

USING COMMERCIAL ADVERTISING AGENCIES IN MICRONUTRIENT PROMOTION: LESSONS LEARNED

By Marco Polo Torres

Lack of knowledge, food beliefs, customs, and poverty are the main causes preventing millions of people from consuming sufficient micronutrient-rich foods. Globally, over two billion people are at risk of iron, vitamin A and iodine deficiencies (Galloway, 1995). Inadequate iron intake is the main cause of anemia that affects 350 million women, making a major contribution to low birth-weight and maternal mortality. In Andean and Caribbean countries, up to 60 % of pregnant women are anemic (DeMaeyer, 1989; Freire, 1997). Anemia among young children (6-23 months old) is increasingly recognized as a widespread, serious problem. Reduced worker productivity caused by iron deficiency has also been well documented.

Thirteen million children have eye damage caused by lack of vitamin A, and approximately 40 million preschool children suffer from vitamin A deficiency. In several well documented studies in countries with vitamin A deficiency, adequate intake of vitamin A reduced the risk of death among children by an average of 23 %. Iodine deficiency is the leading cause of mental and physical retardation in infants and children.

Opportunities for Micronutrient Intervention (OMNI), a five-year project funded by the Office of Health and Nutrition, U.S. Agency for International Development (USAID), is dedicated to preventing and controlling micronutrient deficiencies in developing countries. OMNI's general approaches to reducing micronutrient deficiencies include fortification, supplementation and dietary diversification. For all of these approaches, the project has emphasized a social marketing methodology to define and motivate feasible behavior changes that will benefit maternal and child health and nutrition.

The Manoff Group, the OMNI partner most responsible for behavior change, has had many positive experiences using social marketing to address micronutrient malnutrition, breastfeeding, and child feeding in many countries. This paper will focus mainly on supplementation and dietary diversification in El Salvador, Nicaragua, Ecuador, and Bolivia.

In some countries, OMNI placed IEC experts (i.e., Ecuador, Eritrea), and in others the project hired local consultants (e.g., Bolivia, Nicaragua, El Salvador). Once the ministry of health (MOH) and OMNI agreed on the intervention strategy, OMNI staff or consultants visited to jointly plan the activity. Local USAID missions were always consulted and invited to participate in deciding the different actions proposed for the intervention.

Here is a summary of OMNI's experience to date with these interventions in various countries.

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The Intervention

To better identify and understand the problems, OMNI and the MOH carry out formative research through interviews with MOH and outside experts and by studying relevant documents. To complete missing information, the project undertakes new field research which entails some combination of focus groups, in-depth interviews, observations, and household trials (trials of improved practices or TIPs) to learn what specific behavior changes are feasible to mothers, how to promote them, what problems mothers will have, and how to overcome these barriers.

In some cases, quantitative knowledge, attitudes, and practices surveys (KAPs) were used simultaneously to help planners gauge current KAP and resistances to change. Once the formative research is completed, project organizers devise a strategy formulation activity to plan a comprehensive behavior-change strategy. The strategy is then discussed with counterparts, and a final proposal is presented for approval. After approval, there are normally no major changes unless new counterparts or program directors have been appointed.

Strategies, media, materials, and messages have varied substantially by country, although all have been projects have employed multiple media. Interpersonal communication is usually emphasized, since the MOH has a cadre of staff who have frequent contact with the population and thus many opportunities for education and promotion.

Counseling materials to support this interpersonal communication are considered indispensable and appear to be more effective and popular than such impersonal or group formats as posters and flip charts used in group sessions. Also, take-home reminders for mothers and pregnant women are working with excellent results. Various formats and designs of these reminders have been produced. Some have a simple but graphic portrait of the behavior expected. There are small displays that stand on tables, calendars with pockets for the iron sulphate pills, etc. All of them have been pretested. MOHs still seem to prefer traditional posters and brochures despite their apparent lack of educational or behavior-change impact.

Providing support for counseling has been an important focus of materials. MOHs would very much like to offer adequate counseling, but their staff lack good training, skills, motivation, and support. Cards to aid individual counseling have been devised and tested. They have pictures for mothers on the front and explanatory and guiding texts for health workers on the back. The texts, however, give health workers only the basic guidelines, so complementary training with practice and corrections remains essential.

Producing materials aimed at the press and program communicators was a common element of strategies. These included attractively designed folders full of information to encourage good press coverage and positive public opinion at the time of project launch. Because of a history of incorrect information in the press in some places, programs planned and gave orientation workshops.

The mass media strategy used radio and television spots. Surprisingly, monitoring studies in Latin America have indicated that radio's reach is not as great as expected (only about a third of the targeted population), and that high audience levels can be reached only in the early morning hours. TV, in contrast, can reach two-thirds of the population during two good morning time slots and after 5 p.m. MOH staff have not always understood the importance of buying sufficient air time at peak listening hours, since they are used to basing decisions on personal preferences rather than data.

Through competitive bidding, advertising agencies were hired to develop the full package of materials.

The period of final production provided an opportunity for finalizing plans for

training, distribution, and dissemination. In some countries, issues have arisen at this stage concerning NGOs receiving a share of the materials and their staff being trained together with MOH staff. We feel that in general NGO participation strengthens the interventions. Another issue that repeatedly arose at this time was the shortage of interpersonal materials. Even though agreements had been reached earlier on this matter, based on the budget allocated for the country and an analysis of the number of health centers and health workers, at this time most of the numbers fell short, probably because materials look attractive and useful.

The Participation of Advertising Agencies

Advertising agencies make an important contribution to the quality and attractiveness of materials, as well as preparing a professional media plan based on good experience and research data.

One factor to consider in working with advertising agencies is the high profile of the professionals working for them. There is much competition for and turnover of creative personnel among ad agencies. Many agencies are local affiliates of international agencies. Another important aspect considered was ad agencies' routine quality control, which is bound together with ample knowledge of subcontractors for radio, television and printing production. The fact that agencies are always competing with each other before the public in mass media makes them constantly innovative, while some production companies which do not compete simply follow the specifications given to them by their clients.

Our experience with communication companies is that they are not always state-of-the-art in terms of experts and equipment, nor do they simultaneously manage the different components of the process: media placement, research, production, and monitoring. These companies also tend to hire more academic types of people with less practical experience and often take more time to do the same type of productions.

Most advertising agencies needed to make some adjustments for social marketing campaigns. Health messages frequently deal with concepts not so visible or close to daily life such as vaccines and constituents of blood, and promote not so pleasant behaviors such as eating non-traditional foods, preparing special foods, etc. Furthermore, many messages prescribe sizes and doses that have to be closely obeyed, so there is always a concern about clear understanding and a fear of misleading the audience. These conditions put a heavy burden on producers and require an adequate balance between form and content. There is a tension between making materials attractive and appealing and also maintaining scientifically correct messages.

This has been and will continue to be a ground of mutual learning, and the search for this balance will remain an issue when working with advertising agencies. This is because they are used to managing the whole strategy alone, and they assume that the client expects them to propose and produce materials, content, and media plan. Advertising agencies are used to having a lot of freedom with illustrations and graphics because they may introduce a new way of looking at things based on a long-term plan of dissemination and multimedia impact.

Communicators in social marketing, on the other hand, already have a defined strategy when they come to agencies. They sometimes must use specific words, concepts and images. They usually have quite heavy restrictions in terms of budget and use of mass media. Although they are open to interpersonal channels, they have much more experience with mass media. Social marketers come with a great deal of research findings explaining resistances that have to be overcome and specific behaviors to promote

that may have no immediate benefit. Many times they come to promote products or services that are not developed under a marketing approach and have poor acceptance among population (e.g., iron sulphate tablets). Since these products are already stocked and used by the MOH, there is neither time nor resources to make any improvements in taste, presentation or package.

Under such circumstances, agencies do not know if they merely have to implement the strategy, follow what has been conceived, or give some ideas and propose some changes. Many times they get frustrated by a process of going through many rounds of opinions and approvals and because changes are not possible to discuss nor to explain with high MOH officials who simply transmit their decisions.

One difficulty that OMNI has encountered in working with advertising agencies is a lack of scientific/technical knowledge among creative writers and designers, which causes them to make technical mistakes such as incorrectly positioning breast-feeding babies, showing incorrect portion sizes of food, number of vaccines, ages of children receiving check-ups and introduction of complementary foods, weighing scales, etc.

Another problem of some advertising agencies is their limited knowledge of both the population targeted in our projects (usually lower and lower-middle class people) and of the users of counseling aids (health workers). This may cause inappropriate design of interpersonal materials. Ad agencies are also not used to the many instances of approval and questioning of their drawings and text, to pretesting, or to the careful attention given to small details and words. It is often a struggle to find the right balance between creativity and giving audiences correct scientific information. However, from my experience, the quality of materials produced with an ad agency has always been better than similar materials produced by other companies. Working with an advertising agency does not always make the production process simpler, but the final results are better.

Commercial products are often easier to promote than social ones. Most have immediate, visible benefits and rewards for users, and there is a wider variety of psychological tactics linked with satisfying the senses. Commercial marketing can propose a campaign and get support from management and the company because everybody is convinced that promotion is an important part of the process. They know that part of the price at which the product is sold pays for its promotion, and the product itself will be returning this investment.

Social marketing (in the public sector), in contrast, does not deal with profit or money-producing products or services. Moreover, social marketing activities must fight for a piece of a pre-determined country budget, often prepared without consultation with communication experts. Clearly, agencies are more used to dealing with consumer behaviors regarding commercial products, although good professions can make the transition to social marketing.

Pretesting is not a strength of ad agencies. Pretesting in most advertising agencies is limited to doing focus groups. OMNI has been using a more integrated approach: combining focus groups to get feedback on specific aspects of form and content and individual interviews to measure the material's attractiveness, acceptability, understanding and effectiveness in motivating action. Materials are required to have a 70 % average for the four indicators. Percentages also guide producers to make fine changes since they indicate areas of inadequacy. When the agencies' research department cannot conduct this pretest, companies that perform social research usually are able to carry out this methodology. In all cases, we feel that it is necessary both to provide them with a methodological framework and to jointly review questionnaires and final data in order to assure consistent conclusions.

In most of the OMNI-assisted projects, either MOH staff conducted pretesting or staff from an outside group was subcontracted for the job. In all cases, it was necessary for OMNI to sketch out the methodological framework and work closely with them in reviewing the questionnaires and the final report.

Pretesting video productions is more difficult. The spots or videos to be tested have to be a semi-final production, not merely scripts, story boards or animatics, but recorded and edited spots with music. This condition has to be explicitly negotiated with advertising agencies. In one case, the agency did not honor the contract because of the requirements for pretesting and changes. The cost of implementing changes can become significant for radio spots and even more so for television, because revision may require new or different casting, field recording and editing. The second problem in pretesting videos is being able to play them, which may require portable monitors or use of facilities of another organization. Testing counseling cards and interpersonal material requires a good amount of time because the test should take place after the cards are used in an interpersonal session so that both provider and audience may be interviewed.

The results of pretesting are rewarding because these tests help to forecast the materials' impact. If a message that has been viewed only two times is correctly grasped by 70 % of the audience, this indicates an immense potential impact.

The changes that had to be implemented after pretesting in OMNI's projects were diverse: frequently, audience said they want to see printed materials in full color and photos rather than graphics, especially when they show foods, dishes, or specific situations that have to be recognized. Almost all agency materials presenting young babies have had to be corrected because audiences' perception that the baby was not the intended age. Use of photographs was suggested in these cases. Frequent problems with content were due to many themes or concepts being included in one single message. There were few problems with unfamiliar or not understandable words. Music, scenery and actors rarely needed changing.

The meetings following pretesting provided an important opportunity to improve the materials, but they were also an opportunity for MOH officials to try to impose their own perspective. Many directors and health officials are not yet prepared to accept and understand the difference between a material meant to educate the general population and a textbook for medical personnel. They feel that not using scientific terms or giving the whole content of a concept threatens the veracity of what is presented and misleads the public.

Moreover, some of the experts from agencies refuse to accept that their commercials are not liked, well received or understood and do not motivate the desired behaviors by audiences.

Advertising agencies also make a valuable contribution in planning for the use of mass media. An appropriate mix of interpersonal and mass communication is based on the research and previous experience, but number and selection of radio and TV stations, time slots, and frequency of airing are decisions that should be based on objective data. In good social marketing practice, messages are aired at peak listening or viewing times for the target audiences. Formative research provides some information on this but not enough to make specific selections. Country policies also affects the media plan. One Government does not purchase time on radio or TV stations, only allowing messages in slots donated by the media through an agreement with UNICEF. In other countries OMNI bought air time.

In purchasing media time, the agency's experiences, arrangements with broadcasters, and ability to negotiate and receive free bonus time were helpful. Advertising

agencies purchase audience surveys, and most of them are reliable, although they usually cover only urban areas. However, in many countries there is no alternative because there are no other sources of information on listening habits. One interesting finding in many Latin American countries is that radio is losing listeners while television is gaining.

Hiring an advertising agency takes a little more time and effort than hiring other companies. But it is well worth the effort since the project is getting a unified package that includes production of audio, video and printed materials, pretesting, launching and dissemination. The reward comes later since no other scopes of work, bidding, budgets and contracts have to be developed. Our experience is totally positive, and we have not experienced any problem or complaint.

On the contrary, we are grateful that agencies have been willing to initiate work in spite of contracts being unsigned or their not receiving advances of money. They have demonstrated interest in responding to these types of invitations to submit proposals even though they knew beforehand that they would not earn large profits from this account because of limited use of mass media.

Selecting the right agency is obviously important. A great deal of effort should be put into this selection. For the OMNI projects, we issued a written invitation to participate and made personal visits to each agency. Through these visits we got to know the agency staff and their attitude toward the work. We made sure they understood the invitation and responded to their questions before they prepared their proposals. Agency selection was based exclusively on what they presented in their proposals.

To assure objectivity, OMNI prepared a quantitative score sheet for each member of the selection committee to score. The grid covered all the aspects of the scope of work: legal status, administrative capability, general and specific experience in health and educational production, understanding of the project, willingness to do pretesting and pretesting experience, lists of people who will be assigned, their resumes, and samples of productions in the media. Budgets were judged separately. Technical qualifications were judged first, and applicants were ranked by number of points. This score was then considered with the budget and price quotation for each of the listed items.

To evaluate the budget, we referred to a list of the market prices given by projecting an average of the costs presented and previous available research. The experience of working in different countries with agencies has given us a good idea of average prices of production and broadcasting. The agency having the highest technical qualifications and coherent budget (not necessarily the less expensive) is first in the list for negotiating towards a final understanding. In order that this be a participatory decision, other cooperating organizations (such as UNICEF), as well as delegates of the MOH, serve on the committee.

Some Reflections

Providing technical assistance has given me the opportunity to experience the problems that arose in these projects as well as to participate in finding solutions. I have visited the four Latin American countries an average of five or six times each to help: 1) define the quantity and type of research to be implemented; 2) review the results of formative research and then use findings to draft a proposed strategy; 3) plan, participate in the selection of, and brief the ad agency; 4) participate in the analysis of pretesting results and implementing the resulting changes; 5) work with partners to plan training and to design monitoring and measurement of impact as well; 6) work with the research group that will measure impact and results.

During this work, I confronted several recurrent problems. One concern for the

social marketer is to be sure that agencies remain faithful to the strategy. It is very easy for creative talent from ad agencies to be caught up in many interesting ideas that are beyond the scope of the intervention or that do not respond to the formative research findings. Close follow-up is needed to prevent this or to solve this problem. It is important to work closely with the ad agency immediately after contracting, briefing the staff, explaining the strategy, and reviewing materials before they go for pretesting.

A second, equally important aspect, is to keep materials out of the reach of political interests. Television spots are especially attractive to officials who see them as an excellent opportunity to add Government "propaganda." Every serious communicator knows that any political coloring will affect acceptance of messages. When decision makers or counterparts have the power to halt the dissemination of materials unless their suggestions are included, the problem becomes serious. All previous research, strategies and plans may be wasted. In the country where this occurred, I unfortunately could not find a solution for this problem.

In some places, the lack of clear technical norms became a problem. In terms of commercial marketing, there is not yet a "product." Without a product, promotion should not proceed, but governments do not want to turn down external aid. The help of colleagues from the project, experts in policies and scientific aspects of the intervention, was necessary. Some MOHs did produce, under this pressure, norms for supplementation, legislation and guidelines for fortification, and a provisional but trustworthy list of the best foods for both micronutrient content and biological availability.

In many countries that hold elections every few years, decision makers change frequently. Project periods do not correspond to government terms, so changes in ministers and officials occur, sometimes too often, during a project's life span. These changes may affect the "product," with changes of priorities, in types of product or doses, or the form of distribution. When these changes occur, it may take a while to adjust the social marketing activities, which may mean that the promotion is not finished and the desired level of demand is not reached. This is another problem that is impossible to prevent.

Delays always occur, for many reasons, but what is of interest is to know realistically how much delay a project such as OMNI can tolerate without a major loss of impact. Some brief delays are normal but others are extraordinary. Expected delays include communication between offices for approvals; contracts, paper work and signatures; opening and closing of offices, hiring and dismissing local personnel, assigning of budget, vacations of MOH personnel; and at least one change in heads of departments related to the project. Extraordinary delays are less predictable and may include: long delays in the selection of ad agencies, strikes at the MOH, more than one change of key counterpart officials, changes of central staff at the project headquarters project, etc. Such delays had a major impact on OMNI's ability to help plan and implement effective promotional strategies.

In promotion using mass media, MOHs do face the serious problem that they cannot raise costs for promotion from the sale of services or products, since these are free or inexpensive for the public. Without this money MOHs cannot access qualified advertisers and quality mass media time. Some countries are instituting policies and agreements that allow them have access to the media through tax exemptions or tax redemptions for broadcasters or to have access to free public service time. For the moment, agencies have to use project funds if they want to reach specific target audiences, or use time given by media owners through agreements with UNICEF and MOHs. From the marketing viewpoint, a simple equation says that if target groups are not reached when they use radio and television, excellent previous steps in research,

production and pretesting are lost. Air time must be carefully scheduled.

However, we should not lose sight of the fact that MOHs have a good opportunity for promoting and educating at their facilities. Studies in third world countries show that health centers capture 75 % of the population that do not participate in private, paid care, prepaid services or health insurance. From the promotional standpoint, this means that the opportunity is present, despite many programs not effectively using it. Most MOHs are conscious of their weaknesses in managing human resources and need help to improve this area. Formative research points to one solution: Practical training on interpersonal communication, on counseling skills, and on using educational materials effectively.

Besides lessons on problems, there are some interesting and innovative approaches that we found in different countries and that I would like to mention:

To make the product (iron tablets) more available to pregnant women in Bolivia, the strategy proposed using community health workers as new distributors and counselors, so much effort was aimed at providing them with the tools and training for these new responsibilities.

In Nicaragua, massive promotion of iron-fortified wheat flour was provided using project resources as a support to millers who were cooperating by not raising prices for their newly fortified product. Bread is one of few products reaching a good portion of the poor population in need of this micronutrient.

Research to plan promotion of vitamin A and iron-rich food in Nicaragua found that many poor families ate only one meal each day. Since it was not very practical to promote adding more of certain foods to the diets of such impoverished mothers and children, the approach was to promote cultivation of one rich micronutrient food around the home as a way of helping satisfy families' nutritional needs. This promotion was pursued after successful trials with a small group of families. In trials, families were quite willing to plant plantain trees or a vitamin-rich squash, both of which grow quickly and easily.

Commercial marketing has proved that in the process of adoption of foods, the visual of the actual recipes is crucial in graphics and TV ads. People need to actually see, in this case, the baby, enthusiastically eating that food (and not rejecting it). Explanations of portions, ingredients and satisfaction can be included in this type of ad.

A simple take-home "reminder" has been developed to remind people of certain frequent behaviors. These can be a calendar, set of images, or a sticker portraying the behavior we expect from people. The reminders both summarize the commitment or agreement reached after counseling and later at home remind the person to do it.

Although the OMNI project has not yet ended, our experiences — both positive and negative — should be useful for our continued efforts and, hopefully, the knowledge we gain will be helpful to others.

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