

Review Article

Social marketing: a commercial marketing strategy for understanding and improving health

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ABSTRACT

Disease prevention and health promotion is now looking forward to newer innovative platforms to bring social change. Social marketing is a process that applies marketing principles and techniques to create, communicate, and deliver value in order to influence target audience behaviours that benefit society (public health, safety, the environment and communities) as well as the target audience. There are many challenges of marketing approach in India like financial cost, non-availability of audience data, difficulty in measuring marketing efforts, negative demand benefit to third party etc. These challenges can be dealt with 8 benchmark of social marketing which includes exchange, self-interest, behaviour change, competition, audience segmentation, consumer orientation, formative research and marketing mix (4 'P's). Currently in India, condoms are social marketed under NACP-IV which can be extended to OCPs, Injectable contraceptives, ORS, Mosquito nets etc. For success of social marketing incorporation of consumers as partners into the planning process is must along with training of health professionals to enable them to imbue public health organizations with a marketing mind-set. Grantees should be given sufficient time and resources to conduct formative research, develop evidence-based marketing strategies, pretest program interventions, and monitor program activities.

Keywords: Health promotion, Social marketing, Marketing mix, India, Social work

INTRODUCTION

Communities worldwide face an ever-increasing array of health challenges.^{1,2} More often than not, these public health problems are due to behaviours that exert a strong influence on health.³ The context in which public health programs operate is also complex, involving significant and difficult changes in attitudes and risk/protective behaviour of consumers and/or providers.⁴ Disease prevention and health promotion is now looking forward to newer innovative platforms to bring social change.⁵

Social change is the variations in, or modifications of any aspect of social processes, social patterns, social

interaction or social organization (that is, the structure and functions of society). It also includes changes in the values and social norms which bind people together and help to maintain social order, changes in attitude towards health and health behavioral pattern, to generate demand for healthcare services.⁶⁻⁸ When it goes beyond individual change to include socio-cultural, structural changes related to social issues, it is social transformation; a systems approach.⁹⁻¹¹ The change depends on the time frame, either short term or long term and the level at which change is expected (Individual, group or organization, society) (Table 1).^{12,13}

The approaches to bring about such social changes are marketing, legal, technological, economic and

informational.^{14,15} Rothschild in the year 1999, proposed a conceptual framework to use education, marketing and law for the management of public health and social issue behaviours taking the prevailing motivation, opportunity and ability of the population into consideration.^{16,17} (Table 2)

Table 1: Description of social change on basis of time frame and level at which it is expected.

	Individual level	Group or organization level	Society
Short term change	Behavioral change	Change in norms (Administration change)	Policy change
Long term change	Life style change	Organizational change	Socio-cultural change

Bringing about a social change is not without challenges.¹⁸⁻²⁰ The obstacles associated with using a marketing approach in a non-commercial setting includes non-availability of audience’s data which are again difficult to obtain and often are of poorer quality; financial costs involved are out of marketer’s control; the need to rely on changing other costs (psychological, time, effort or lifestyle costs); organizations may not be marketing (may not understand or control all components of the marketing mix) and the contributions of marketing efforts difficult to measure. Secondly, the obstacles with changing ingrained behaviors are, negative demand; legal or regulatory changes needed to support/facilitate individuals behaviour change; change may involve highly sensitive issues or may conflict with culture; the costs of behavior change often exceed tangible benefits; benefits to third parties, rather than to the individual making the change; early adopters risk ostracism (for individuals) or losing a competitive standing in the marketplace (for companies) and the change may take a long time.

Table 2: Conceptual framework using motivation, opportunity and ability of population for management of public health and social behavior

Motivation	Yes	No	No	No	
Opportunity	Yes	No	Yes	No	
Ability	Yes	1 Prone to behave Education	2 Unable to behave Marketing	3 Resistant to behave Law	4 Resistant to behave Marketing Law
	No	5 Unable to behave Education Marketing	6 Unable to behave Education Marketing	7 Resistant to behave Education Marketing Law	8 Resistant to behave Education Marketing Law

Table 3: Difference between commercial marketing and social marketing.

	Commercial marketing	Social marketing
Type of product	Selling goods and services	Selling behaviour change
Motivation	Organisational goals (usually financial goals)	Social good
Returns are to?	Benefits are to the shareholder	It is the society that benefits
Level of involvement of consumer	Usually much lower	Much higher
Competition	Organizations with same business are competitors	Organizations with similar goals are generally potential allies Audience’s current or preferred behaviour and associated benefits
Time frames	Short	Much longer
Nature of offering	Positive	Sometimes negative
Research	No need of intensive research	Intensive research needed

Though challenges exist, social marketing is a tested effective tool in bringing about a planned social change.²¹

The aim of this article is to discuss social marketing with its benchmarks and implementation wheel, scope in India, barriers to diffusion, limitations and the future ahead.

Table 4: Description of simple vs complex behavior change by using examples of episodic and continuous behavior change.

	One time or episodic	Continuous or frequent
Simple	Getting a flu shot Getting screening tests performed at routine examinations	Using condoms Not smoking Not driving after drinking Fastening safety belts
Complex	Getting a colonoscopy Preparing a household for natural disasters and other community emergencies Obtaining and installing a child restraint system in a car	Changing eating habits Engaging in physical activity Lowering risk of contracting communicable diseases

SOCIAL MARKETING

Social marketing as defined by Andreason (1994) is the adaptation of commercial marketing technologies to programs designed to influence the voluntary behavior of target audiences to improve their personal welfare and that of the society of which they are a part.^{15,22,23} Here comes the bewilderment between commercial and social marketing.²⁴ Marketing as a tool; for goods and services (commercial marketing) and for behaviours (social marketing). Marketing to satisfy needs; either individual needs (commercial marketing) or social needs (social marketing). (Table 3)

BENCHMARKS OF SOCIAL MARKETING

Exchange

Example, consider a 62 years old male walking by the side of a road in a summer afternoon. He feels thirsty and buys a glass of lemonade for 10 Rupees. Here the exchange is not between 10 Rupees and a glass of lemonade, but with quenching thirst. The cost and benefits of the existing behavior is weighed against the cost and benefits of new behavior is the process decision making and when benefits are considered to outweigh cost the transaction is completed.^{25,26}

“For the marketer to be successful, the customer must believe that the exchange that the marketer is promoting is better than any reasonable alternative- including doing nothing”

Self-interest

Example, a 27 years old male goes to a convenience store where he sees an array of different drinks. Here the person goes through a process of weighting the tangible and intangible benefits they attach to a product or service against the tangible and intangible costs before making an exchange; this is regardless of the type of exchange. The calories will be considered cost by a person on diet (needs water or diet soft drinks). For a person with fond happy

memories (needs childhood favorite drink) whereas for a person who needs to increase his/her weight drink with higher nutrient value is the drink of choice (100% fruit juice). Therefore in the cost benefit equation calories may be considered cost or calories may be considered beneficial or calories not considered at all. It is important to identify audience's self-interest and construct an exchange that appeals to and fulfils that self-interest.²⁶

Behavior change

The bottom line of a social marketing campaign is 'behaviour change'. When programs try to influence behaviour, they do not always change it. So what social marketing programs seek to do is influence 'voluntary behaviour', taking a leaf out of commercial marketing. This is because of the necessity to change ideas, thoughts and attitudes. The change can be at the individual level (Personal behaviours) or to improve the environment in which the personal behaviour takes place.^{23,27}

Example, consider an initiative to improve children nutrition. The change can be brought about at various levels like, the children themselves, parents (nutrient rich snacks to school), school cafeteria (fruits, vegetables and other nutrient rich choices to the front of the lunch line ensuring easy reach), teachers (refrain from giving candy as rewards), school gatherings (healthy foods to be served) and policy makers (vending machines).

The behaviour to be changed can be either simple or complex and the act can be either one time/episodic or continuous/frequent act.²⁶ (Table 4)

Competition

The competition is usually between the benefits of products (behaviours, services) that we try and promote and the benefits of existing products (existing behaviours, services). The products attractiveness to consumers can be maximized by developing a model with better understanding of competition. Behaviours to promote and

segments to target can be determined by assessment of competition.²⁵

Example, in trying to promote exclusive breast feeding the competitor will be bottle feeding or mixed feeding.

“Thinking about where, how, and with whom to compete is important- you might do that analysis and decide not to compete because the foe is too formidable. And that is okay: “we need to have the courage not to compete.”

Audience segmentation

Not everything is meant for everyone. It is imperative to identify segments of population as target audience to receive the greatest priority (example, in how products will be positioned, placed, or promoted). This increases the program effectiveness and efficiency by tailoring strategies and helps in making appropriate resource allocation decisions. Public health professionals subgroup populations based on age, race or ethnicity and other

demographic factors whereas, social marketers subgroup populations based on existing behavior (example, physically active versus inactive), readiness to change, future intentions, psychographics (example, lifestyle, values and personality characteristics) and product loyalty. Audience segmentation makes them likely to respond similarly to public health interventions.^{25,26,28}

Consumer orientation

Consumer orientation is essentially the ‘Know Your Customer (KYC)’ that includes both current and potential customers and the determinants of their behavior. Understanding consumers whose behavior is to be modified demands tireless dedication within the conceptual framework of marketing. Consumer orientation is pivotal in a social marketing program as all program planning decisions must emanate from a consideration of the consumers wants and needs. This was also known as “Consumer consultation” (‘Feed forward’ by Manoff).²⁵

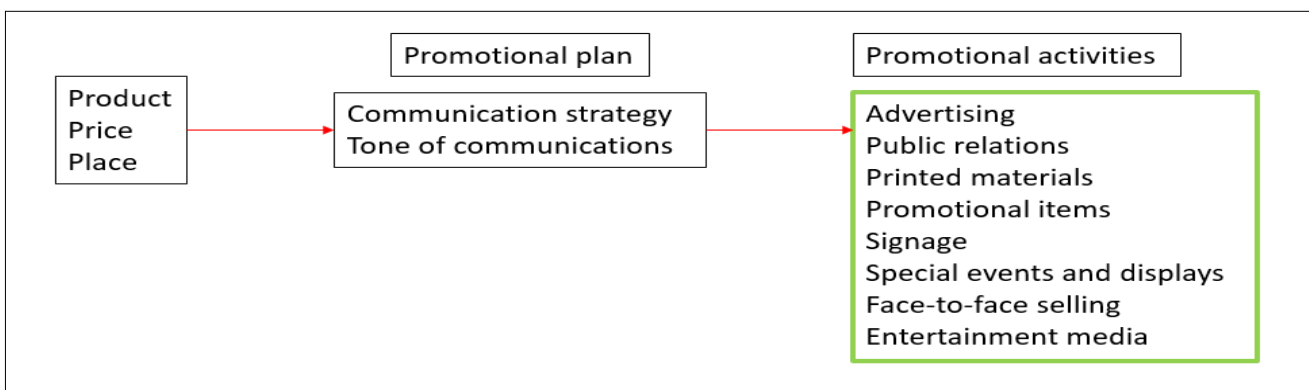


Figure 1: 4 ‘P’s of marketing mix.



Figure 2: Social marketing wheel.

Formative research

The backbone of customer orientation is consumer research (also called formative research), a bottom to top

approach. The target audience’s needs/demands, values, livelihood, population segments, socio-cultural and behavioral environments in which the people act on decisions and consumers perception of the products, benefits, costs and other factors has to be understood. This helps in making strategic decisions that include prioritizing particular segment of audience, decision on benefits, costs reduction and how to price, place and promote products.^{26,28,29}

The ‘Marketing mix’ (Figure 1)

Product

Products are the benefits of behaviour change/service usage that members of the target audience value. It is their needs or wants that the behaviour change can fulfil. Kotler et al. had classified products as core product (benefit to people when they perform the behavior), actual product (the desired behavior) and augmented product (any tangible objects and services). The pamphlets and other

promotional activities like advertisements are designed to facilitate adoption of the behavior and are not the actual product.²⁵

Example, in a family planning program that supplies condoms, the condoms are augmented products, the resulting safe sex is the actual product and protection from Sexually Transmitted Diseases (STDs) is the core product.

Price

While commercial marketing is all about financial costs involved, costs in social marketing means either financial or non-financial costs (example, pain, diminished pleasure) exchanged for the assured benefits. In most cases intangible costs like embarrassment, deferral and the mental battle that often accompanies change, especially when modifying ingrained habits (Time, effort, lifestyle or psychological cost) are involved. In short, cost is always considered from the consumer's point of view.²⁵

Example, when a person purchases a piece of condom he/she pays 2 Rupees for it along with embarrassment and loss of pleasure as costs for which they get a condom, protection against pregnancy, protection against STDs and peace of mind in return; overall a process of exchange.

When public health programs or policies are considered to be a product then infringement on basic values, limitations on freedom becomes the price.

Place

Place refers to marketing or distribution channels which are a set of interdependent organisations involved in the process of making a product or service available for use or consumption by the consumer. It lowers the target audience's barriers to access, increases utility or delivers a bundle of benefits.^{25,26} Example, in a Condom Social Marketing Program on condom promotion the choice of place can be petrol bunks, metro stations, highway dhaba's, red light districts/areas.

A place is not only a message delivery channel. It can be a situation in which behaviour does or can occur. In case of behavioural interventions like increasing physical activity in a community, no one physical place is associated with the behaviour (Backyards, youth-serving organizations, community-based organizations, parks or recreation departments, schools, public or private sports organization). Changing place characteristics may necessitate changes in policy or regulations as well. Example, widespread smoke free public places would not have been obtained without changes in local ordinances.

Promotion

Promotions are the persuasive communications marketers use to communicate the exchange being offered with the goal to maximize the likelihood that target audience

members will take the desired action and to sustain the demand. These are carefully designed set of activities with specific communication objectives for each target audience. The content is designed to get attention and at the same time delivering effective messages. Promotion also includes designation of appropriate communication channels. When product, price and place are decided the promotional plan is made which involves promotional activities.^{25,26}

The marketing mix mentioned has been adapted in different ways to increase customer focus. One adaption is 'SIVA model' which includes 'Solution' (Solution that meets your customer's needs) instead of product, 'Information' (Customers go for a "fact finding") instead of promotion, setting the price of a good or service based on the 'Value' a product offers to the consumers and 'Access' (when and where they want it) instead of place.³⁰ The other model by Peattie et al, had proposed Social proposition (Product), Costs (Price), Accessibility (Place) and Communication (Promotion).³¹

SOCIAL MARKETING WHEEL

Every social marketing organization has their own 'planning cycle' to go about social marketing campaigns. Figure 2, gives a six step social marketing action framework which is a simple yet robust model that can be applied by practitioners and those not trained in formal planning systems and procedures.^{28,29}

SOCIAL MARKETING IN INDIA

India is the first country that had accepted social marketing to further family welfare program starting a large scale contraceptive distribution using proven commercial methods and governmental support.³² In the years that followed social marketing has made giant strides and so the scope in India to use it as a strategy for social change is still immense. Currently condoms are socially marketed under National AIDS Control Program IV (Component 1.2), which can also be extended to oral contraceptive pills, injectable contraceptives, breastfeeding, oral rehydration salts, iron and folic acid tablets, sanitary napkins, mosquito nets, institutional deliveries, family planning services, medical termination of pregnancy, Swachh Bharat Abhiyan, Fit India movement and motor vehicle Act and its amendments; the few of many.³³

BARRIERS TO DIFFUSION

The barriers to diffusion of social marketing approaches include diminished attention to non-promotional elements of marketing mix; potential spectrum and flexibility of social marketing in addressing behavioural and social issues not fully appreciated; still considered a method for designing communication campaigns and difficulties in modifying public health products especially for social marketers.²⁶

LIMITATIONS

Social marketing combats health problems but not environmental and social structural factors that create these health problems (Wallack). Some authors consider it to be a colonial approach (Being manipulative). The other limitations include time and resources to conduct formative research are scarce in most situations; values people only for what they can purchase and not for how they can participate; segmenting audience based on socio-demographic factors and the lack of impact evaluation.^{25,26,34}

IMPLICATIONS FOR POLICY AND PRACTICE

The implications for policy and practice identified were – program administrators, health educators, and other program planners need to be trained in social marketing to enable them to imbue public health organizations with a marketing mind-set; Schools of Public Health to provide a complete course on the topic. Also, the scope of social marketing as a degree-granting discipline within public health has to be explored; funding organizations need to provide training to optimize impact of social marketing; sufficient time and resources to grantees for conducting formative research, develop evidence-based marketing strategies, pretest program interventions, and monitor program activities; evaluation of social marketing projects is critical and to incorporate consumers as partners into the planning process.^{22,24-26,34}

CONCLUSION

It's not the end of the world, but definitely time to act; time to realize the need of newer innovative platforms like social marketing to bring about social change and ultimately social transformation. For success of social marketing incorporation of consumers as partners into the planning process is must along with training of health professionals to enable them to imbue public health organizations with a marketing mind-set. Grantees should be given sufficient time and resources to conduct formative research, develop evidence-based marketing strategies, pretest program interventions, and monitor program activities.

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