THINK INDIA (Quarterly Journal)

ISSN: 0971-1260
Vol-22-Issue-3-July-September-2019

Impact of Social Marketing in Child Health

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Abstract

As social marketing approaches have been shown to have positive impacts on health related problems, they are more likely to have a significant and lasting effect when combined with a mix of additional educative, policy, legislative and intervention measures. Public health practitioners now recognise the value of community-based approaches to social change. For any healthcare programme or project to be successful, community participation is required. This paper highlights how social marketing can be used as an important tool in the delivery of child health care services in India.

Key Words: *Social Marketing, Child Health Care, Public Awareness Campaign, Human-Centric Approach*

1. Introduction

India is one of the few countries which have the fastest growing economies in the world. Inspite of the fact healthcare provision in India is poor, and many families, especially in rural areas, have major difficulties in accessing healthcare. India has a high child mortality rate, with significant differences in child mortality both between and within different states. Poverty, malnutrition and poor sanitation are considered as the major contributors of child mortality (1). In recent times, Social marketing emerged as an important tool in the delivery of health care facilities (2).

2. Child Health in India

In India, around 1.3 million newborns die every year during or immediately after delivery which is preventable. In 2012, the out of global 6.6 million under-5 deaths, India accounts for nearly a quarter of those deaths. The major causes of under-5 deaths in India are infections, low birth weight, diarrhoea and pneumonia. Even though India's child mortality rate has dropped by more than half since 1990 to 2015, India is still recorded the world's highest number of child death in the world in 2015, with an estimated 1.2 million deaths which are 20 per cent of the 5.9 million global deaths. In India, premature and neonatal birth complications (39%) were the biggest killers followed by pneumonia (14. 9%), diarrhoea (9. 8%) and sepsis (7. 9%) in 2015. Table 1depicts the situational analysis of newborn in India (3).

Socioeconomic determinants play a major role in the health of young children. Over 40% of children are underweight i.e. more than one in four babies have low birth weight. In rural areas, over 45% of children under the age of 5 are underweight. Poverty and malnutrition are closely linked, and approximately 45% of all deaths of children under the age of 5 years are linked to malnutrition. Even in the richest state in India (Maharashtra), more than one in three children are underweight (4).

Table 1 depicts the situational analysis of newborn in India

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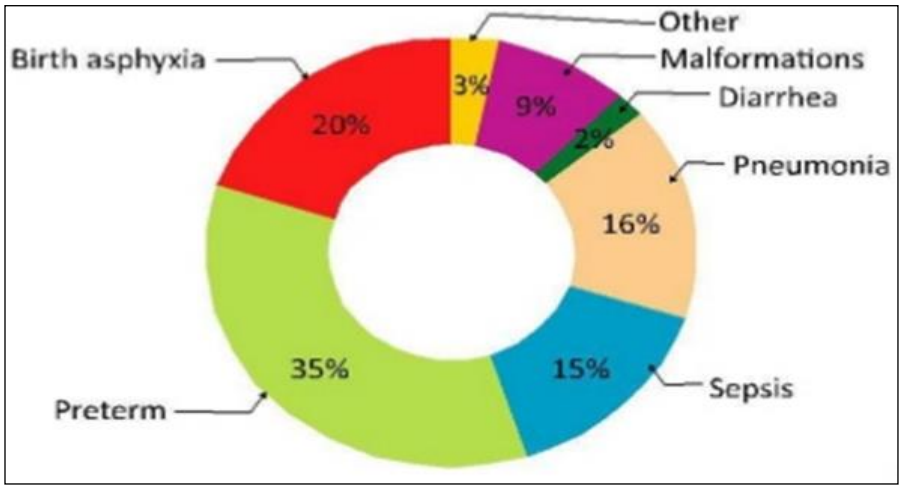
Table 1
Estimates of Child Deaths in India for Year 1990,2000, and 2012

Deaths (In Thousands)	1990	2000	2012*	Relative Reduction from 1990 to 2000	Relative Reduction from 2000 to 2012	Relative Reduction from 1990 to 2012
Neonatal Deaths	1354	1118	758	17%	32%	44%
Infant Deaths	2333	1751	1097	25%	37%	53%
Under-5 Child Deaths	3325	2414	1359	27%	44%	59%

Source: UN inter-agency group, MoHFW (Ministry of Health and Family Welfare) estimates.
Child death or child mortality is the probability of dying between the first and fifth birthdays.
Infant death is the probability of dying before the first birthday.

As per the data in Table 1, the number of neonatal deaths, infant deaths, and under-5 child deaths are showing a decreasing trend. This is due to the efforts taken by Indian Government through various programmes such as Reproductive and Child Health Program, Integrated Child Development Services Scheme, Universal Immunisation Program, School Health Program etc.

Figure 1
Causes of Neonatal Deaths in India



Source: Liu et al, Lancet 2012 Statistical Report.

Neonatal death or neonatal mortality is the probability of dying within the first month of life.

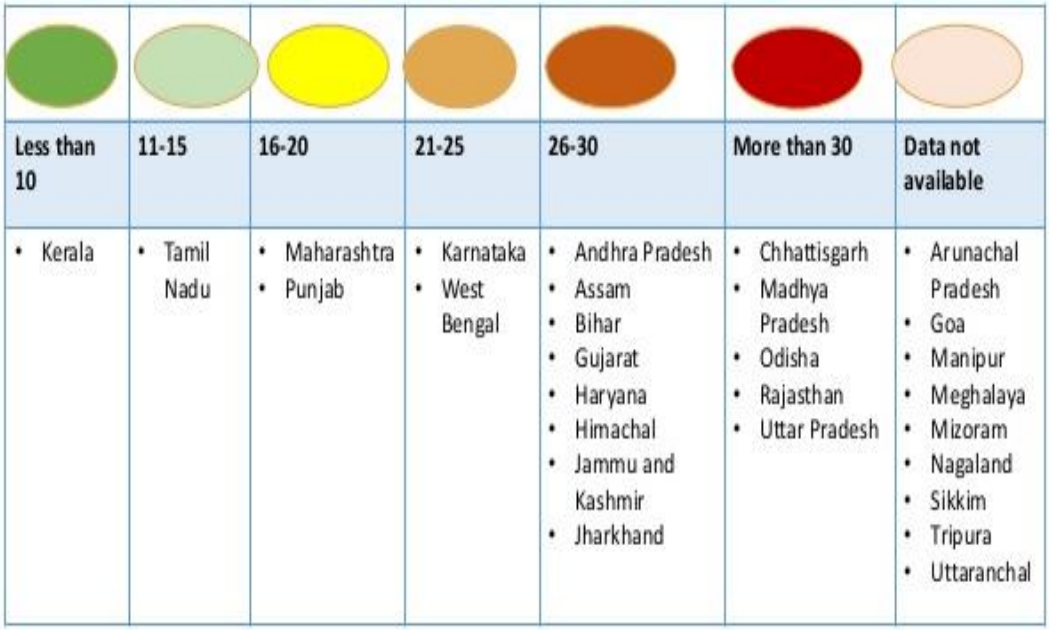
Fig 1 depicts the various causes of neonatal deaths in India. Among them preterm* is the major cause of neonatal death in India, and 35 per cent of death are due to this cause. Birth

* Preterm refers to a baby born before 37 weeks of pregnancy.

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asphyxia, pneumonia, sepsis, malformation**, diarrhoea and other diseases are also the major causes of neonatal deaths in India.

Figure 2
State wise Neo-Natal Mortality Rate in India



Source: Neonatal Mortality Rate: Sample Registration System Statistical Reports (2012).

Figure 2 depicts Neo-Natal Mortality (NMR) rate of all states in India. While Kerala and Tamil Nadu show less NMR, it seems to be high in states like Chhattisgarh, Madhya Pradesh, Odisha, Rajasthan and Uttar Pradesh.

Table 2
State/Ut-wise Infant Mortality Rate Per 1000 live Births since 2009 to 2012

Sr. No	State/UTs	SRS 2009	SRS 2010	SRS 2011	SRS 2012
	India	**50**	**47**	**44**	**42**
1	A & N Islands	27	25	23	24
2	Andhra Pradesh	49	46	43	41
3	Arunachal Pradesh	32	31	32	33
4	Assam	61	58	55	55
5	Bihar	52	48	44	43
6	Chandigarh	25	22	20	20
7	Chhattisgarh	54	51	48	47
8	D & N Haveli	37	38	35	33
9	Daman & Diu	24	23	22	22
10	Delhi	33	30	28	25
11	Goa	11	10	11	10
12	Gujarat	48	44	41	38

** Malformation is a structural defect in the body due to abnormal embryonic or fetal development.

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13	Haryana	51	48	44	42
14	Himachal Pradesh	45	40	38	36
15	Jammu & Kashmir	45	43	41	39
16	Jharkhand	44	42	39	38
17	Karnataka	41	38	35	32
18	Kerala	12	13	12	12
19	Lakshadweep	25	25	24	24
20	Madhya Pradesh	67	62	59	56
21	Maharashtra	31	28	25	25
22	**Manipur**	**16**	**14**	**11**	**10**
23	Meghalaya	59	55	52	49
24	Mizoram	36	37	34	35
25	Nagaland	26	23	21	18
26	Orissa	65	61	57	53
27	Pondicherry	22	22	19	17
28	Punjab	38	34	30	28
29	Rajasthan	59	55	52	49
30	Sikkim	34	30	26	24
31	Tamil Nadu	28	24	22	21
32	Tripura	31	27	29	28
33	Uttar Pradesh	63	61	57	53
34	Uttaranchal	41	38	36	34
35	West Bengal	33	31	32	32

Source: Press Information Bureau Government of India Ministry of Health and Family Welfare 2009-2012.

The data in Table 2 indicates that states like Assam, Orissa and Uttar Pradesh recorded highest infant mortality rate, while Kerala, Goa and Manipur states recorded lowest infant mortality rate. On par with national level maternal mortality in all the states of India, the declining trend in infant mortality rate can be noticed.

Table 3

State – Wise Under-5 Mortality Rate Per 1000 Live Births for the Selected States Since 2009-2012

States	SRS 2009	SRS 2010	SRS 2011	SRS 2012
India	**64**	**59**	**55**	**52**
Andhra Pradesh	52	48	45	43
Assam	87	83	78	75
Bihar	70	64	59	57
Chhattisgarh	67	61	57	55
Delhi	37	34	32	28
Gujarat	61	56	52	48

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Haryana	60	55	51	48
Himachal Pradesh	51	49	46	43
Jammu and Kashmir	50	48	45	43
Jharkhand	62	59	54	50
Karnataka	50	45	40	37
Kerala	14	15	13	13
Madhya Pradesh	89	82	77	73
Maharashtra	36	33	28	28
Orissa	84	78	72	68
Punjab	46	43	38	34
Rajasthan	74	69	64	59
Tamil Nadu	33	27	25	24
Uttar Pradesh	85	79	73	68
West Bengal	40	37	38	38

Source: Press Information Bureau Government of India Ministry of Health and Family Welfare 2009-2012.

The data in above Table 3 shows that there is a declining trend in under-5 mortality rate in the selected states of India. Among the states, Assam has the highest under-5 mortality rate followed by Madhya Pradesh, Uttar Pradesh, Orissa, Rajasthan, Bihar, Chhattisgarh and Jharkhand where child mortality rate is higher than the national average.

3. Social Marketing and Health Care

Healthcare is defined as a: "multitude of services rendered to individuals, families or communities by the agents of the health services or professions, for the purpose of promoting, maintaining, monitoring or restoring health"(5). Through Millennium Development Goals, the governments throughout the world show their commitment towards health-related goals by eradicating extreme poverty and hunger, to reduce child mortality, to improve maternal health, and to combat HIV/AIDS, malaria and other diseases(6). When the tools and practice of commercial marketing is utilized for health and/or social programmes it is known as Social marketing (7).

Weinrich used two methods such as education and coercion to bring about health and social change. While education uses rational facts to persuade people to change their behaviors, coercion forces people to adopt a behaviour under threat of penalty for not doing so. Social marketing lies Somewhere in between those two points that appeal to the core values of people to change their behaviour for reasons that go beyond the rational facts. Social marketing utilises emotional appeals to persuade people to what they should do to improve their health standard (8).

The overview Process of social marketing includes 1. Identifying and barriers 2. Selecting behaviour change tools that will overcome the Barriers, 3. Obtaining feedback on the programme from focus groups or surveys 4. Fine-tuneing the programmes. launching the programme community-wide. 5. Evaluating the programme several points at times for its appropriateness (9).

4. Social Marketing and Child Health

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After independence, the government of India developed health facilities and initiated several health programmes in order to improve the health status of women and children but they are not as effective as planned (10).

5. National Child Health Programmes

5.1 Universal Immunisation Program (UIP)

Universal Immunisation Program is a centrally sponsored scheme, under the Department of Health and Family Welfare (11). It is one of the largest in the world in terms of quantities of vaccine used, the number of beneficiaries, the number of Immunisation session organized, the geographical spread and diversity of areas covered.

5.2 Integrated Child Development Services (ICDS) Scheme

Integrated Child Development Service scheme was launched in 1975 by the Government of India. It is the world's largest and most unique programmes for early childhood development. Its aim is to provide nutritional support, healthcare and pre-school education for children under 6 in order to reduce the incidence of mortality, malnutrition and school dropout (12). Despite these initiatives, India fails to provide universal healthcare for many of its children.

They are many reasons for underutilization of health services like lack of awareness, poverty, illiteracy, careless attitude of women towards their and children health, local traditions, customs etc. (13). The situation can be improved by conducting awareness campaigns where the principles of social marketing can play a crucial role.

The awareness campaign should include the key steps of identifying the target audience; identifying their health problems; determining the best ways to reach them; developing and testing the communication concepts, messages, and materials with the target audience; assessing the effectiveness of the communications; and modifying the communication as when necessary (14). By using techniques from the field of social marketing, the awareness campaign may take up the following steps in improving the child health care in India.

5.3 Encouraging Women to Avail Proper Antenatal Care

The health of the mother is clearly related to the health of the child. A malnourished mother is likely to result in malnutrition in the young infant. Antenatal care is crucial for the birth of a healthy baby. One in five women in India receives no antenatal care. The lack of antenatal care for many women during the pregnancy is probably one of the major reasons for the high maternal mortality ratio in India.

5.4 Stressing the need for educational and economic empowerment of women

Women play a crucial role in the health of children. Empowerment of women is crucial for the health of children (15). One in three women in India is illiterate. In many rural areas, women need to seek permission from a man in the family before being allowed to travel or use money to pay for either healthcare consultations or drug treatment.

5.5 Motivating Rural Women to provide timely health care and immunization to their Children

A majority of the mothers opined that ignorance, lack of awareness, firmly-fixed cultural beliefs, male-dominated society, and the final word of the head of the family, were a few factors for their not seeking curative health care services (16). Increasing maternal education, the generation of intensified awareness through the mass media, and counseling may encourage rural mothers to take their sick children to the nearest health facility instead of trying home remedy.

Immunisation plays a crucial role in reducing infant and child mortality. The WHO considers infants fully vaccinated if they have received Bacillus Calmette-Guérin (BCG) against tuberculosis, three doses of the diphtheria pertussis and tetanus vaccine, three doses of the polio vaccine and one dose of the measles vaccine by the age of 12 months.

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5.6 Educating women about Balanced Diet

Anemia is a major problem in children throughout India (17). Almost 70% of children under the age of 5 years in India are anemic. Anemia is also a significant problem for adults throughout India. Approximately, one in four men is anemic and 55% of women are anemic.

5.7 Providing accurate information about family planning

Family planning and birth spacing interventions need to focus on alleviating fears about side-effects among men and women through effective counseling and providing adequate information to both men and women about method-related side-effects and how to manage them (18). In addition, involving community leaders, religious clerics, and health workers in awareness raising campaigns can help address socio-cultural and religious concerns.

5.8 Increasing Awareness Level of Rural Women on RTI/STI and HIV/AID

Low levels of RTI/STI and HIV/AIDS knowledge among the study respondents reflect the potential importance of health education interventions to improve the knowledge level. Young and unmarried women, the most vulnerable population should be specifically targeted (19). Integration of information about these infections into health education materials should be considered. Intervention programmes should be diversified for each group.

The core element of a social marketing campaign is to persuade a well- defined audience to make changes related to personal well-being. The social marketing-based awareness campaigns should answer the question: What does our target audience want? For that it is crucial to know what they want in order to suggest what they need. It entails to use media, messages, and images in a manner similar to that used effectively by commercial enterprises [20]. Generally, campaign materials may include palm cards, advertisements in l public weekly newspapers, radio, TV, attractive banners at public places like water tanks, bus stands, railway stations, theatres, restaurants etc., etc (21). Moreover, Campaign administrators should study the local culture in order to create culturally appropriate messages to the target audience. To ensure more effective public awareness campaigns, general knowledge about a specific target population is must (22). Ideally, social marketing practitioners should develop ways to incorporate local, people as partners into the planning process, allow them to set agendas and motivate them to directly participate in efforts to ameliorate the problems they face (23).

Individual action for desirable behaviour towards prevention of certain health problems of children carries important significance (24). Unless women are made aware the implications of their self-reliant activity, any national level health programme/project will not be successful.[25] Mere provision of healthcare service without its proper use and utilisation indicates the failure of the programme (26). Hence, social marketing is needed to motivate people towards health promotive behaviour and to increase participation in healthcare programmes.

Acknowledgements

I wish to thank Dr. Jayshree Suresh, my research supervisor and Associate Dean, Research Loyola Institute of Business Administration, for her valuable comments and suggestions while writing this research article.

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Biosketch



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ISSN: 0971-1260
Vol-22-Issue-3-July-September-2019

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