2006, the Ministry of Social Development in Trinidad and Tobago in collaboration with CARIMAC offered in-house training in social marketing to build capacity in the areas of behavior change communication. In 2011, the Social Development Commission within the Jamaican Ministry of Local Government and Community Development offered social marketing training for its staff.

Lessons Learned and Recommendations for Future Research and Practice

Tracing the history of social marketing in the Caribbean is not an easy task, given the lack of systematic documentation of social marketing efforts. This article has attempted to provide an overview that helps us to understand how social marketing practice evolved in the region. The early years of social marketing were driven by the donor community. Most of the interventions had a health or environment focus on areas such as condom use and biodiversity conservation. Social marketing expertise was therefore based on health and environment programs limited by funding cycles and

project time lines. This shortcoming has been addressed by the way in which international agencies have collaborated with local entities in ensuring sustainability. This type of collaboration has contributed to ensuring that social marketing is seen as a viable option for implementing social change. Therefore, one cannot ignore the contribution made by these various efforts in introducing social marketing to the Caribbean. The extent to which social marketing will become more widely practiced in the region will be dependent on the continued success of programs and projects in achieving behavior change. Based on the evaluation results of the initiatives cited earlier, social marketing should continue to grow in the region. The teaching of social marketing in tertiary-level institutions along with various training efforts across the region indicates that there is an effort to promote social marketing skills.

Given the dearth of documented social marketing experiences in the Caribbean, strategies are needed to ensure that such experiences are shared in settings of interest to researchers and practitioners. The establishment of an International Social Marketing Association with special member rates for individuals from developing countries such as those in the Caribbean along with the regular staging of a World Social Marketing Conference augurs well for Caribbean nationals who are interested in becoming active researchers and practitioners of social marketing. The Caribbean now needs to define a clear research agenda in social marketing, exploring how social marketing can continue to contribute to other areas of development beyond health and environment programs. The planning, implementation, and evaluation of efforts that rely solely on social marketing principles must be chronicled to illustrate the viability of social marketing as a tool for development. Small island development states of the Caribbean with their various economic challenges also have the potential to adapt social marketing in creative ways to ensure its success. Recording these adaptations could yield important case studies for pedagogical activities. This article is limited as it merely gives examples of the thinking behind social marketing in the Caribbean as well as examples of some programs implemented and courses taught at the university level. Future researchers should consider conducting systematic analyses of a representative selection of Caribbean-based programs and campaigns to strengthen the evidence of social marketing practice in the region. Such research can help to identify whether there is a Caribbean style of social marketing.

Conclusion

From the foregoing overview of social marketing practice in the Caribbean, it is clear that the application social marketing in response to social issues in the region has grown. Some may argue that it is still largely associated with health-related or environmental-related behaviors such as safer sexual practices or bird conservation. But this impression may be due in part to that fact it was mostly donor-funded initiatives that were likely to be documented and accessed for a review like this. The absence of documented experiences in using social marketing in other areas such as injury prevention, community involvement, and financial well-being does not mean social marketing thinking is not being used to inform interventions in these areas.

Indeed, the Caribbean region continues to experience a range of common social issues from substance misuse and abuse, road accidents, gender-based violence, crime, poverty, and within the last decade, more recent problems are emerging associated with climate change, human rights, conflict, security, and trafficking in persons. Perhaps one hindrance to the acceptance of social marketing in some development contexts is the view that it is being imposed by foreign donors operating on time-bound project cycles within the region. In this scenario, there isn't much consideration for how it can be adapted to the Caribbean experience. Funding and other resource limitations within the region may mean that all aspects of a social marketing program may never be designed and implemented to the extent that it achieves impactful results. Past efforts that incorporate social marketing suggest that this

approach will probably continue to be seen as part of an amalgam used when designing development programs.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

References

- Advocates for Youth Media Project. (1994). *The use of mainstream media to encourage social responsibility: The international experience*. Menlo Park, CA: Kaiser Family Foundation. Retrieved July 31, 2015, from <http://files.eric.ed.gov/fulltext/ED445370.pdf>
- Andreasen, A. (2002). Marketing social marketing in the social change marketplace. *Journal of Public Policy and Marketing, 21*, 3–13.
- Bardfield, L. (2012). *Applying a social marketing framework to salt reduction*. Washington, DC: Family Health International FHI360.
- Binnendijk, A. L. (1986). *A.I.D.'s experience with contraceptive social marketing: A synthesis of project evaluation findings A.I.D. evaluation special study no. 40* (Document Order No. PN-AAL-073). Washington DC: Center for Development Information and Evaluation Bureau for Program and Policy Coordination, AID. U.S. Agency for International Development.
- Butler, P. J. (1995). Marketing the conservation message: Using parrots to promote protection and pride in the Caribbean. In S. K. Jacobson (Ed.), *Conserving wildlife. International education and communication approaches* (pp. 87–102). New York, NY: Columbia University Press.
- Caribbean Public Health Agency. (2016). *Information, education and communication*. Retrieved from <http://carpha.org/Research/Information-Education-and-Communication>
- Donovan, R., & Henley, N. (2003). *Social marketing principles and practice*. Melbourne, Australia: IP Communications.
- Francis-Brown, S. (2003, May 1). *Small successes, big ideas—Jamaica's adolescent reproductive health focus*. Retrieved July 31, 2015, from <http://www.prb.org/Publications/Articles/2003/SmallSuccessesBigIdeasJamaicasAdolescentReproductiveHealthFocus.aspx>
- Friends of the Environment. (2017). *History*. Retrieved from friendsoftheenvironment.org/about-friends/history/
- Haider, M., & Lee, M. J. (2008). Branding of international public health organizations: Applying commercial marketing to global public health. In W. Douglas Evans & G. Hastings (Eds.), *Public health branding: Applying marketing for social change* (pp. 233–250). Oxford, England: Oxford University Press.
- Hardee, K. (2002, October 24). Youth.now, & Jamaica USAID Bilateral Adolescent Reproductive Health Project. (2000–2004). *Global Health Council Congressional Briefing: Securing the future for adolescents and youth*. Washington, DC: Global Health Council.
- Hodges, S. (2016, June 22). *Inside rare: How one conservationist inspired our approach*. Retrieved from <https://www.rare.org/stories/inside-rare-how-one-conservationist-inspired-our-approach#.Wc8KNEzMyjQ>
- Hosein, E., Parks, W., & Schiavo, R. (2009). Communication-for-behavioral-impact (COMBI): An integrated model for health and social change. In R. J. DiClemente, R. A. Crosby, & M. C. Kegler (Eds.), *Emerging theories in health promotion practice and research: Strategies for improving public health* (pp. 535–550). San Francisco, CA: Jossey-Bass, a Wiley Imprint.
- Jenks, B., Vaughan, P. W., & Butler, P. J. (2010). The evolution of Rare Pride: Using evaluation to drive adaptive management in a biodiversity conservation organization. *Evaluation and Program Planning, 33*, 186–190.
- Kotler, P., & Zaltman, G. (1971). Social marketing: An approach to planned social change. *Journal of Marketing, 35*, 3–12.

- Lee, N., & Kotler, P. (2016). *Social marketing: Changing behaviors for good*. Thousand Oaks, CA: Sage.
- McKee, N. (1992). *Social mobilization and social marketing in developing communities: Lessons for communicators*. Penang, Malaysia: Southbound.
- National Family Planning Board. (n.d.). *NFPB data sheet*. Retrieved July 31, 2015, from http://198.63.37.126/assets/NFPB_DATA_SHEET-Total_Fertility_Rates.pdf
- Piotrow, P. T., Kincaid, D. L., Rimon, J. G., II, & Rinehart, W. (1997). *Health communication: Lessons from family planning and reproductive health*. Westport, CT: Praeger.
- Population Information Program, John's Hopkins University. (1986). Radio—Spreading the word on family planning. *Population Reports—Family Planning Programs* (Series J, Number 32), 853–886. Retrieved July 31, 2015, from <https://www.k4health.org/sites/default/files/052843.PDF>
- Russell-Brown, P. (2003, October 3). *Youth.now - Jamaica*. Retrieved July 31, 2015, from <http://www.cominit.com/usaid/content/youthnow-jamaica>
- Scott, P. A. (1996). Is “Two better than too many?”: An evaluation of a replacement level fertility campaign in Jamaica. *Social and Economic Studies*, 45, 161–185.
- Snyder, L. B. (2003). Development communication campaigns. In B. Mody (Ed.), *International and development communication. A 21st Century perspective* (pp. 167–188). London, England: Sage.
- Tiffany, T., Conly, S., Hosein, E., Hamilton, P., & Wilcox, S. (2013). *Mid-term evaluation: The USAID/Jamaica Adolescent Reproductive Health Program*. Retrieved July 31, 2015, from http://pdf.usaid.gov/pdf_docs/Pdabz099.pdf
- White, L. A. (2013). *Teaching Caribbean students to make the world a better place: A review of CARIMAC's social marketing courses*. Poster presented at the 3rd World Social Marketing Conference, Toronto, Canada, April 21–23, 2013.
- White, L. A. (2015). Charting the Course of Communication Studies in the English-speaking Caribbean: Disciplines, developments and future directions. *Journal of Human Communication Studies in the Caribbean, Special Theme—Celebrating the Caribbean in Communication, Culture and Community*, 1, 10–20.
- White, L. A., & Bravo, O. (2012). *Final report on the Live Up Media campaign recall study 2011*. Kingston, Jamaica: UNICEF.
- White, L. A., Byfield, L., Sutherland, S., & Reid, R. (2012). “Pinch, leave an inch and roll:” Applying the Communication-for-Behavioral-Impact (COMBI) approach to the promotion of proper male condom usage in Jamaica. *Caribbean Quarterly (Special Issue on Communication in Action)*, 58, 43–66.
- Wiebe, G. D. (1952). Merchandising commodities and citizenship on television. *Public Opinion Quarterly*, 15, 679–691.
- World Health Organization. (2012). *Communication for Behavioral Impact (COMBI)—A toolkit for behavioral and social communication in outbreak response*. Geneva, Switzerland: Author.

Author Biography

Livingston A. White is a lecturer in social marketing, communication research methods, and communication planning and coordinates the Integrated Marketing Communication Program for the Caribbean School of Media and Communication (CARIMAC), The University of the West Indies, Mona Campus, Jamaica.