

## Social Marketing in Health: Developing Country's Perspective

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The health communication field has been rapidly changing over the past two decades. It has evolved from a one-dimensional reliance on public service announcements to a more sophisticated approach, which draws from successful techniques used by commercial marketers, termed “social marketing”. Rather than dictating the way that information is to be conveyed from the top-down, public health professionals are learning to listen to the needs and desires of the target audience themselves, and building the program from there. This focus on the “consumer” involves in-depth research and constant re-evaluation of every aspect of the program. In fact, research and evaluation together form the very cornerstone of the social marketing process.

Social marketing (SM) is “the application of commercial marketing techniques to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society”.<sup>1</sup> It differs from commercial marketing in a number of ways, like the products are more complex, the demand is varied, target audiences are more challenging to reach, consumer involvement is more intense and competition is more varied. Social marketing of health is the systematic application of marketing concepts and techniques to achieve specific behavioral goals relevant to improving health and reducing health inequalities. It targets low income and high-risk groups.<sup>1</sup>

Social marketing was “born” as a discipline in the 1970s, when some experts realized that the same marketing principles that were being used to sell products to consumers could be used to “sell” ideas, attitudes and behaviors. Social marketing is also defined as “differing from other areas of marketing only with respect to the objectives of the marketer and his or her organization and it seeks to influence social behaviors not to benefit the marketer, but to benefit the target audience and the general society”. This technique has been used extensively in international health programs, especially for contraceptives and oral rehydration therapy (ORT), and is being used with more frequency in the United States for such diverse topics as drug abuse, heart disease and organ donation.<sup>2</sup>

Concepts of SM must be target (client/consumer/audience) centered. SM looks at behavior change from the viewpoint of the consumer. It is about action! What do you want people to do? It focuses on enhancing perceived benefits and reducing perceived barriers. Actions will only occur if perceived benefit is more than perceived cost. The principle involved is to increase or highlight the benefits and to decrease or de-emphasize the barriers. There must be an exchange. Features of social marketing are consumer orientation, exchange theory, data based decision making, competition and willingness to change.

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Like commercial marketing, the primary focus is on the consumer, learning what people want and need rather than trying to persuade them to buy what we happen to be producing. Marketing talks to the consumer, in stead of the product. The planning process takes this consumer focus into account by addressing the elements of the “marketing mix”. This refers to decisions about 1) the conception of a Product, 2) Price, 3) Distribution (Place) and 4) Promotion. These are often called the “Four Ps” of marketing.<sup>2,3</sup> Social marketing adds few more “P’s” like public, partnership, policy and purse strings to this.<sup>4</sup>

The **product** is what you are offering and its benefits. Product must besolution to a problem, benefit the audience, unique, competitive and real. The social marketing “product” is not necessarily a physical offering. A continuum of products exists, ranging from tangible, physical products (e.g. condoms), services (e.g. medical examinations), practices (e.g. breastfeeding, ORT or eating a healthy diet) and finally, more intangible ideas (e.g. environmental protection). In order to have a viable product, people must first perceive that they have a genuine problem, and that the product offering is a good solution for that problem. The role of research here is to discover the consumers’ perceptions of the problem and the product, and to determine how important they feel it is to take action against the problem.

**Price** refers to what the consumer must do to obtain the social marketing product. This cost may be monetary, or it may instead require the consumer to give up intangibles, such as time or effort, or to risk embarrassment and disapproval. If the costs outweigh the benefits for an individual, the perceived value of the offering will be low and it will be unlikely to be adopted. However, if the benefits are perceived as greater than their costs, chances of trial and adoption of the product is much greater. In setting the price, particularly for a physical product, such as contraceptives, there are many issues to consider. If the product is priced too low, or provided free of charge, the consumer may perceive it as being low in quality. On the other hand, if the price is too high, some will not be able to afford it. Social marketers must balance these considerations, and often end up charging at least a nominal fee to increase perceptions of quality and to confer a sense of “dignity” to the transaction. These perceptions of costs and benefits can be determined through research, and used in positioning the product.

**Place** describes the way that the product reaches to the consumer. The channels of information for promotion are health institutions, counseling centers, NGO and INGOs (where service is provided), concerts, events, camps and other social gatherings, pharmacy and shops. For a tangible product, this refers to the distribution system-including the warehouse, trucks, sales force, retail outlets where it is sold, or places where it is given out for free. For an intangible product, place is less clear-cut, but refers to decisions about the channels through which consumers are reached with information or training. This may include doctors’ offices, shopping malls, mass media vehicles or in-home demonstrations. Another element of place is deciding how to ensure accessibility of the offering and quality of the service delivery. By determining the activities and habits of the target audience, as well as their experience and satisfaction with the existing delivery system, researchers can pinpoint the most ideal means of distribution for the offering.

Finally, the last “P” of SM is **promotion**. Because of its visibility, this element is often mistakenly thought of as comprising the whole of social marketing. Promotion consists of the integrated use of advertising, public relations, promotions, media advocacy, personal selling and entertainment vehicles. The focus is on creating and sustaining demand for the product. Public service announcements or paid ads are one way, but there are other methods such as coupons, media events, editorials, “Tupperware”-style parties or in-store displays. Research is crucial to determine the most effective and efficient vehicles to reach the target audience and increase demand. Additional social marketing “P’s” are public, partnership, policy and purse strings.<sup>4</sup>

**Public** refers to both the external and internal groups involved in the program. External public includes the target audience, secondary audiences, policymakers and gatekeepers, while the internal publicare those who are involved in some way with either approval or implementation of the program.

**Partnership**-Social and health issues are often so complex that one agency can’t make a dent by itself. You need to team up with other organizations in the community to really be effective. You need to figure out which organizations have similar goals to yours-not necessarily the same goals and identify ways to work together.

**Policy**-Social marketing programs can do well in motivating individual behavior change, but that is difficult to sustain unless the environment they are in

supports that change for the long run. Often, policy change is needed, and media advocacy programs can be an effective complement to a social marketing program.

**Purse Strings**-Most organizations that develop social marketing programs operate through funds provided by sources such as foundations, governmental grants or donations. This adds another dimension to the strategy development-namely, where will you get the money to create your program?

Potential applications of SM in health are to promote healthy behavior, promote services, increase utilization rates, improve customer satisfaction and enhance compliance. SM is popular, because it works by bringing about behavior change, is more cost effective and reaches to larger numbers of people. Strengths of social marketing are useful in creating awareness and interest, useful in persuasion, helpful by reinforcing through repetition of message. Weaknesses of SM are no profit, no desire to work, and it may create negative public sentiments.

#### Example of a Marketing Mix Strategy

As an example, the marketing mix strategy for a breast cancer screening campaign for older women might include the following elements:

1. The product could be any of these three behaviors: getting an annual mammogram, seeing a physician each year for a breast exam and performing monthly breast self-exams.
2. The price of engaging in these behaviors includes the monetary costs of the mammogram and exam, potential discomfort and/or embarrassment, time and even the possibility of actually finding a lump.
3. The place that these medical and educational services are offered might be a mobile van, local hospitals, clinics and worksites, depending upon the needs of the target audience.
4. Promotion could be done through public service announcements, billboards, mass mailings, media events and community outreach.
5. The “public” you might need to address include your target audience (let’s say low-income women age 40 to 65), the people who influence their decisions like their husbands or physicians, policymakers, and media directors.
6. Partnership could be cultivated with local or national women’s groups, corporate

sponsors, medical organizations, and service clubs or media outlets.

7. The policy aspect of the campaign might focus on increasing access to mammograms through lower costs, requiring insurance coverage of mammograms or increasing government funding for breast cancer research.
8. The purse strings, or where the funding will come from, may be governmental grants or foundation grants.

Each element of the marketing mix should be taken into consideration as the program is developed, for they are the core of the marketing effort. Research is used to elucidate and shape the final product, price, place, promotion and related decisions.

Social marketing in health was started in Nepal with contraceptives in 1960s but became widespread since 1981 with USAID’s effort. In 1983, the CRS/MCH project was converted into a private “social marketing” autonomous company known as Nepal Contraceptive Retail Sales (CRS) Company. In the 1990, condom social marketing program was developed as part of HIV/AIDS prevention program. CRS Nepal program includes family planning, HIV/AIDS and STI prevention, child health, maternal health and other health products. Population Service International (PSI/Nepal) program includes HIV prevention, reproductive health, family planning, malaria prevention, control and treatment, safe water education. PSI also supplies Medabon (Mifepristone and Misoprostol) pack to the clients through providers at reduced price for abortion care.

Positive impacts of SM on health in Nepal are due to CRS company (successful), *sutki samagri* (delivery kit) and safe motherhood program/maternal incentive program (*Aama Surakshya*). These led to increase in delivery assisted by skilled birth attendants (36%), a higher institutional delivery (37%) and increased contraceptive prevalence rate (44%).<sup>5</sup>

There are successful stories of SM in other countries too (*Priti*, a brand of condom in Sri Lanka), but more things can be done, especially for maternal and child health. Everyday mothers are dying during child-birth in remote areas. This may be due to inadequate antenatal checkup (ANC) visits, unsafe home delivery, delay in reaching health institutions and lack of proper medical care. Now time has come to solve these problems through SM, by selling the idea of ANC visits at school level and also in the family, by providing “*sutki samagri*” as a reward to pregnant women during ANC check-up, making hospitals/

health institutions mother-friendly, thus encouraging women for institutional delivery. Again SM can play a vital role to reduce unmet need for family planning by making contraceptive easily available even in the place of faith healers in the remote areas. Similarly SM can play a big role in the “Integrated Management of Childhood Illness”, especially diseases like malnutrition, anemia and vitamin A deficiency can be fought with. These could be done by involving mother groups and faith healers with help of NGOs. Department of health services, NGO, INGOS and most importantly community based organizations should promote and practice more social marketing approach to improve the health status of people, especially in maternal and child health care to achieve the millennium development goals.

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