Assessment of Social Marketing Benchmarks for Public Health Programs in Indian Context

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ABSTRACT

Social marketing is an application of marketing principles for the benefit of the society with a nonprofit motive. In order to have effective social marketing, some benchmarks have been identified by the National Social Marketing Centre, UK. Till now no social marketing benchmarks in the Indian context have been developed, hence an attempt has been made to assess these Social marketing benchmarks for public health programs in the Indian Context. A structured questionnaire was developed related to social marketing benchmarks used by National Social Marketing Centre, UK. The primary data was collected from the 100 respondents through the questionnaire for the general public. A total of 8 benchmarks have been identified through Factor analysis. The result suggests that understanding the social marketing benchmarks for public health in the Indian context is helpful in designing effective public health program and for the implementation of strategies.

Keywords: Social Marketing, Public Health Programs, Marketing, Benchmarks.

1. INTRODUCTION

Public health programs in India are launched by the government in order to improve the health of the people. In a country like India, it is very important to understand the need of the audience as well as likes and dislikes of the audience before launching a public health program. It has been observed that in most of the cases programs are made in a top- down approach in which programs are made without understanding about the need of the people, rather we need a bottom-up approach in which audience needs, behaviour, segmentation and insight should be given preference for implementation of public health programs.

Social Marketing is a branch of marketing which helps in understanding the audience and gives an idea about the audience behaviour. Social marketing as an emerging field that plays an important role in the implementation of public health programs through effective use of behaviour change and use of segmentation approaches used in commercial marketing. It is observed that if some of the public health programs effectively used social marketing then it shows the positive results. Social marketing approaches have been used effectively in various disciplines ranging from education, environment to public health and are widely used in public health in various countries. In India, Social Marketing approach has been used for specific public health programs such as family planning and reproductive health programs.

It's an emerging field and its application is limited to certain specific issues. In order to have an understanding of the field, some benchmarks need to be developed. A

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benchmark is a point of reference that is used in comparative situations. Social marketing is the application of general marketing principles for the benefit of society and societal welfare through behaviour change and application of marketing principles. Social marketing as a field has evolved in last 40 years and in order to have effective social marketing interventions there was a need for some benchmarks on the basis of which new social marketing interventions can be planned and evaluated.

Till now in most of the studies, these benchmarks have been used in evaluating various social marketing campaigns in and around the world but they have not been used and tested in understanding the public through these benchmarks and also identifying the most important benchmarks in the Indian context. These benchmarks give us an idea about overall audience understanding and also informs about the behavioural issues related to the audience.

The study seeks to understand the importance of various benchmarks among the general public and also try to find out these benchmarks in the Indian context. The benchmarks which are used in the study are based on National Social Marketing Centre. Through this study, we will also be able to identify the impact of various demographic factors on benchmarks as well as the study helps us to develop a new set of benchmarks based on the Indian context. The study also seeks to understand the current behaviour of the public. In order to understand the current behaviour of the people, we need to understand and segment them based on their behaviour. In the case of public health, if we need to understand behaviour and segmentation of the audience, we have to look at certain theories to understand the audience behaviour accurately. Stages of Change theory is used to understand the audience properly.

2. LITERATURE REVIEW

Social Marketing is an evolving field of marketing and it is mainly applied in the marketing of public health programs all around the world. Although some of the public health programs in India have used social marketing principles in most of cases, social marketing principles are not applied professionally. Research and application of Social Marketing are done mainly in countries like USA and UK wherein most of the social change programs have used social marketing approach. Most of the application of social marketing is applied in public health mainly in immunization programs, obesity control programs, drug abuse control program, tobacco control program, etc. Social Marketing is also applied in other fields. Social Marketing is often confused with Social Media Marketing. We need to note that both are different while social marketing is the application of marketing principles for the social cause while social media marketing mainly deals with marketing through various social media. Philip Kotler and Gerald Zaltman in their article Social Marketing: An approach to planned social change discussed the application of marketing concepts and techniques in the promotion of social objectives. They discussed the fact that social causes can be advanced effectively by applying the principles of marketing. The term Social Marketing was first coined by Philip Kotler and Zaltman in 1971. They defined Social Marketing as "the design implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product, planning, pricing, communication, distribution and marketing research."Later on, various academicians started working on the concept of social marketing given by Kotler and Zaltman. According to (Andresen, 1995) "Social marketing is the application of commercial marketing technologies 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 society. "According to National Social Marketing Centre (NSMC), UK, "Social Marketing is an approach used to develop activities aimed at changing or maintaining people's behavior for the benefit of individuals and society as a whole. Combining ideas from commercial marketing and the social sciences, social marketing is a proven tool for influencing behavior in a sustainable and cost effective way".

Social Marketing Benchmarks: The concept of social marketing benchmarks evolved in the year 2002 through the introduction of benchmarks by Alan Andreasen (2002, 6 criteria). Others who have contributed to the development of social marketing benchmarks are French & Blair- Stevens (2006), Lefebvre (2013), Robinson Maynard, Meaton and Lowry (2013). Andreasen suggested following six benchmarks for social marketing to consider an approach to be called social marketing: These benchmarks are Behaviour change (Behaviour), Audience research through formative research and pretesting intervention and monitoring of interventions. (Audience Research), Audience segmentation and targeting (Segmentation), Use of creative and attractive exchanges (Exchange), Marketing Mix Using 4Ps of Marketing i.e. Product, Place, Price, and Promotion. (Method Mix). Beneficial packages in the form of products, minimizing the cost (Price), making exchange convenient and easy (Place) and communicating through media (Promotion), Competing behaviour (Competition)

Another lead was taken by the National Social Marketing Centre, the UK to develop benchmarks and French and Blair-Stevens (2006) expanded six benchmarks to eight benchmarks. NSMC has defined the following 8 social marketing benchmarks. These are Customer orientation: for intervention for behaviour change, Consumer research: to identify audience characteristics, Theory: Use of theory for intervention, Insight: for understanding about what moves and motivates customer, Exchange, Competition, Segmentation approach, and Marketing Mix.

Robinson Maynard, Audrey Pamelas in his thesis on "Social Marketing Benchmarks" identified 19 benchmarks of various social marketing campaigns. Some of the benchmarks that they have identified are formative research, peer review, pretesting, questionnaire, pilot testing, segmentation and targeting, further segmentation and targeting, upstream targeting, relationship building, clear benefits, measurable benefits, sustainability, marketing mix, multimedia initiatives, understanding target audience, marketers systematic analysis of own results, biases and flaws, incentives, disincentives.

According to Andreasen, behaviour change has been considered as the ultimate goal for any social marketing intervention. According to Hastings "Successful behaviour change is built on a thorough and well built grounded understanding of current behaviour and people engaged in it".

Andreasen suggested that there are four main drivers for behaviour change. They are benefits, costs, self-efficacy, and others. Benefits are mainly related to benefits one gets when changing behaviour, others related to the influence of other people on an individual for behaviour change, self-efficacy is the self-belief for behaviour change and the cost is related to cost one has to pay when changing behaviour.

Jeff French and Rebekah Russel-Bennett suggested few shortcomings of social marketing benchmark criteria such as equivalence, relative importance and essentiality. Equivalence criteria are a mixture of techniques and approaches, relative importance criteria seem more important and essentiality means that it is not clear about how many criteria need to be fulfilled for an intervention to be called social marketing. They propose social marketing benchmark criteria into three categories: Principle, Concept, and Techniques. The principle means social value creation through the exchange. Concepts include citizen focus, behavioural influence, social offerings, and relationship building. Techniques include integrated intervention mix, competition analysis, planning and evaluation, insight-driven segmentation, and co-creation through social markets.

3. OBJECTIVES OF THE STUDY

1. To assess Social Marketing Benchmarks for Public Health Program in the Indian context.
2. To develop a new set of Social Marketing Benchmarks in Indian Context for effective public health program

implementation.

4. RESEARCH METHODS

Tools for data collection

The study undertaken was exploratory & descriptive in nature and has provided insights into the benchmarks for effective health programs in the Indian context. A total of 48 items were created based on various social marketing benchmarks suggested by NSMC. Field study method had been chosen to systematically gather information. The population of this study consists of Indian adults more than 18 years of age. Both male and female respondents were given equal opportunity. A structured questionnaire was used to collect relevant data. Convenient sampling method was used to collect the data. The researcher distributed 120 questionnaires out of which 100 samples were completely filled and effective to use. Data on demographic profile like age, gender, education, occupation were selected along with 48 Likert items. Stages of Change Model are used. The study was conducted during December 2017-January 2018 in Indore city. All 48 Likert items depicting social marketing benchmarks were considered as the dependent variable and various demographic factors like age, sex, occupation, education was considered as an independent variable. A Likert type item scale was used to measure social marketing benchmarks. Likert scale comprised of 5 points Likert scale from 1-5 with 1 as Strongly Agree, 2 as Agree, 3 Neutral, 4 Disagree and 5 as Strongly Disagree.

Tools for Data Analysis

Coding & Editing: Total 120 questionnaire were distributed, out of which 100 were received. The filled up questionnaire were screened for completeness and the ones in which the responses to all the statements are complete were selected for further processing. After that, all the responses were scored and tabulated in MS- Excel. Different Excel sheet was prepared to represent the responses of viewers on each variable. The analysis of collected data was carried out using MS Excel and statistical package for Social science (SPSS 22.0). The final scale subjected to Principal component method of factor analysis using varimax rotation.

5. RESULTS

The first phase of data analysis begun with establishing the reliability of the scale. To ensure the reliability of the constructs Cronbach's alpha test Cronbach(1951)was carried out using SPSS-22. The standardized Cronbach's alpha was found to be high at 0.943 which is fairly acceptable. In order to understand the internal consistency of the scale, Cronbach Alpha was calculated. Total 48 items were taken included in the test and the Cronbach Alpha shows high internal consistency of the scale. Individual Cronbach alpha of the items are given in table 1

Table 1: Factor Analysis Result

Factors	Name of Factors	Items	Cronbach Alpha	Factor Loads	Eigenv alue	% of variance
1	Competition	11	.866	.532	17.338	29.871
2	Product	08	.871	.644	3.980	8.272
3	Customer Orientation (Behaviour)	05	.890	.690	3.474	7.237
4	Promotion	05	.851	.714	2.546	5.303
5	Exchange	04	.824	.728	2.423	5.048
6	Insight	03	.815	.686	2.055	4.282
7	Place	03	.779	.676	1.792	3.734
8	Policies	03	.751	.669	1.497	3.118

The KMO and Bartlett's for factors is as follows:

Table 2: KMO and Bartletts Test Results

Factors	KMO	Bartletts Test of Sphericity	df	Sig
Factor 1:Competition	.803	222.335	55	.000
Factor 2: Product	.853	176.625	28	.000
Factor 3: Customer Orientation	.859	164.129	15	.000
Factor 4: Promotion	.694	98.837	6	.000
Factor 5: Exchange	.722	78.035	6	.000
Factor 6: Insight	.726	77.476	6	.000
Factor 7: Place	.660	43.192	3	.000
Factor 8: Policies	.696	35.293	3	.000

Descriptive statistics: Out of total sample size 34% were female and 66 % were male. 66% of the respondents were in the 18-34 range. Educational qualification of the respondents was 48% graduate,12% higher secondary,18% postgraduate and others included illiterate, primary and middle-level education.42% respondents were in service,14% business class,32% student.

Factor Analysis: As one of the main objective of the study was to develop a new set of benchmarks based on the Indian context so factor analysis was used to get the new set of factors based on the 48 Likert scale items. The communalities which show the variance of the variables were checked. The communality should be more than 0.5 to be taken into consideration. As all variable has the value of more than 0.5 so all variables were taken in factor analysis.

The principal component method was used as the extraction method under factor analysis. According to Kaiser, Eigenvalues are good criteria for determining factor. The factors were extracted based on Eigenvalues greater than 1 and the correlation matrix was used for analysis. The rotation method was Varimax Rotation with Kaiser Normalization As the overall idea of the rotation is to reduce the number of factors on which the variables under investigation have high loadings. A total of 13 factors were identified initially. Based on the correlation among various factors and item scale variables factors were grouped in 8 important factors. Four factors having only one Likert scale variable and one factor had 2 variables so they were discarded. So out of 13 factors obtained from factor analysis only 8 factors were taken into consideration having 42 Likert scale items having 66.887 cumulative variances. The highest percentage of variance shown by the first factor (29.871). 42 variables loaded to all 8 Factors display a high level of correlations among the group signifying the internal consistency

The first and most important factor which was extracted was named **Competition**, which shows the overall competing behaviour of the audience. The competition factor has 11 variables like competing behaviour, lifestyle related competition, accessibility to health services, availability of time and money for health behaviour change, addiction of unhealthy products, type of work one does etc and explains maximum variance 29.871%. The second factor was **Product** which has 8 variables like funding of health programs, health program focus on behaviour change, marketing of health programs, information about health programs, etc explains 8.27 variance similarly the third factor was **Customer orientation** has 5 variables such as family members advice, knowledge, self belief, community participation, etc explains 7.23 variance. The fourth factor identified was **Promotion**, having 5 items such as place of promotion for public health programs like sports events, use of health related information containing disease consequences, doctors' advice in health messages, positioning of message like saving money for society and

improvement in health status by changing health behaviour showing 5.30 variance. The fifth factor identified was **Exchange** explains 5.04 variance and includes 4 items like the use of financial incentives, accessibility to health services, and regular feedback on health behaviour. Sixth Factor named was **Insight** having 3 items like motivation with health related advertisement, use of health days for motivation, laws related to public health for public motivation and explains 4.28. variance similarly the seventh Factor was **Place** and has 3 items such as the use of door to door contact, use of health workers for health information and explains 3.74 variance. Finally, the eighth factor was **Policies** having 3 items such as integration of health component in clean India campaign, banning unhealthy products, and use of volunteers for health programs and explains 3.74 variances.

The factor analysis shows that in Indian context competition factors is one of the important factors and considerable effort should be given to these factors. The highest number of items (11) falls under these factors. Product factor has 8 items. The overall factor analysis shows that under Indian context 8 factors are most important for social marketing. These factors show the overall audience opinion on various aspects of social marketing. In Indian context Policies factor has emerged as a new benchmark which needs to be considered.

According to the stage of change theory model, Following segments have been identified:

1: No intention to change health behaviour (Precontemplation) (16%)

2: **C**onsidering a change in health-related behaviour in future (Contemplation) (20%)

3: After taking the decision to change health behavior, preparing (Preparation) (18%)

4: Currently engaged in changing health behaviour (Action) (28%)

5: Changed health-related behaviour for last 6 months(Maintenance) (12%)

6: Sorted out health problem by changing behaviour(Termination) (6%)

The findings suggest that the highest numbers of people (28%) are currently engaged in changing health behaviour i.e they are in the action stage. If proper direction and awareness are generated effective results can be seen. The findings also suggest that people are ready to change their behaviour if they have given proper information. Only 6 percent of respondents have sorted out their health related behaviour independently which suggest that more guidance and support is needed to change people behaviour.

Donovan and Owen have suggested various strategies based on stages of change. According to them at pre contemplation stage raising awareness of the issue and personal relevance should be the communication objective and mass media influence is highest at this stage. At the contemplation stage communication objective should be to increase personal relevance and building response efficacy. The mass media influence is moderate to high at this stage. At the preparation stage building self efficacy and reinforcing reasons for trial should be the communication objective and mass media influence is moderate at this stage. At the Action stage maintaining motivational and efficacy support should be communication objective and mass media influence is low**.** At the maintenance stage maintaining reasons for adoption should be communication objective and mass media influence is low.

As 28 percent of the respondents are currently in action stage so in order to have effective public health program strategy we need to focus more on maintaining the current health behaviour of the audience as well as motivational support should be provided to them from time to time. Motivational support can be in the form of providing them some benefits or incentives can be given. The media influence is low at this stage because people are already in the action stage and they are involved in behaviour change so the role of media is less at this stage.

It suggests that the specific strategies need to be made on the basis of stages of change of the audience and as this may differ from state to state district to district so local level strategies need to be developed based on the stage of behaviour change. If we consider the percentage of male and female in action stage 41 percentage of the female are there in the action stage while only 21 percent male is in the action stage. It means that more efforts are required for changing the behaviour of the male audience then females.

If we consider the age group then the highest number of people in the action stage is 35% belong to the 25-34 age group. Maximum efforts are required in 18-24 years age group as 31 percent of them are considering a change in health behaviour in future so mild efforts are required for youth. For them, communication objective should be increasing personal relevance and building response efficacy and more of mass media interventions are required to be focused on them.

55 Percent of self employed and 50 percent of labour class have no intention to change health behaviour at pre contemplation stage. For them, more of mass media influence is required and general awareness needs to increase among them regarding health related aspects.

6. DISCUSSION

The study identified key social marketing benchmarks that are useful in the Indian context in the social marketing of public health programs to effectively develop interventions for the public health program implementation. The study provides a framework of benchmarks combined with audience research and segmentation to target intervention based on audience current health behaviour. The study was conducted in order to develop a fair understanding of the public perception about the benchmarks for a greater understanding to develop effective interventions through social marketing. The study has used the National Social Marketing Centre, UK Benchmarks criteria for the development of Likert scale items.

Segmentation: As segmentation is an important benchmark for social marketing therefore to segment audience stage of change theory is used. Question related to their health related behaviour was asked at the beginning which helped in segmenting the audience. The audience segmentation based on the Prochaska stages of change model. The model says that individuals at the different stage will have different attitudes, beliefs and motivations, so different approaches and communication strategies are required at different level. This model is similar to marketing buyer readiness segmentation hence strategies vary based on the proportion of people falling in different segments. Respondents were segmented into 6 stages of behaviour change regarding their health.

Highest numbers of respondents were of the opinion that health information centers need to be established at the district level with a mean of 1.5. Advice from family members was considered good for health with a mean score of 1.68. The mean score for a ban on unhealthy products like tobacco and alcohol was 1.68. People were of the view that the clean India campaign needs to be integrated with public health programs. Many people do not consider the type of work they do as a barrier in their health and also do not consider their lifestyle as a barrier in their health.

Considering other social marketing benchmarks like behaviour change, maximum people strongly agree with the fact that advice from family members is good for health. Under Product benchmark maximum support was received for the fact that unhealthy products like tobacco and alcohol should be banned. Strong support was there to increase in tax on unhealthy products and providing financial incentives for changing health behaviour. People were quite neutral about enforcing with fine to change health behaviour. Regarding marketing mix, place element people supported the fact that health information centers needs to be established at the district level. The neutral response was collected from people for rewarding in public for changing health behaviour under exchange benchmark.

Regarding competition people do not consider the type of work they do as a barrier in their health.

7. CONCLUSION

The study identified that the major factor impacting the social marketing of public health programs is Competition in the Indian context which is composed of variables like competing behaviour, lifestyle related competition, accessibility to health services, availability of time and money for health behaviour change, addiction of unhealthy products, type of work one does, etc. Other factors extracted are Product, Customer Orientation (behavior), Promotion, Exchange, Insight, Place, and Policies. The overall factor analysis and audience segmentation approach using stage of change model shows that for effective public health program implementation in Indian context social marketing benchmarks can play an important role and these benchmarks can be used as a guiding tool for various health program design and implementation.

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