

## **Social Marketing Interventions in Public Health: Literature review in context of India**

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**ABSTRACT:** *Social marketing interventions are widely accepted as an effective tool to achieve and solve public health problems at an individual and society level. Internationally many researches has been published to highlight the successfulness of social marketing interventions. This paper is an attempt to review available literature on implementation of social marketing in public health in context of India. The secondary sources of data were obtained from online public access catalogues and database J Store, ProQuest and PubMed. Review includes research papers, online articles and conference presentations. The paper was selected on the occurrence of key words like social marketing, social interventions, public health, evaluation, behaviour change communication, diarrhea, family planning, India. Eleven studies are selected to present in this paper under literature review. Study will aid our understanding related to social marketing strategies, methodologies and evaluation methods.*

**KEY WORDS -** *Social Marketing, Public Health, India*

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### **I. BACKGROUND**

Philip Kotler and Gerald Zaltman explained ‘Social Marketing’ in 1971. When methods of commercial marketing are used to tackle social problems, intending to build up a sense of awareness among the target customer, to educate the target audience, to persuade their voluntary or involuntary behavior with an intend to improve their behavior for their own benefits, or of the society, it is known as social marketing( Kotler, and Zaltman 1971).

The success of traditional marketing is mainly dependent on the marketing mix which is based on the pillar of various P’s (Product, Place, Price, and Promotion). Similarly, the success of Social Marketing depends upon following P’s:

**Product:** Social marketing “product” is not an object or physical item as it is in traditional marketing. The product can be a tangible physical product like contraceptives, condoms; services like medical examination; practices like hand washing, breastfeeding etc. or it can be as intangible as environmental protection.

**Price:** “Price” is what end user does to get the product. It could be in fiscal terms or it could be the time and effort they have to put in to obtain the product. The Social Marketing strategy will be successful if the benefits from the product prevail over the cost to obtain the product.

**Place:** “Place” in Social marketing is the means by which makes the product to reach the end user. It could be a distribution system for tangible products or healthcare facility for health services. For intangible products, it may include the channels via which the intended message reaches the end users. The channels could be workshops, seminars, experimental projects, or even word-of-mouth.

**Promotion:** “Promotion” comprises of the composite utilization of mass media and other communication strategies. It focuses on generating and sustaining the demand for the social marketing ‘product’.

**Public:** “Public” refer to the targeted group. The whole marketing mix should be developed in a way so as to provide maximum benefit to the public.

**Partnership:** “Partnership” is important in social marketing as social issues are complex in nature and mostly requires involvement of different departments and agencies.

**Policy:** Social marketing generally intend to amend the behavior of individuals or community which is important, but ensuring that the changes which are initiated through social marketing intervention are sustainable through supporting policies is also important.

**Purse Strings –**The continuous funding helps ensure increases the success of the campaign. It can be through an agency or government itself.

This paper is an attempt to present literature review based on social marketing interventions in public health implemented in India. The study will highlight the applications, methodology and evaluation of intervention in context of public health.

## **II. METHODOLOGY:**

The secondary sources of data were obtained from online public access catalogues and database J Store, Google Scholar, ProQuest and PubMed. Review includes research papers, online articles, and student thesis. The paper used as reference focused on the application of social marketing interventions in public health management. The paper was selected on the occurrence of key words like social marketing, social interventions, public health, evaluation, diarrhea, family planning, polio and behavior change communication, India.

## **III. LITERATURE REVIEW:**

The first study highlighted details of 'Sonaganchi Project' and related to a sustainable intervention program for sexually transmitted disease (STD)/HIV at community level. One of the key task of the program was to define HIV and Sexually Transmitted diasease (STD) as a work hazard. It further laid emphasis on in establishing the rights and privileges of sex workers and increasing access to condoms along with developing a sense of political and community awareness. The Sonaganchi Project was reproduced with an aim to analyze the viability of HIV intervention at community level, among sex workers. The sex workers were selected from two different urban communities of north eastern India (n = 100 each). The program was carried out for 18 months with 85% retention and surveys were conducted at an interval of every 5–6 months. In the intervention group (39%) a significant rise in the condom utilization was observed as compared to the control group (11%). Also the number of regular condom users was found to be increased by 25% in the intervention group while a decrease of 16% was observed in the control group. The study results supported the effectiveness of the Sonagachi model simulation in increasing condom utilization and keeping up low HIV prevalence among sex workers (Basu et al., 2004).

A similar study was carried out in different parts of India. The selected study provided details regarding the consequences of a social marketing campaign for condom, conducted on a large scale for sex workers. Many quality assurance sampling (LQAS) techniques were utilized to assess the geographical coverage and coverage of condoms in the target regions in four states (Karnataka, Tamil Nadu, Maharashtra and Andhra Pradesh) and across the selected national highways in India, as a component of Avahan, the India AIDS initiative. As per the study results a noteworthy rise in availability of condom was observed between 2005 and 2008 in the intervention area. Higher rates of coverage were progressively accomplished through a widespread network of pharmacies and mostly of non-traditional outlets, while traditional outlets were influential in providing large volumes of condoms (Piot et al., 2010).

Smokeless tobacco consumption has become the major source of morbidity and mortality in India. A television campaign at national level and a radio mass media campaign was initiated to create awareness among the users of smokeless tobacco regarding the hazards and to encourage quitting of tobacco and reduce its usage. The campaign was aired for six weeks during 2009. A nationwide household survey of smokeless tobacco users (n=2898) was conducted to evaluate the impact of campaign. By using logistic regression analysis, the effectiveness of the campaign was evaluated. The campaign has the expected results on the users of smokeless tobacco. The campaign advertisement was recalled by 63% user of smokeless tobacco and by 72% user of both smoking and smokeless tobacco. They primarily recalled the television message. About 70% of the respondents aware of the campaign agreed that the messages influenced their thought and was relevant to their lives. Campaign awareness was linked with improved awareness, more positive attitudes towards quitting tobacco and greater cessation-oriented intentions and behaviours among smokeless tobacco users (Murukutla et al., 2012). Binding up the private and public sector can be fruitful in improving population health. A study was conducted in Uttar Pradesh to evaluate one such model- Matrika. Matrika is a multifaceted intervention that created a pool of private providers and fortified the proficiency of both private and public sector clinicians. The study was conducted to examine whether the Matrika model could beneficial in improving the geographical coverage of health services, quality of health services along the variety of care for reproductive, maternal and child health. 60 intervention clusters with a franchisee were matched with 120 comparison clusters in six districts of Uttar Pradesh, India. Two non-profit organizations implemented the intervention between 2013- 2016. Two rounds of household surveys were conducted in 2015 and 2016 for women who had given birth up to two years previously. The primary outcome of the study was the proportion of women who had given birth in a health care facility i.e. institutional delivery. Other outcomes measured use of patient experiences, maternal health care and other dimensions of care. The study results showed that introduction of Matrika was not significantly linked to change in the percentage of institutional deliveries (Tougher et al., 2018).

India was certified polio free in the year 2014. India celebrated five years of being polio free in January 2016. One of the main reasons behind the disruption of transmission of polio virus in the polio endemic states of

Uttar Pradesh and Bihar was deployment of Social Mobilization Network (SMNet). SMNet is a three tiered structure working district, block and community level. SMNet is now considered as the gold standard in the field of public health communication. It mobilizes the communities by leading civil society participation. SMNet targeted the resistance factor which was hindering polio immunization through multipronged approach by taking help of religious leaders, interpersonal communication, counseling, meetings for mothers, announcement through religious institutes and public rallies. SMNet succeeded in its approach because it was able to identify the resistant families and convince them for the immunization and converted them into advocating for polio immunization. About 98% of SMNet mobilizers were women and they were deeply respected in the communities and have become the model for gender empowerment. The SMNet manifested that mobilization techniques can be used to accomplish short term or long term goals and can also be replicated in other health programmes to achieve the same success as achieved for the polio eradication programme (Siddique, Singh and Trivedi 2016).

A lacking water and sanitation framework and lack of hygiene facilitates the pathogen transmission, resulting in diarrhea. The Government of India had launched a 'Total Sanitation Campaign' across the country intended to bring about an attitudinal change pertaining to latrines among the households. The campaign was actualised by the state governments and framed as a motivated programme by the community and was actualized by state governments. It focused on all rural households and various community stakeholders and also provided financial support to accomplish the objectives. There was a stress on generating IEC activities (information, education and communication) to advance attitudes and understanding about the correlation between hygiene, sanitation and safe water practices. The campaign also acknowledged the function of minor subsidies in persuading the low income population to build latrines in individual households. In spite of the campaign, low availability of sanitation was discovered; nearly a quarter of Indian and 10% of Orissa's population only had access to safe water and good sanitation. The study analysed the "shame" versus "subsidy" argument, the effects of an escalated edition of the IEC campaign in Orissa. A cluster-randomized method was followed and villages were randomly assigned to treatment or control groups. Data on Sanitation and health was gathered pre and post community-led sanitation project, and a distinction in contrast estimator was utilized to discover number of individuals households utilizing the toilet. The study demonstrated the increase in the toilet ownership from 6% to 32% in treatment villages in the overall sample, from 5% to 36% in BPL households. Study concluded a blend of shaming and subsidies, social marketing can enhance sanitation around the world and hence can reduce the diarrhea incidence (Pattanayak et al., 2009).

To prevent and manage diarrhea among children under five, caregivers (mothers and older siblings) need to wash their own hands and their children's hands with soap, ensure their drinking water is clean and safe, and give their children ORS consistently for rehydration in cases of Diarrhea. The USAID-funded and Abt Associates-led Market-Based partnerships for Health project, in a program titled 'Saathi Bachpan Ke', put together an alliance with commercial and non-commercial sector partners to promote diarrhea prevention and management products and behaviors: soap, ORS, and water purification products. The campaign promoted the three behaviours, linked them to the tangible products, and implemented a pilot intervention in three cities of Uttar Pradesh-Kanpur, Lucknow and Varanasi- along with commercial partners Reckit Benckiser (Dettol Soap), Alkem Laboratories (Orhydrate), Tata Chemicals (Tata Swatch) and Medentech (Aquatabs) as well as non profit organizations Save the Children, Sulabh International, and Pratinidhi Samiti. Baseline research conducted in 2010 amongst 777 women revealed that despite high awareness, very few women consistently purified water because of a general belief that water is safe if it is visibly clean, tastes good, and does not smell. In the case of hand washing with soap, only 12% of the sample (baseline sample size 2354) reported washing their hands consistently at all critical times, even though soap and water were available; and in the case of ORS, 14% of households reporting diarrhea. The communication strategy was to meet with mothers directly and demonstrate the importance of ORS and hand washing with soap as well as conduct a water testing demo using media and on-ground activities. The mass media advertising component (radio, cinema, TV) was conducted by commercial brands who integrated health message in their advertising. An end line study conducted in 2011 revealed high exposure to program activities among target audience. A significant increase was observed in awareness of the critical times for hand washing, resulting in more consistent use of soap after defecation and after cleaning a child's bottom. Similarly a significant increase was observed in awareness of all methods of water purification as well as in belief in treating water (Deshpande and Nancy 2013).

To describe the experiences and consequences of a large-scale HIV prevention intervention, a study was conducted. The intervention was focussed on 17 trans-shipment locations and targeted the truck drivers moving on long distances India. The model was adapted from the McDonald's business franchise model. It focused on the appropriate placement of services, aided with standardizing the services offerings, appropriate branding and a well designed communication approach, one of the crucial strategies adopted in the intervention. The strategy replaced the outreach worker with peer educators (active or ex-truckers), who conducted interpersonal sessions with the fellow truckers. The peer educators were trained intensively on using the

participatory tools and AV aids (flip books, flash cards and discussion guides). Program monitoring data over the period of 7 years (2004-2010) was used to assess the program indicators. Between 2008 and 2009, two rounds of cross sectional behavioral surveys were also conducted. The result demonstrated an a significant increase from 374 in 2004 to 4327 in 2010 in the number of truckers contacted per month per site. It was concluded that the HIV prevention program coverage and service utilization could be well improved among the long distance truck drivers by adoption of a business model (Rao, Mahapatra, Juneja and Singh 2013).

Oral Rehydration Therapy is accountable for momentous reduction of mortality due to diarrheal illnesses among children. Efforts to popularize the use of ORT among mothers must involve dissemination of information regarding its purpose and procedure related to its use. Government of India (Ministry of Health and Family Welfare) with the help of UNICEF had launched a mass media campaign to popularize ORT through television since 1989. A study was conducted to assess the effectiveness of the programme in advancing a change in knowledge, attitude and practice of mothers in relation to ORT. The TV spots specifically emphasized WHO-ORS formula for oral rehydration therapy. The mothers were questioned regarding awareness of oral rehydration solution, source of its information, correct technique of its reconstitution and whether they administer this therapy at home for their children before taking the child to hospital. Thirty eight mothers out of 187 had not heard of ORT at all. Fifty nine mothers who watched the ORT programme regularly on TV formed the study group. Their knowledge and practices were compared with 90 mothers who had picked up ORT concept from non - television sources i.e. various health personnel such as doctors, paramedical workers, health volunteers etc. The result of the study showed that the social profile and educational status of mothers who gave source of ORT information as TV were not considerably different from those who had obtained it from health staff. The knowledge of reconstitution of ORS was considerably better in mothers who learned it from TV spots as compared to mothers who gained this information from health personnel. TV campaigns were as effective as health personnel in motivating the mothers in starting ORT at home (Koul, Murali, Gupta and Sharma 1991).

‘Super Amma’ is a village level intervention that promotes hand washing with soap (HWWS) in rural India. It demonstrated considerable rise in practices of hand washing with soap amongst the target population. The evaluation intended to document the design of the intervention and estimating scale up costs. Intervention execution was observed in seven villages. Semi-structured interviews were organized with the implementation team, village leaders and representatives of the target population. It was found that the intervention was mostly acceptable to the target population and has managed to maintain high trustworthiness. It led to a high level of exposure to most components. There was a high recall of most intervention activities. Respondents in the intervention villages were more likely to cite reasons for HWWS that were in line with intervention messaging and to believe that HWWS was a social norm than those in control villages. The Super Amma intervention is capable of achieving good reach across men and women of varied social and economic status, is affordable, and has the potential to be effective at scale, provided that sufficient attention is given to ensuring the quality of intervention delivery (Rajaraman et al. 2014).

A study was conducted with the objective to evaluate the effect of socially marketed faucet fitted to earthen vessel / sodium hypochlorite solution on diarrhea prevention at rural household level as a social intervention for diarrhea prevention under ‘Community Led Initiatives for Child Survival (CLICS) program . Unmatched case-control study was carried out in 10 villages of Primary Health Centre. During the study period, 144 households used either faucet fitted earthen vessel to store drinking water or used sodium hypochlorite solution (SH) for keeping drinking water safe. These served as case households for the study. 213 neighbourhood control households from same locality who used neither of the methods were also selected. Use of the methods by the community, would prevent about 27 percent and 22 percent cases of the diarrhea presented in study findings. The study concluded to ensure safe drinking water at household level, the effective and cheap methods like fitting faucet to traditionally used earthen vessel and/or use of sodium hypochlorite solution must be promoted through community participation at household level for cost and culture sensitive rural people in India (Dongre, Deshmukh and Garg 2008).

#### **IV. CONCLUSIONS**

The presented literature review highlighted the impact of social marketing interventions in the public health especially in the area of diarrhea, HIV and family planning. Various interventions are used using mass media on one side and individual counselling and training on the other side to implement social marketing interventions. Case control study and baseline - end line evaluation are the most opted evaluation strategy to measure the effectiveness of social marketing. The major challenges observed was scaling and sustainability of the interventions which need to be further studied in detail. Social Marketing acceptance is limited in our country from theoretical point of view though implemented on higher side as behaviour change communication tool or marketing tool. This paper is an effort to highlight summary of major social marketing interventions implemented in India and its associated result.

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