

# Social Marketing for Sustainable Development: The Indian Experiences

*(A Case-based Analysis of the Indian Community Programs)*

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“Why can’t you sell brotherhood like you sell soap”

G.D. Wiebe (1958)

## **Abstract**

This paper is based on various aspects of social marketing. The community programs in India are eminent in terms of awareness but not in terms of action. There are various programs in the country, which are run by the government of India for the benefit of the society. These include programs on family planning, immunization, pollution-control and other civic issues. The community or social programs will prove themselves better in terms of performance if marketing is associated with it. Hence, the social programs will guarantee more benefits to the society if they are marketed and not simply run. The three cases spotlighted in this paper illustrate the phenomenon of marketing for social causes and hence makes marketing obligatory for benefiting the society, which is the sole objective of these social marketing programs.

Keywords : Social Marketing, Marketing Segmentation, Marketing Strategies, Indian Community Programs

## **Introduction**

Social marketing is becoming increasingly relevant to the developing world. Success of social programmes has significantly contributed to the process of development in the countries of the Third World and the failure of such programmes has resulted in tardy development. Their success has been attributed to the adoption of marketing approach to the social/development programmes. For promoting any social idea or issue it is not enough to prepare the communication programme. The whole lot of things associated with delivery system has to be taken care of. Let us take the example of the immunization programme. One cannot expect the success to come only through catchy advertising campaigns. The network of primary health centres, with proper staff, adequate stock of

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vaccines kept under prescribed conditions, quality of vaccines and the price one has to pay for immunization, are significantly important. It is the marketing approach, which helps in gaining an insight into these finer aspects.

Social marketing, as the concept evolved, acquired two different dimensions (**Luck, 1974**). One dimension of it related to social responsibilities of marketers mainly in response to consumer advocacy movement and also the pressures of government regulations. In this case the focus is on economic benefits to business, and social benefits to society that emerge from the adoption of socially responsible business policies by business organisations (**Lazer and Kelley, 1973**). This expression was later titled as societal marketing (**Takas, 1974**). Also, a large number of business organisations support programmes of societal concern like, culture—Sangeet Sammelans, sports, athletic meets, car rallies, balloon expeditions; environment—pollution control, deforestation, etc.

The second dimension of social marketing is the applicability of marketing philosophy and principles to the introduction and dissemination of ideas and issues of social significance like road safety by observing traffic rules; controlling child/infant mortality by immunisation; better living by family planning, primary education and health care, hygiene and sanitation, etc.

In another words, a social issue is anything that affects human lives on a long term basis can be called a social issue. Under the broad classifications of health, environment, education and civic issues you will find myriad subjects such as HIV / AIDS, Safe Motherhood, Malaria, Leprosy, Tuberculosis, Blindness, Iodine Deficiency Disorders, Diarrhoea, Family Planning (Health); Vehicular Pollution, Deforestation, Industrial Waste, Preservation of Biodiversity, Renewable Energy Sources (Environment); Traffic Sense, Household Waste disposal, Noise pollution, Drug Abuse (Civic Issues). Then there are other basic social issues like dowry, child rights and human rights which cannot be classified at all.

The first to propound this aspect was (**Wiebe, 1952**) and later the others (**Kotler and Levy, 1969; Kotler and Zaltman, 1971; Fox and Kotler, 1980**) established this thought. In fact, it was (**Kotler and Zaltman, 1971**) who defined “*social marketing as the design, implementation and control of programmes calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing,*

*communication, distribution and marketing research*". "Thus, it is the explicit use of marketing skills to help translate present social action efforts into more effectively designed and communicated programmes that elicit desired audience responses. The marketing techniques are the bridging mechanisms between the simple processes of knowledge and the socially useful implementation of what knowledge allows."

They suggested that the role of marketing encompasses helping solve some of the fundamental problems being faced by a nation's economic and social environment.

To this extent, it can be assumed that the full import of the social marketing concept of developmental programmes has not been explored and in a sense, this is a need unique to the developing countries. The state being ascendant over society, it cannot remain a passive bystander while the society undergoes a natural evolution process. It has to intervene with a set of carefully designed social change strategies which would accelerate the pace of development.

### **Social Issues: Importance in countrywide plans in India**

India's Plan documents provide an insight into the magnitude and importance being given to development tasks.

<b>TABLE 1</b>				
	<b>1<sup>st</sup> Five year Plan</b>	<b>5<sup>th</sup> Five year Plan</b>	<b>9<sup>th</sup> Five year Plan</b>	<b>10<sup>th</sup> Five year Plan (2002-07)</b>
Social Services	3400 Million INR	4767+1284 = 60510 Million INR	1945290 Million INR	3473910 Million INR (Projection)

Under the 1<sup>st</sup> Five year Plan Rs. 3400 Million (INR) was spent under the head social services which increased to Rs. 60,510 Million (including 12,840 Million INR in education) (INR) under 5<sup>th</sup> Five year Plan (absolute values, not inflation adjusted). During the 9<sup>th</sup> Five year Plan the total amount spent was Rs. 1,945,290 Million (INR). It was projected that the total amount spent under the social services in the 10<sup>th</sup> Five year (2002-07) plan it would further increase to 3,473,910 Million (INR).

Under the head 'Social Services', there exists a plethora of developmental tasks ranging from education and health to labour welfare, housing, welfare of backward classes, employment, etc. Indian planners have also followed a strategy of 'target setting' in the 'plans'. This target orientation has its pros and cons, as pressures on performance have led to use of short term strategies and the development task of providing a service

delivery system directed at raising the standard of living and inducing social change remains unfulfilled.

### Understanding Social Marketing

Social marketing is nothing but adaptation of the methodology of marketing to social imperatives with the objective of achieving social change.

(Kotler,1985) identified four basic approaches to social change—the legal, technological, economic and informational approaches. To elaborate this point one can examine how these four factors apply to immunization. The legal approach in this case would be to pass laws that make immunization absolutely essential. The technological approach would be innovating high-quality single shot vaccines so as to reduce the number of visits a mother has to make to get her child properly immunized. The economic approach would be to make immunization free from any charge and the information approach would be to educate people about the ill effects of the diseases against which immunization is available.

Before we go in for more details let us first develop clarity on the type of organisations that are engaged in social marketing.

If we plot a diagram (Figure 1) by taking “organisational ownership and control” on ‘X’ axis and “organisational purpose” on ‘Y’ axis we get the following matrix:

**FIGURE: 1**  
**The Scope of Marketing**

	Government	Non Government
Profit	Government for Profit i.e., Public sector in Business	Non Government for Profit, i.e., Private sector in Business
Non-Profit	Government for non-Profit i.e., Public service agencies	Non Government and non- Profit i.e., NGOs and other Voluntary organizations

**Organisational Ownership & Control**

It's either the non-profit organisations or public service organisations which are involved in social marketing. In practice public services marketing and social marketing are not taken much different from each other. (In this article the word social marketing is preferred and used rather than public services marketing).

### **Differences between Commercial and Social Marketing**

There are obvious differences in commercial marketing and social marketing. In the case of commercial marketing, the major emphasis is on persuading the audience to buy the company's product, it pertains mainly to goods and services which can be even adapted to suit audience felt needs. Here the results are cognizable. Whereas in the case of social marketing the emphasis is on persuasion to make audience learn, adopt and change their ideas, behaviour and practices in keeping with the large social needs which are not clearly perceived by them. In social marketing the results are also not cognizable. These differences are summarised in Table 2.

**TABLE: 2**

<b>Differences between Commercial and Social Marketing</b>	
<i>Commercial Marketing</i>	<i>Social Marketing</i>
Felt need and cognizable rewards	Needs not perceived, rewards not seen
Pertains mainly to products	Pertains to ideas, behaviour and practices
Persuasion to make audience buy	Persuasion to make audience learn, adapt and change
Adapt products to audience needs	Adapt audience to larger social needs
Buyer, user main audience	Audience: Providers, Influencers
Price: Cost, Tax and Margins	Price: Performance cost
Distribution: Wholesaler to retailer	Distribution: Social network
Product: Goods and Services	Product: Added value
Competition: Competing brands/ substitutes	Competition: Existing behaviour, peer Groups and pressure groups
Profit motive	Welfare objective
Talks to people who have money	Talks to needier sections
Success / failure hardly affect society	Major impact on society
Rarely needs to involve Government	Must work with Government to ensure achievements of national priorities.

## **Process of Social Marketing**

The planning of social marketing programme involves six major steps. These are: (a) problem definition, (b) goal setting, (c) target market segmentation, (d) consumer analysis, (e) marketing strategy and tactics, and (f) implementation and evaluation.

(a) *Problem Definition:* The very first step in developing any social marketing programme is to define the problem. For example all of us are aware that the use of drugs is deadly dangerous and even the ones who take drugs are aware of it. They perhaps want to give it up but they cannot. So in this case one can define the problem as “how to help drug addicts actually stop taking drugs” rather than convincing them that drug addiction is bad for their health. Social marketing, therefore, must address itself to the right problem in order to be effective and successful.

(b) *Goal Setting:* The second step in developing a social marketing programme is to set measurable goals of performance and which can be hopefully accomplished. These goals will help in developing plans of action within the available budgets and also in evaluating success of the programme.

(c) *Market Segmentation:* For better performance and results it is desirable that the heterogeneous market may be divided into homogeneous market segments keeping in view various demographical, psychographical and geographical factors. First, the segmentation would help in selecting specific segments as the focus to channelise the marketing efforts and secondly, it would also help in studying the behaviour of each segment to develop suitable marketing strategies.

**(Bloom and Novelli, 1981)** have pointed out certain problems which social marketers have to encounter while segmenting their market. First, they face pressure against segmentation, in general, and especially against segmentation that lead to ignoring certain segments altogether. Secondly, they frequently do not have accurate behavioural data to use in identifying segments and thirdly, their target segments must often consist of those consumers who are the most negatively pre-disposed to their offerings.

(d) *Customer Analysis:* There is a much greater need in social marketing to explore in depth customers’ behaviour and attitudes in order to identify and develop suitable campaigns to change their behaviour and attitudes to desired levels. Therefore, it

becomes essential to carry out consumer research about wants, needs, perceptions, attitudes, habits etc., to develop maximally effective marketing strategies. The major problems, as compared to commercial marketing, which a social marketer encounters as summarised by **(Bloom and Novelli, 1981)**” are: (i) they do not have good secondary data available about their consumers; (ii) they have more difficulty in obtaining valid, reliable measures of salient variables in doing primary data collection; (iii) they have more difficulty in sorting out the relative influence of identified determinants of consumer behaviour; and (iv) they have more difficulty in getting consumer research studies funded, approved, and completed in a timely fashion.

(e) *Developing Marketing Strategies*: A product is something having the ability to satisfy customers’ needs and wants. The test for whether a thing is a product or not lies in its exchangeability. This broader meaning of product permits inclusion of concepts that have been referred to by various other appellations. Public goods are involved in those transactions where the governmental agencies are the marketer and the public at larger are direct consumers because they are affected by ‘consumption’ of these goods, which include flood control, energy conservation programmes, etc. They are purchased in exchange for the price of taxation. There are certain public goods which are meritorious and are produced at considerable costs but offered at a notional price such as education, health care etc. These goods are called merit goods **(Wish and Gamble, 1971; Phelps, 1975)** called respect, love and status as impalpable goods. **Dewey (1939)** referred to ready made intellectual goods as information provided by mass media. However, irrespective of the name the product continues to be a “thing” that is to satisfy needs and wants of the market.

Product strategies include branding, packaging, product positioning, product differentiation etc. Like commercial marketing, these concepts are equally relevant in social marketing. People choose products, including political candidates, based on the familiarity of name **(Newsweek, 1976)**. However, in developing product strategies a social marketer encounters three major problems: (i) they tend to have less flexibility in shaping their products or offering **(Lovelock and Weinberg, 1975)**; (ii) they have more difficulty in formulating product concept; and (iii) they have more difficulty in selecting and implementing long-term positioning strategies.

The social marketing price includes money costs, opportunity costs, energy cost and psychic costs. For example, the cost of using helmets is the charge for buying them, the effort to wear it and strap it, and the psychological cost of not being completely sure one

is better off in an accident wearing it or not wearing it. Developing a pricing strategy **(Bloom and Novelli, 1981)** primarily involves trying to reduce the monetary, psychic, energy and time costs incurred by consumers, when engaging in a desired social behaviour. It is rather difficult to measure all the costs **(Rothschild,1979)** and, therefore, the effort should be to reduce them.

**(Kotler and Zaltman, 1971)** have suggested that the poor result of many social campaigns can be attributed to their failure to suggest clear action outlets for those motivated to acquire the product. The effectiveness of current campaigns on controlling infant mortality can be enhanced manifold by ensuring proper vaccination facilities at every village. The challenge for social marketer lies in utilising and controlling desired intermediaries.

The most significant component of social marketing strategy is the communication strategy which is persuasive and makes the product or programme familiar, acceptable and desirable to the audience. The challenge in social communication is that it is not always possible to use advertising but yet the message has to be put across. The other constraint is that in social communication and advertising there is pressure not to use certain types of appeals **(Houston and Homans, 1977)**. For example, fear, humour or hard selling appeals are rather undesirable. In social advertising, as compared to commercial advertising, a large amount of information is to be given and this poses another set of challenges before the social advertiser. **(Rothschild, 1979)** have suggested that before developing a non-business or social communication campaign, one must consider the following:

*The involvement of situation and relevant segments:* Due to the potentially very low levels, traditional promotion tools may be inadequate. Given the current state of the art of marketing communications, one must conclude that what can work reasonably well in private sector consumer goods cases may not work at all for non-business cases. While most consumer goods exist within a broad range of middle level involvement, many non-business issues exist in either very high or very low involvement environments. These environments may call for an enlarged set of communication tools and strategies.

*The available positive and negative reinforcers:* Since the benefits of non-business issues may be less apparent to the message recipient, it is incumbent upon the sender to consider all possible behaviour reinforcers. This especially would be the case where the more apparent benefits are societal rather than individual.



*The non-monetary costs:* The cost associated with behaviour towards non-business issues may include several non-monetary costs which raise the cost of behaving beyond the level of the perceived benefit. In such a case, communication tools will be hard pressed to present a convincing case for elicitation of the desired behaviour.

*The level of latent demand:* Many non-business marketing campaigns exist as a result of the efforts of a small group of individuals. When little latent demand exists, then little desired behaviour will follow.

*The relevant segments:* For virtually all issues, there will be at least a small segment of society for whom the issue will have positive value, another segment for whom compliance with the law will be sufficient motivation, and another segment for whom engaging in the socially beneficial act will be sufficient motivation. For many issues, there will remain a large segment for whom a direct personal benefit must be shown if appropriate behaviour is to result. The manager must, of course, consider the trade-offs of using segmentation strategies and whether or not segmentation is a permissible strategy.

*The wide range of communication alternatives:* Given the limitations of traditional marketing communication tools, one also must consider alternatives such as movies and television programmes, or even broader alternatives such as in-school or in-home educational communications. It is generally felt that public service spots are not very effective. Perhaps the money spent on their production could be used more efficiently in one of the non-traditional media.

(f) *Implementation and Evaluation:* Most good plans fail at the implementation stage. Proper care should be taken while developing the plans by anticipating the problems which might crop up at the implementation. Periodical evaluation system would help in identifying the achievements and pitfalls to take corrective measures. Although, it's difficult to define effectiveness measures but an effort to establish performance standards would go a long way towards making the social marketing programme successful.

### **Purpose of the Study**

This paper is setup in the context of the India environment pertaining to the community welfare program so as to understand the process of social marketing in an illustrative way.

## Research Design and Methods

The research methods used in this paper are purely qualitative in nature and the research design is exploratory in nature. The study makes use of three cases of Indian social welfare programs pertaining to various social needs which is the source of secondary information. This secondary information in form of case studies will help in making observations in an unstructured manner. This qualitative-exploratory research will be helpful in collecting information and gaining insight about the specific features of social marketing specific to the Indian context and pertaining to community welfare programs including family planning, immunization and prevention from life threatening diseases.

### Case I: The Family Planning Programme

India's population is fast chasing a 1000-million mark. In spite of all efforts, the population is increasing almost at the same rate as that of before. So far, only a fractional decline in the population growth from 2.2% to 2.1% has been achieved. The picture on the population density is rather gloomy as the density has increased from 216 to 267 people per kilometer (**The Economic Times, 1991**). The situation in urban areas is even worse. Similar is the situation in the rest of the developing world which has led to environmental imbalance, poor living conditions and an inferior quality of life.

The **UNFPA (1991)** report on "State of World Population" lays down targets to be achieved to curb population explosion. It suggests that the number of couples in the developing world using voluntary family planning methods showed a 50% increase from 381 million in 1990 to 567 million by the year 2000 (**International Data Line, 1991**). The report also goes on record that "reaching the target will be critical for development and even the human survival in the next century". Such is the gravity of this problem and to combat it one can anticipate the kind of efforts required, especially to achieve a 50% growth in the targets.

In India, the need for family planning programme was felt as early as early fifties. Family planning was then taken up at a mass scale but till date little success has been achieved. It is only the non-termination methods which have become popular to some extent, but termination methods have yet to take off. Perhaps the entire communication campaign on family planning has been faulty. Inverted red triangle on a yellow background with a slogan "*Do Ya Teen Bachee Bus*" was quietly changed to "*Hum Do Hamare Do*" and later the visual showed only one child with a slogan "*Larka Ho Ya Larki.....*" Then came

the “Emergency” during which people were forced to undergo terminal methods. The impact of these measures which were, no doubt, in the larger interest of society, became negative to the extent that the people were alienated. Those who underwent vasectomy were laughed at. This happened because of the *Arbitrary* approach.

**Epstine**, who has spent three years in the interior of the state of Karnataka in southern India and carried out evaluation studies on developmental programmes, has categorically pointed out that the poor success rate of the developmental programmes is due to two reasons. First, without any exception most of our development programmes are top-down and not bottom-up which is the essence of marketing. Nobody amongst the population is ever asked. In fact, the recipients are never aware of what they are getting. Secondly, lack of social marketing research skills to develop an insight into the key sets of social, cultural and anthropological variables to understand people’s behaviour which would help in an understanding of the form in which any social programme is to be packaged and delivered.

Epstine’s observation very aptly emphasises the need for a marketing approach for promoting social programmes which should begin with a deeper and detailed marketing research. People’s behaviour must be analysed in detail. Perhaps, lack of such insight led to the failure of the programme in the seventies. Although it is difficult to substantiate the observation with empirical support, the failure of the family planning programme is perhaps due to the failure in understanding the psyche of the masses. What is perhaps required is to convince the masses on 100 per cent survival of every single child coming to the family and then promoting the idea of a smaller family norm. Ensuring 100 percent survival means immunization, general hygiene, balanced diet, education etc.—suggestive of what Levy calls a *Cohesive* and mutually *Complimentary* marketing approach.

It would be appropriate to first research into the factors causing resistance of the masses in adopting the programme resulting in the poor performance of the programme. Secondly, what is important is the position of the programme. At the moment people feel small to talk about it in public. What is required is that people should feel motivated to come forward voluntarily. Thirdly better, newer and foolproof non-termination methods should be found out. The UNFPA Report on World Population suggests that special attention is required to scientific and commercial research to develop better methods for men. This would encourage them to take more responsibility for family planning. Fourthly, instead of promoting the concept of smaller family the emphasis should be on

healthier, happier and better living. If the earlier mentioned psyche of the people is correct then the efforts must be focused on encouraging cent- percent survival of every single child, which can be achieved through education. This in turn means packaging the programme by understanding the psyche on one hand and linkages between various social programmes (like, family planning, immunization, home management of diarrhea, nutrition, sanitation and hygiene etc.) on the other hand. Fifthly, the delivery systems should be made effective and efficient. At present the system at the grassroots level is excelling in imperfection. The conditions at the Primary Health Centres need considerable improvement. The lowly paid Village Level Workers need proper briefing about their job and the need to be motivated to work for the programme wholeheartedly (Shanker, 1989). Needless to say both PHCs and VLWs are the immediate contact points at the grassroot levels and any step to improve their efficiency would improve the efficiency of the programme. Lastly, due attention is to be paid to the evaluation and control mechanism to ensure that whatever is spent on the programme is well spent (Shanker, 1991).

### **Case II: Population Services International (PSI)**

PSI a registered non-profit organisation, was associated with the effort to promote the cause of family planning, thereby providing support to the Government programme. PSI was marketing the “Masti” brand of condoms and the ‘Pearl’ oral contraceptive pill in the northern region.

During 1990-91 when AIDS cases got reported from India, PSI initiated a campaign to prevent the spread of this fatal virus, which is spreading like an epidemic and threatens to record 5-10 million cases by the turn of the century.

To begin with, the entire market was segmented into two groups. First, those who transmit the virus through unsafe sex and the other which transmit the virus through any form of intra-venous transfusion whether, blood, medicines or drugs—and the use of infected needles. PSI went for the first as the second can be checked through educating medical practitioners about the use of disposable syringes.

In the first segment there were clearly identifiable sub-segments. These sub-segments were significant. They showed distinct behavioural patterns and therefore these sub-

segments required separate treatment. On the one hand there were prostitutes and on the other the sex buyers.

PSI decided to run a programme in the three major red-light areas of Bombay where there are a hundred thousand prostitutes. PSI, although a Delhi based organisation, didn't go for the red-light areas of Delhi as there are only 82 brothels in Delhi and not more than two thousand prostitutes.

The programme had both communication and distribution components built around the behaviour patterns of both prostitutes and customers. A few research studies carried out by AIIMS, UNICEF and other organisations revealed the following facts:

1. Without exception, prostitutes are in the flesh trade not out of choice but due to the miseries of poverty.
2. Prostitutes are frequently sold and resold by the brothel owners and as a result it is very difficult for Interpersonal Communicator to keep track of.
3. More than 50 per cent of the prostitutes share sex even during the menstruation period, increasing the probability of getting infected if the customer is carrying the virus, or transmitting the virus to the customer if she is carrying the virus.
4. Use of the condom can prevent the transmission provided it is put properly to prevent bursting or leakage. A large majority of the people don't know how to put the condom on.
5. As far as the customers are concerned they come in groups in the red light areas, and most of them are drunk. They normally go for an extended meal near the red light area or in the red light area before walking up to a brothel.

The communication strategy adopted was to create awareness about the 'disease' and educate people on how it can be prevented with the use of the condom. It was observed that the use of the condom largely depends on the sex buyer and there is general resistance. The campaign aimed at converting this negative into an opportunity for a prostitute to get some more money if she not only insists on the use of the condom but also puts the condom on. During the process there would be foreplay game and the prostitute can charge for it. Innovative media vehicles were used to communicate with both the segments.

Realizing that the brothel culture is more film based and all the times film music keeps playing, PSI came out with film-magazines on audio cassettes, full of film gossips. In

between there were messages on AIDS, AIDS prevention, use of the condom etc. These cassettes were priced and became quite popular.

PSI also arranged film shows for the prostitutes. Free passes were distributed. In between the film was stopped and the messages on AIDS were shown, apart from a small clipping on how to put the condom on. The film shows were packed to capacity.

To communicate with the customers at the restaurants the PSI arranged the supply of TV & VCR sets on interest-free installments for the restaurant owners and supplied video cassettes of the so-called hot-dances from Hindi films. In between, after small intervals, messages on AIDS, AIDS prevention, use of the condoms, etc., were included.

Interpersonal Communicators were also appointed from among the prostitutes or their children. They had access to the prostitutes and were able to communicate for support of the cause. Stage shows were arranged everyday and wall posters were extensively used.

The distribution strategy was to supply the condoms to restaurant owners, pan-shops, local medical shops and prostitutes. The same retail margins were given to each of them. Although the evaluation study on the success of the programme is yet to begin, there is considerable awareness about AIDS in the red light areas of Bombay.

### **Case III: The Immunization Programme**

The Immunization Programme was started in India in 1978 with the objective of reducing the morbidity and mortality due to vaccine preventable diseases. Immunization coverage levels in infants and pregnant women have increased substantially over the last decade. Immunization coverage levels of 69 to 82 percent with various vaccines were reported in 1989-90. There is, however, a wide disparity in the coverage levels in states and in the districts. While the priority remains to increase immunization coverage levels, surveillance of vaccine preventable diseases is receiving high priority to identify weak pockets for intensification of immunization services and to document impact. Besides completeness of reporting, emphasis of the surveillance system in many areas has shifted to obtaining information on cases as early as possible to allow epidemiological investigations and effective follow-up action. The achievements in a large number of districts show that the goal of universal immunization, while difficult and challenging, is attainable.

The Expanded Programme on Immunization (EPI) was launched in India in 1978 to control other VPDs. Initially, six diseases were selected: diphtheria, pertussis, tetanus, poliomyelitis, typhoid and childhood tuberculosis. The aim was to cover 80% of all infants. Subsequently, the programme was universalized and renamed as Universal Immunization Programme (UIP) in 1985. Measles vaccine was included in the programme and typhoid vaccine was discontinued. The UIP was introduced in a phased manner from 1985 to cover all districts in the country by 1990, targeting all infants with the primary immunization schedule and all pregnant women with Tetanus Toxoid immunization.

The UIP envisages achieving and sustaining universal immunization coverage in infants with three doses of DPT and OPV and one dose each of measles vaccine and BCG, and, in pregnant women, with two primary doses or one booster dose of TT. The UIP also requires a reliable cold chain system for storing and transporting vaccines, and attaining self-sufficiency in the production of all required vaccines.

In 1992, the UIP became a part of the Child Survival and Safe Motherhood Programme (CSSM), and in 1997, it became an important component of the Reproductive and Child Health Programme (RCH). The Cold-chain system was strengthened and training programmes were launched extensively throughout the country. Intensified polio eradication activities were started in 1995-96 under the Polio Eradication programme, beginning with National Immunization Days (NIDs) and active surveillance for acute flaccid paralysis (AFP). The Polio Eradication Programme was set up with the assistance of the National Polio Surveillance Project.

India's Immunization Programme is one of the largest in the world in terms of quantities of vaccines used, numbers of beneficiaries, and the numbers of immunization sessions organized, the geographical spread and diversity of areas covered. Under the immunization program, six vaccines are used to protect children and pregnant mothers against Tuberculosis, Diphtheria, Pertussis, Polio, Measles and Tetanus. It is also proposed to include Hepatitis B vaccine in UIP in phased manner. To help the parents keep a record of the immunization, including the booster dose a very innovative record card was developed by the Public Health System in India and promoted extensively through the advertising campaign. This record card was called in the local dialect as the Suraksha Card (Safety Card) and it became so successful that the private pediatricians imitated it. One of the major behavioral change which this card brought out was that

parents used to carry that card all the time as and when they visited the hospital / doctor and they were reminded to come after a fixed period for the next vaccine or the booster dose.

Parallel to this campaign, the polio campaign was run using the celebrities, including the Movie Stars. Typically, in health related campaigns, a fear or a negative appeal is used suggesting that if you don't go for vaccination you may have to suffer from the ill effects of the disease. However, the polio campaign used gave a very positive stroke to the parents wherein the theme of the campaign was "determination" that nobody can harm our children in any way.

The programme also had challenges of implementation, supply chain management (cold chain management) and management information system for proper monitoring. For a complex and extensive programme on immunization an efficient management information system was necessary to get timely reports at State and National level.

At present the programme has to depend upon routine reports received as part of the reporting under the Reproductive and Child Health (RCH) programme. This system provides feedback on coverage data only. Important information regarding the vaccines and cold chain logistics which are high cost areas does not get captured in the present system and a lot of effort and time is required in getting the critical data on these issues for planning and forecasting requirements and monitoring the status of vaccine supply and availability. To address these issues now and to collect data from District/PHC level a computer based monitoring system called Routine Immunization Monitoring System (RIMS Software) is under development for implementation throughout the country. A prototype of this software to assess practical applicability in the field has been developed. RIMS is a computerized implementation, to enter data, generate reports and perform queries. The system is presently developed in Microsoft ACCESS as a standalone CD version. It is user friendly and no special training is required to operate the system. Online system is under development in a different platform using other database and programming tools.

The data are collected at district level from PHCs /Reporting Units in the standard pre-designed UIP format and entered on five broad categories namely (A) Immunization & Vitamin A, (B) Vaccine Supply, (C) VPD Surveillance, (D) Status of Cold Chain Equipment and (E) AEFI (Adverse Event following immunization). The system is capable of performing data analyses and generating useful reports for the use of UPI



managers at all levels i.e. district, state and national. RIMS will be very useful tool to monitor UIP program as reports from all the 600 districts will be collected in a short period and then analyzed automatically by the software.

### **Conclusions**

The three cases brought under the spotlight exemplify the importance of the marketing phenomenon in the social programs. It is seen that marketing is omnipresent in all spheres of life and is not simply restricted to the private establishments. For a program, which, is pertaining to social causes and is not involved in heavy profit making, it is important that the target must be achieved as it is in any commercial program. Hence, marketing gets a pivotal role in any social work which is targeting the welfare of the society at the large. One drawback although is there with these social work organizations in terms of capital investment. It is required that both government and private establishments should come up for the welfare of society because it is these organizations which can meet the marketing expenditures required in these program. If the expenditures are increasing in these welfare programs, the revenue increase cannot be done as the objective is to benefit the society and not profit making like in the case of private commercial companies.

Social Marketing is a half a century old concept which says that the concepts of marketing (which conventionally being seen as an instrument in promoting different goods and services) can be successfully applied to a social programme. In India, there have been some social programmes for which an adhoc approach was used and the programme was not successful. The family planning programme is one such programme. On the other hand, there have been experiences wherein a proper planning was undertaken and at the implementation stage the programme was tailored to the social and cultural aspect of different regions of the country, making the programme successful, clearly suggesting that marketing concepts can be applied to social programmes as well.

It is heartening that in 2008 the American Marketing Association has redefined marketing as “Marketing is the activity, set of institutions and processes for creating, communicating, delivering and exchanging offerings that have value for customers, clients, partners and society at large”. This definition clearly marketing to social issues and the society.

This paper also brings forward certain micro issues of regarding truths and myths of social marketing in India and hence gives direction for further research regarding betterment and further establishment of the social welfare programs by way of proper marketing plans.

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