

Social Marketing in India: A Historical Perspective

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Abstract

This article examines the inception of the application of social marketing in India, a country where the economic and social predicament has made the use of social marketing imperious. Since the very beginning of the implementation of social marketing strategies in India through various mediums there have been consistent gaps. Therefore, this paper tries to examine various aspects of social marketing and also identify the concerned gaps.

Keywords: Social Marketing, Programme, India

1. Introduction

In the late 1960s, Philip Kotler popularised the term "societal marketing" to describe the practise of "socially responsible marketing" by businesses. It was generally agreed that social marketing existed as a distinct marketing approach in the 1970s, with its primary goal being the promotion of conscious social transformation. The non-commercial application of the theory was directed by pre-existing marketing concepts. Because it was different from accepted marketing practises, this novel idea was first met with scepticism and ultimately dismissed (Luck, 1974).

An essential goal of social marketing is to inspire positive behaviour changes that will make people's lives better. All marketing strategies and methods may have some influence on consumers, but efficiency is the most crucial factor. The customer-centric strategy makes it possible for researchers to evaluate target populations prior to initiating social marketing initiatives, creating a need for such research. In addition, social marketers need to use efficient methods and techniques while keeping an eye on participant actions to guarantee success (McKenzie et. al, 2012).

Promoting actions that might have positive effects on individuals and communities is what social marketing is all about. This objective may be advanced by the use of this discipline, which has been shown to significantly affect public behaviour in ways that are positive for public health and the environment. To put it another way, "social marketing" may be used to a wide variety of settings and demographics to effect positive social change (Lefebvre, 2011).

Social marketing's end objective is the same as any other marketing strategy: getting people's attention and participation. One definition of "social marketing" may be using market forces to influence widespread behaviour change for the common benefit. Marketing's ability to inspire both businesses and individuals to take action and make a difference is one reason why it has the potential to contribute to a cultural revolution. The findings suggest that positive change may be sustainable if people are intrinsically motivated to make the transition and are provided with the support to do so. Effective social marketing

campaigns may help the people they're aimed at form long-lasting, improvement-inducing routines and routines.

The essay by Philip Kotler and Gerald Zaltman published in 1971 is widely regarded as the foundation for the field of social marketing. Even though Kotler and Zaltman coined the term "social marketing," they attribute the idea of using business strategies in social campaigns to G. D. Wiebe. The question posed by Wiebe (1951) regarding whether or not one could "sell brotherhood like soap" was a boon since it combined social campaign with commercial, boosting the effectiveness of the former. There were three distinct parts to the social media advertising campaign. In the first stage, which lasted from the late 1960s through the 1970s, social marketing was just getting started. Since this stage evolved from commercial marketing and other ethical concerns, it lacked clarity and faced an identity crisis. During this time period, social marketing was studied as a field of research and applied solicitation was sought after in a variety of settings, but its conceptualization remained unclear (Fox & Kotler, 1980).

Many writers have used the concept of exchange to define social marketing, connecting it to its commercial roots. However, some writers have failed to include exchange theory in either their definition of social marketing or their discussion of its basic principles. Analysing the role of the exchange notion in social marketing, it was concluded that the strategy was either unimaginative or uninformed. Lefebvre and Rochlin (1997) acknowledged the importance of the discussion theory in connecting social marketing, and both authors held out the possibility that many additional intangible models may be useful in the steady growth of social marketing.

The term "social marketing" wasn't coined until later, when Tena (1988) described it as "a management technique that integrates comprehensive ideas of marketing while keeping some important elements in mind." These included ideas like the idea of exchange and the marketing mix, as well as the delay of marketing and the social marketing's character as a social activity. According to Tena, certain definitions of social marketing have an emphasis on promoting societal pillars or concepts.

Kotler and Zaltman are credited with establishing the field of social marketing, which they defined as "the design, implementation, and management of programmes intended to influence the suitability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research" (Kotler & Zaltman, 1971). In a variety of ways, this idea was problematic. At the outset, this term leads to confusion between social marketing and society marketing, as stated by Rangun and Karim (1991). They argue that part of social marketing is trying to persuade individuals or groups to alter their perspectives or practises for the greater good. They placed special focus on the "social revolution," which was fundamental. They did, however, make it very apparent that "social" marketing was primarily concerned with streamlining the filing of complaints and other measures taken to protect customers. "Social marketing was concerned with the shadow side of the market and did not usually entail fooling target clients," Hirschman (1991) writes of societal marketing. At the time, social marketing was thought of as a tactic whose implementation and management could affect the viability of social philosophies, and it was speculated that a similar strategy could be created for linking ideas about product development, analytics, dissemination of information, and marketing education. As such, marketing practises served as the connecting link between the straightforward management of familiarity and the practically useful use of what knowledge makes possible (Kotler & Zaltman, 1971).

Many academics and researchers have recently drawn parallels between social marketing and efforts to curb unhealthy diets, increase physical activity, and reduce cigarette and alcohol use. The academic community as a whole acknowledged this turning point, which spawned the development of new

theoretical frameworks. At this point in time, it was expected that social marketing would be shady and lack clear goals. Furthermore, this phase resulted in a systematic repetition of identifying the challenges linked with suitable theories and witnessing to the solution (Fox & Kotler, 1980).

According to Lefebvre and Flora (1988), intangible goods such as ideas, attitudes, and lifestyle quirks may be used to identify social marketing. According to them, the goal of social marketing is to influence a targeted audience via a reliable channel so that they may be moulded to fit a certain concept or circumstance. As a concept or idea, social marketing worries about meeting the demands of dispassionate observers so that the welfare of the whole society may be assessed. Consumers benefit since it's related to issues in areas like health, crime, the environment, etc.

2. Research Gap

Although there is a lot of research on social marketing and how it may be used to influence behaviour change but there isn't much research on historic significance of social marketing in relation with India. Therefore, the paper exhibits social marketing historic aspects in India, how it began and what is the present scenario of social marketing in India.

3. Objectives Of the Study

The purpose of this research paper is to add to the significant pool of literature of social marketing thereby making an attempt to understand social marketing from India's perspective.

4. Historical Perspective in Indian Context

In the early 1950s, India implemented several family planning programmes as part of its social marketing strategy. A number of social marketing initiatives were launched at the time to address the pressing problem of family planning. A subtle change from "*Do Ya Teen Bachee Bus*" to "*Hum Do Hamare Do*" was made to an inverted red triangle on a yellow backdrop. Later, it was reworked as "*Larka Ho Ya Larki*," symbolising a one-child policy. There were several advertisers focusing on topics related to family planning, such as vaccination, home management of diarrhoea, nutrition, sanitation, cleanliness, etc. To improve upon what they saw as imperfect existing mechanisms, marketers believed that social marketing delivery platforms needed to be bolstered (Shanker, 1991).

Around 1963, social marketing was used in India as a component of a larger effort to enhance the country's population's reproductive health. Researchers pushed for, and finally initiated, a programme to sell and distribute condoms throughout the country under the government's own brand name. The campaign was comprehensive because it educated retailers to promote the products in an aggressive manner and merged consumer marketing with active point-of-sale advertising. In addition, retailers were instructed to aggressively push the products (Chandy et al. 1965).

In the area of family planning, social marketing campaigns have been very prominent. The use of contraceptives has been encouraged via a variety of marketing strategies. There has been many research conducted in this area, along with relevant experiences and lessons learned, throughout the years. More people have learned about the need of family planning because the private and commercial sectors have helped spread the word. In this respect, developing nations like Bangladesh, Colombia, and Egypt have been very successful. India first implemented this programme in 1973, and since then, both the quantity and efficacy of similar programmes have grown (Sherris et al. 1985).

In the 1970s and 1980s, social marketing emerged as a successful tool for raising public awareness of preventable diseases including polio, typhoid, TB, and diphtheria. The immunisation campaign was launched to cut down on health problems brought on by these illnesses (Shanker, 1991). During the 1980s, the states of Gujrat and Maharashtra launched a new research initiative called integrated child development services (ICDS). The campaign's primary focus was pinpointing and establishing the specific mechanisms via which widespread responsiveness might be shaped and established. The campaign as a whole relied heavily on numerous forms of media to spread its varied themes (Querashi, 1996). In the early 1990s, PSI (a non-profit organisation) advocated for reproductive health. Condom and birth control pill campaigns saw heavy doses of social marketing (Shanker, 1991).

Social marketing was slow to catch on in India since the country's economy was once split between the country's farmers and its factories in the cities. Therefore, the intended audience consisted mostly of urban educated people, excluding a sizable portion of rural India. Extravagance and glitz were considered as social marketing's calling card, giving it an air of exclusivity among the privileged. Apprehension of being taken advantage of by urban marketers persisted even among the intended audience in rural India. Advertising companies in India, on the other hand, knew very little about social marketing. An enormous socioeconomic gap existed between groups of people. Few people could read the paper ads and even fewer could afford to buy a television (Agarwal, 1993).

HIV prevention, paediatric diarrhoea management, malaria therapy, point-of-use water cleanliness, and the development of essential health care infrastructure were all areas where social marketing was put to use in developing country like India. Since the 1980s, social marketing has rapidly spread around the world, addressing issues such as disaster preparedness and response, ecology and species protection, environmental problems, volunteer or instinctual workforce improvement, financial education, international threats of antibiotic conflict, governmental fraud, healthcare quality management, grievance suppression, infrastructure development, maritime maintenance and marine sustainability, health disparities reduction, and hygienic practises (Lefebvre, 2011).

The vaccination programme was initiated in 1978 to reduce morbidity and death from vaccine-preventable illnesses. Infant and pregnant woman vaccination reporting rates were increasing. To combat diseases including polio, typhoid, and TB in children, the Indian government implemented the Expanded Programme on Immunization (EPI) in 1978. Our goal was to ensure that the vast majority of new-borns were protected. Following this success, in 1985 the initiative was renamed the Universal Immunization Programme (UIP) to reflect its expanded scope. One effective method of spreading information about these illnesses and their treatments to the general public was social marketing (Shanker, 1991).

Another pilot programme, integrated child development services (ICDS), was launched in Gujrat and Maharashtra in the 1980s. ICDS aimed to improve the health and nutrition of children under the age of six and to set them on the path to healthy mental, physical, and social development. Manoff International Inc., a specialist in social marketing, got tangled up with a marketing research organisation called MODE to create this mess (market operations design enquiry services). The primary objective of the research was to classify the area of application in which sentience was required, with the aim of determining how this would be beneficial to the general populace. The whole campaign was based on established norms in the media for disseminating its intended messages (Querashi, 1996).

PSI (Population Services International) is a recognised non-profit organisation that has been supporting the government's family planning programme since the early 1990s. PSI participated in the promotion of the condom brand Masti and the birth control pill Pearl. There was an increase in the number of people

diagnosed with AIDS during this period. PSI launched an initiative to stop the pandemic growth of this unstoppable pathogen. Two distinct audiences were targeted by the campaign's segmented approach. The first set of people worried about the spread of the virus via unsafe sexual encounters, while the second set worried about the spread of the virus through intravenous transfusions of blood, medication, or disease-ridden needles. PSI used every available platform for its social marketing, including radio, television, door-to-door campaigns, print media, etc. The effects of the programme were immediate, and it raised public awareness of important topics over the course of several years (Shanker, 1991).

Marketers in the 1990s believed that folk music, devotional songs, street theatre, etc., which were widely accessible because they were embedded in people's everyday lives, were the most effective means of communicating with the populace. Because of this, several experiments were carried out, such as the rural Delhi initiative for influencing gender views via folk music. Marketers initially looked at certain folk songs from rural Delhi, which tended to show the negative side of women in society, in an effort to modify negative perceptions about women. Many Bhajans Mandal's were called, and arrangements of certain well-known songs were altered (Querashi, 1996).

A common theme in rural folk music is that having a boy is universally celebrated whereas having a daughter is seen as unlucky. Female infanticide was common, and women who couldn't have sons were often given back to their families. Folk songs propagated a male-dominated social order in which women had little if any benefits, thereby degrading her position in society. In the second section, we learned to celebrate the birth of a female child in the same manner as we celebrate the birth of a boy. The ladies of the hamlet contributed to the adaptation of this song in particular. The song was successful, and a lot of other songs were changed to reflect the many problems facing the world. These improvements had some effect on the populace, but it took many more years for women to attain an appropriate status in society, and the issue is still very much a concern in modern Indian culture (Querashi, 1996).

In light of the circumstances, an attempt at social marketing intervention was made. Methodical study was conducted as part of this programme in order to understand the issues in light of established social and cultural norms. Research results were used to create the necessary communication materials, and a variety of grassroots representatives were educated to disseminate messages on nutrition and health. Finally, a participatory monitoring system was established to ensure the programme was carried out correctly. The plan called for a number of routine discussions with village heads and dominant residents. Economic and social conditions of the affected region were also evaluated. Family, kinship, parental responsibilities, and similar topics were included. We also looked at how people's health-related information, attitudes, and behaviours (Querashi, 1996).

There were several open questions about the medium of communication. Those places lacked access to electronic media, such as radios and televisions. Most of the population was illiterate, thus printed materials would have been useless to them. In order to effectively reach these listeners, the shows were recorded on audio cassettes in private studios. Even the special effects were performed using puppets. These shows were shown several times in frequented areas (Querashi, 1996).

There have been many social marketing campaigns in India, and the vast majority of them have had favourable results among the general public. These efforts significantly impacted a sizable population, raising awareness about the critical problem at hand. Tobacco use, poor diet and lack of exercise, and even the spread of the HIV/AIDS pandemic are just some of the problems that social marketing has helped to resolve (Hornik, 2002).

Hindustan Lever Ltd. launched a social marketing programme called Lifebuoy's Swasthya Chetna to spread awareness about the need of personal cleanliness in 2002. The programme was publicly launched in eight Indian states. This initiative was created with the intention of educating around 200 million individuals on the importance of health and cleanliness in both rural and urban settings. The campaign raised awareness of the dangers of bacteria and other infectious agents to human health. The campaign focused primarily on the necessity of hand washing and regular bathing in the prevention of diarrhoea and other waterborne illnesses (HUL, 2006).

Another well-known social marketing campaign, "Teach India," centred on the idea that India's populace couldn't possibly be successful in a leadership role if they weren't educated. The Times of India launched the effort to achieve this goal. Campaigning occurred in two phases. In the first phase, participants were encouraged to spend two hours a week educating disadvantaged kids via their local non-governmental organisation (NGO). The second phase, which began at the end of 2008, included selecting students from prestigious universities around the nation who were interested in volunteering for two years to help impoverished children get an education. TOI collaborated with many non-governmental organisations (NGOs) working in the subject of education to launch the campaign, which was promoted across a wide range of print and broadcast outlets (Times of India, 2010).

5. Conclusion

The present paper was an effort towards understanding how over the years social marketing campaigns have been successful in various in India through different forms of mediums. It's imperative to understand that social marketing has been efficacious in altering behaviours positively around the world and in India it has been very successful since very inception. In India social marketers used social marketing as a tool to shape behaviours, thereby changing harmful behaviour into one that helps others and society. Different types of social marketing campaigns through distinct mediums were successful in altering attitudes and perceptions of numerous people towards certain ideas and outcomes.

References

1. Agrawal, B. (1993). Development communication: a historical and contemporary perspective. Paper presented at national symposium on the development communication: family and community, Lady Irwin College, 1993, New Delhi.
2. Chandy, K.T., Balakrishnan, T.R., Kantawalla, J.M., Mohan, K., Sen, N.P., Gupta, S.S. & Srivastva, S. (1965). *Proposals for family planning promotion: A marketing plan. Studies in Family Planning, 1*, (6), 7-12.
3. Fox, A & Kotler, P. (1980). The marketing of social causes: The first ten years. *Journal of Marketing, 44*, 24-33.
4. Hirschman (1991), "Secular Morality and the Dark Side of Consumer Behaviour: Or How Semiotics Saved My Life," *Advances in Consumer Research, 18*, 1-4
5. Hornik, R. (2002). *Public health communication: Evidence for behaviour change*. Mahwah, NJ: Lawrence Erlbaum.
6. HUL. (2006). *Effect of Rural Marketing strategies for FMCG -A case study of Hindustan Unilever Limited*. Retrieved from <http://www.scribid.com>
7. Kotler, P. & Zaltman, G. (1971). Social marketing: an approach to planned social change. *Journal of Marketing, 35*, 3-12

8. Lefebvre, R. C. (2011). An integrative model for social marketing. *Journal of Social Marketing, 1*, 54-72.
9. Lefebvre, R. C., & Flora, J. A. (1988). Social marketing and public health intervention. *Health Education Quarterly*; 15:299–315.
10. Lefebvre, R. Craig & Rochlin, L (1997). *Social marketing in health behaviour and health education*. San Francisco: Jossey-Bass Publishers, 384-402.
11. Luck, J. (1974). Social Marketing: Confusion Compounded. *Journal of Marketing. 38*, 70-72.
12. McKenzie-Mohr, D., & Schultz, P. W. (2012). Choosing effective behaviour change tools. *Social Marketing Quarterly*, 20(1), 35-46.
13. Querashi, S.Y (1996). Social Marketing for social change. *New Delhi Report on Tobacco Control in India*, Ajanta publications
14. Rangun,V.K. & Karim, S. (1991). *Teaching Note: Focusing the concept of social marketing*. Cambridge, MA: Harvard Business School.
15. Shanker, R. (1991, December 2). Marketing Approach to Social Campaigns. *The Financial Express*. Retrieved <http://www.financialexpress.com/archive/>
16. Sherris, J. (1985). Contraceptive social marketing: lessons from experience. *Population Reports, 30*, 773-812.
17. Social Marketing: Times of India's 'Teach India' Campaign. (2010). Retrieved from <http://www.icmrindia.org/casestudies/catalogue/Marketing/MKTG251.htm>
18. Tena, M.A.M (1988). El marketing social: una aproximación teorica. *ICE Tribuna de Economia*, 774.
19. Wiebe, G. (1951). Merchandising Commodities and Citizenship on Television. *Public Opinion Quarterly*, 15 (winter), 679.