

## Impact of Social Marketing on Maternal and Child Health: Study of RMCW Home attached to a Manipal University

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**Abstract:** Social Marketing is a knowledge discipline that is of increasing relevance to healthcare practitioners. It is the systematic application of marketing, along with other concepts and techniques, to achieve specific behavioral goals for a social good. The present study was done to study the impact of social marketing on Maternal and Child Health in Rural Maternity and Child Welfare (RMCW) Homes attached to a large tertiary care hospital. **Methods:** The study was conducted in Rural Maternity and Child Welfare (RMCW) Homes attached to a Manipal University. Data was collected by direct observation and comparing with existing district, state and national statistics. **Results:** The study showed improvement in health indicators in terms of increased Antenatal Care Visits, reduced complicated deliveries, improved newborn care, and increased vaccination with consequent decline in maternal and infant mortality rate. **Conclusion:** Social marketing has played an important role in bringing about a behavioral change with consequent improvement in health of community

**Keywords:** Health indicators, Social marketing

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### I. Introduction

#### 1.1 Definition of social marketing

Social marketing has been defined in various ways. The first comprehensive definition of social marketing was given by Kotler and Zaltman, 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. Thus it is the explicit use of marketing skills to help translate present social action efforts into more effectively designed and communicated programs that elicit desired audience response. In other words, marketing techniques are the bridging mechanisms between the simple possession of knowledge and the socially useful implementation of what knowledge allows.”

Subsequently, Weinreich, (1999) defined social marketing as the use of commercial marketing techniques to promote the adoption of a behaviour that will improve health or well-being of the target audience or of society as a whole’.

“Social marketing is a process that applies marketing principles and techniques to create, communicate, and deliver value in order to influence target audience behaviors that benefit society (public health, safety, the environment, and communities) as well as the target audience.” Philip Kotler, Nancy Lee, and Michael Rothschild, 2006

This paper uses the definition given by Philip Kotler, Nancy Lee, and Michael Rothschild as a basis for study.

#### 1.2. Guiding theories

Stages of Change Model describe six stages that people go through in the behavior change process.

1.2.1. Social Norms Theory is based on the central concept that much of people’s behavior is influenced by their perceptions of what is “normal” or “typical.”

1.2.2. Health Belief Model emphasizes target audiences are influenced by perceived personal susceptibility and seriousness of the health issue, and benefits, barriers and cues to action for the desired behavior.

1.2.3. Theory of Reasoned Action /Theory of Planned Behavior suggest the best predictor of behavior is intention to act and this intention is influenced by perceived benefits, costs and social norms.

1.2.4. Social Cognitive Theory states that likelihood of adopting the behavior is determined by perceptions that benefits outweigh the costs and belief in self-efficacy (ability to perform the behavior).

1.2.5. Exchange Theory postulates that in order for an exchange to take place, target markets must perceive benefits equal to or greater than perceived costs.[1]

### **1.3. Applications of Social Marketing in Healthcare**

Most social marketing efforts are applied to:

- 1) Improving public health (e.g. HIV/AIDS, tobacco use, obesity, teen pregnancy, tuberculosis)
- 2) Preventing injuries (e.g., traffic collisions, domestic violence, senior falls, drowning)
- 3) Protecting the environment (e.g., water quality, air quality, water conservation, habitat protection)
- 4) Contributing to communities (e.g., voting, spaying and neutering pets, volunteering, crime prevention).[1]

1.2.4. The keys for success in Social Marketing include:

- Understanding community preferences and offering a range of options;
- Peer pressure and collective community responsibility;
- Using neighborhood and community networks; and,
- Development of local enterprise to provide services. [1]

## **II. Aims And Objectives**

To study the impact of social marketing on Maternal and Child Health in Rural Maternity and Child Welfare (RMCW) Homes attached to a large tertiary care teaching hospital.

## **III. Methods**

The study was conducted in Rural Maternity and Child Welfare (RMCW) Homes attached to a large tertiary care hospital. Data was collected by direct observation and comparing with existing district, state and national statistics.

Many of the significant challenges we face in public health require that individuals change their behavior as part of the solution. Barriers to behavior change, whether known or unidentified, compound these challenges even more [2].

The fundamental axiom in social marketing is the notion of voluntary exchange: those individuals adopt products, ideas and behaviors from which they expect to benefit [3]. Scientific principles, theories, and methods from the fields of health communication and social marketing are increasingly being applied to improve public health [4]. A central tenet of these intervention approaches recognizes that changing complex behaviors starts with multiple levels of influence: addressing barriers in the environment, enabling policies and laws, shifting social norms, and adapting to the context in which people live to support the adoption of new, healthy behaviors. This approach goes beyond the capacity of traditional education or communication methods, and must include sufficient support and resources to be successful [2].

Fig. 1 show where social marketing fits in with other interventions to support behavior change. Once the target population has been made aware through education, simply being aware does not necessarily lead to a change in individual behavior or societal behavior for that matter.

Social marketing is done as shown in Fig. 2

Create

Seven RMCW homes are established in and around the district of Udupi to cater to the women and child population. Women and child form 70% of the population and they are vulnerable group. Hence priority is given in the provision of healthcare services. RMCW homes are run by Departments of Community Medicine and Obstetrics and Gynecology. The Medical College Hospital provide funding, essential medicines and discounts in bills to the referred cases.

Services offered in these RMCW homes include:

1. Antenatal care
2. Delivery by trained doctors/Institutional delivery
3. Newborn care
4. Immunization
5. Health education

### **Communicate**

RMCW homes were built in 1950s in seven different villages of Udupi district. Places were chosen in such a way that each of them are built just before river so that pregnant lady did not have to cross river, which was the only mode of transportation in those days. With the help of general nurse midwifery and Medical Social Workers, services offered are communicated door to door. Information, Education and counseling are given to women attending these clinics regarding major health issues, importance of hygiene, sanitation, family planning etc. Audio Visual presentations are available in all these centres for the education of women on health issues. Pulse Polio campaigns are effectively run in these centres.

**Deliver value**

All seven RMCW homes serve approximately a population of 50,000 living in 8,684 families spread out in 14 villages. These center function round the clock and are manned by ANM (Auxiliary Nurse Midwives) and on call doctors. The detailed information of the population in the field practice area regarding socio-demographic characteristics, health parameters related to mother and children, is documented and updated periodically with the help of field ANM'S in the family folders maintained at the respective RMCW homes. All captured information is fed into the central database in eRMCW home software and are further processed.

RMCW homes are established to provide accessible, affordable healthcare services to the needy. It targets the most vulnerable group in the population i.e. Women and Child. Services offered cover the preventive, promotive, curative, and educative aspects so as to have maximum impact in terms of reducing morbidity and mortality.

Services offered are free of cost including medications. All families served under field practice area are given health card every year to avail discount of rupees 30,000 in the attached tertiary care hospital. Discounts on bills are offered for those referred from these centers. Even those beneficiaries who are from outside field practice area are given green card which avails 5000 discount in bill from tertiary care hospital, if the case is been referred from RMCW Homes.

**IV. Results And Discussion**

Fig. 3 shows there is an increase in Antenatal Visits to these centres. It indirectly shows that RMCW homes have made an impact on bringing about awareness about Maternal and Child Health.

Fig.4 shows that there is a drastic reduction in the number of complicated deliveries mainly because of Good Antenatal Care, Identification of High Risk Pregnancies early and prompt referral to institution, delivery conducted by Doctors.

In addition to these, there have been other significant impacts like reduction in the number of women with anemia, increased willingness to adopt family planning measures, willingness to opt for institutional deliveries. The centres also run successful Pulse Polio campaigns.

**V. FIGURES AND TABLES**

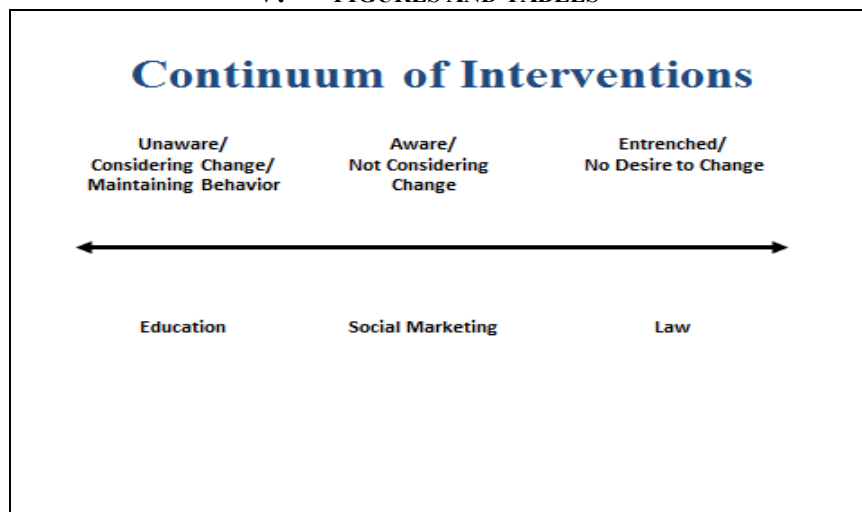


Figure 1: Continuum of Intervention



Figure 2: Social Marketing Technique

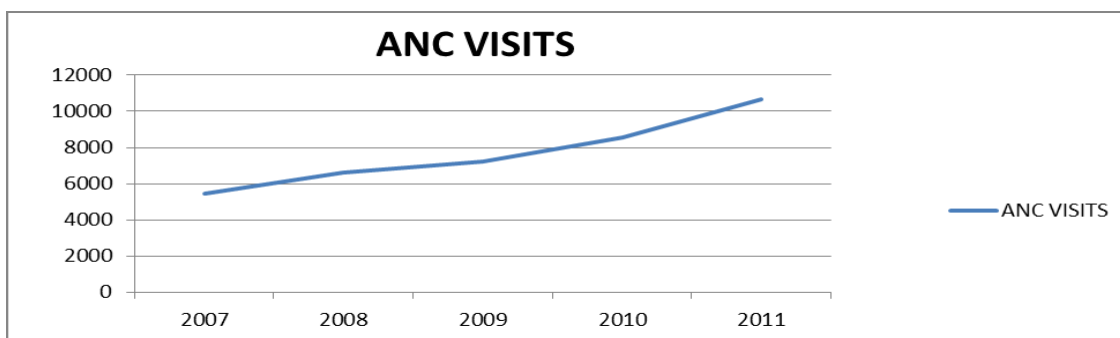


Figure 3: Number of Antenatal Visits

Table 1: MMR and IMR in RMCW homes compared to district, state and national statistics. (As per NRHM statistics 2011-12)

	RMCW Homes	Udupi District	Karnataka State	India
Maternal mortality rate(per one lakh population)	*	48	213	254
Infant mortality rate(per 1000 live births)	3.7	8	45	50

\* Data could not be computed.

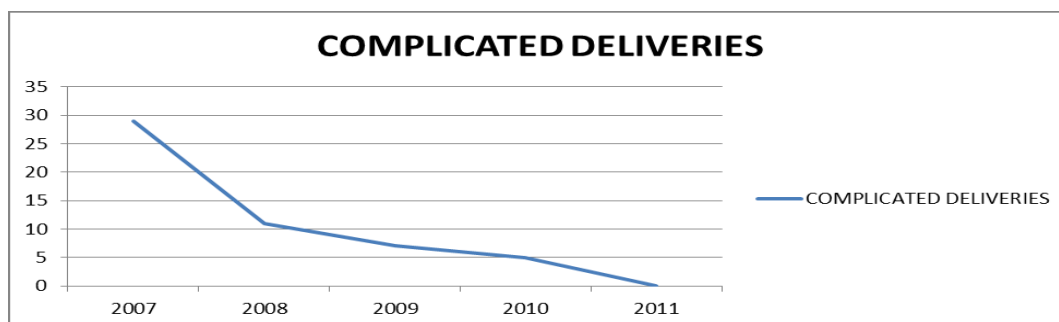


Figure 4: Number of Complicated Deliveries

## VI. Conclusion and Recommendation

Social marketing has played an important role in bringing about a behavioral change with consequent improvement in health of community. There is an increase in awareness about utilizing health services as shown by improved ANC visits. RMCW homes have significantly made an impact on maternal and child health as shown by decreased complicated deliveries and reduced Infant Mortality Rate.

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