USE OF SOCIAL MEDIA AS A TOOL FOR MARKETING OF GOVT. HEALTH SERVICES

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ABSTRACT

Health Care services are the most crucial services among the other services in this world as it deals with the life of a human being. A good health of every citizen is one of the prerequisite of socio-economic development of a country. The WHO had adopted in its first World Health Assembly in 1948, stated that "Government have responsibility for the health of their people" which can be fulfilled only by the provision of adequate health and social measures. But after the passing of 68 years of India's independence Government still could not raise the resources in Health Sector (i.e. infrastructures, Doctors, Nurses and other health professionals) in the country. Hence, it is the need of the hour to adopt & apply the original commercial marketing tools and techniques in Government Health care services to control some diseases through promoting preventive health care services, imparting health education among the rural people, giving primary knowledge on health & hygiene to the school going children so that uncontrollable factor i.e. the shortage of the resources in the hand of Government could be managed to a great extent. The advent of Social Media as a marketing channel could change the way of distributing the health care services. Since, Social Media is a medium to socialize the information or knowledge it could play vital role in promoting and distributing of various Govt. health care services in Assam through the social networking sites. Hence, Social Media could be the most popular tool in social marketing as it covers a very strong networking of people and it is so faster that Government could communicate any health related information, guidance or awareness among the community within a moment through the peoples connected with social media.

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Key words: Social media, Social Marketing, Government Health Care Services,

Introduction:

The modern marketing is originated from the large firms in Germany and USA as refinement of selling techniques in mass market after the Second World War, especially in the fifties and sixties. The tools so adopted were called as commercial marketing where the main of the producer was to gain profit out of sale of the products and services. But nobody till the last of the sixty century dreamed for the use of marketing for the benefit of the society also, ignoring the profit motive. It was the **Phillip Kotler and Sidney Levy** who for the first time in January 1969, published "Broadening the concept of Marketing" in Journal of Marketing *(Kotler and Levy 1969a)* and the term **Social Marketing** was first introduced by **Phillip Kotler** and **Gerald Zaltman,** in a pioneering article *"Social Marketing: An Approach to Planned Social Change"* in the *Journal of Marketing,* to describe "the use of marketing principles and techniques to advance a social cause, idea or behaviour." Gradually the broadening movements of Marketing introduced several new areas under the study of Marketing for e.g.:

- Educational Marketing
- Celebrity Marketing
- Health Care Marketing
- Tourism Marketing
- Cultural Marketing etc.
- Green Marketing etc.

Among the above services the Health Service is the most peculiar in its features:

- Intangibility.
- Deals with human life.
- Could not be stored for sell.
- Can't be controlled by the market forces.
- Services associated with most crucial physical product (medicines)
- Asymmetry of information.
- Govt's responsibility.
- No fixed business timing.
- Service provider fixed the price.
- No bargaining from the patients.

Hence, to deal with such kind of peculiar service, Govt. plays a very crucial role in health care sector. Government has wide responsibility to educate its people about the various preventive measures to deal with various communicable diseases in the society. Government can also aware the various bad practices and preferred habits due to which lots of life style diseases are emerging in the present society. With the growing industrialization and economic development in the developing countries like India, the number of upper middle class population is increasing, people have the more purchasing power and less leisure time for which the habits of the population got changed like intake of more oily & junk food

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outside, less sleeping time, less physical exercise. Apart from these, lack of awareness on the danger of self medication among the poor BPL category people, Lack of awareness on the facilities available in Government Health Institutes, Lack of awareness on the risk of producing more babies and ignoring the risk of population burst etc could be better addressed by the social marketing. The use of various Social media such as Facebook, YouTube, Google, Twitter and WhatsApp etc. can make the people (especially the young generation) more knowledgeable, create awareness on the Healthy behaviour, and impart knowledge on the various guidance and Health care messages from the Government. According to Wikipedia, Social Media is the modern marketing tool based on internet which facilitates the Service Providers to share and communicate information on the services they dealt with the human beings. Thus any website or Apps which allows the users to share their content, opinions, views, messages that encourages interactions among the community, stimulate the current or preferred behaviour of the users through network building can be termed as Social Media. The most popular social media sites are Facebook, YouTube, Twitter, WhatsApp, Google+ etc. Thus Government can best utilise the available social network among the community through Social Media to create awareness about the services/facilities available in the various Govt. Hospitals, impart education on the symptoms of various killing diseases, aware the common people about the relation of Health & Hygiene, dangers of self medication, Family Planning, informing the common people about the various schemes for the patients of Govt. hospitals, reminding the parents for immunization of their baby and impart training to the Health care professionals i.e. Doctors & Nurses including other health workers like ASHA, Ward Boy/Girl, Sweepers, MPW, SW, Pharmacist, Technicians etc on the Service attitude and the importance of their services in a Govt. hospitals for giving a Diseases free / Healthy life to the patients since the health workers are also a part of the community and connected through the Social Media.

Need and Importance of the Study:

In India, due to lack of health education, lakhs of people are dying in various health problems. Less than half of children with diarrhea or ARI resorted to medical help, a third of children aged 12-23 months never received any vaccination, and only 17% of them were fully immunized (NFSH-II 1998-1999). Similarly, only half of people suffering from TB were medically treated; the underutilization of TB treatment was equally low in both urban (59%) and rural (50%) areas. Communicable diseases are still a major public health issue among adults. According to a 1997 facility survey mainly in district and sub-district hospitals by the

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Department Of Community Medicine, Assam Medical College, among adults infectious and parasitic (I&P) disease is still the leading cause of death among adults, accounting for 21% of the total death. Death from digestive system diseases and from respiratory diseases is also significant (respectively, 12.3% and 10.5% of the total). Again, as per the findings of another survey conducted in 1994 among the various reasons of the death one in four deaths due to I &P diseases. These include deaths due to malaria (7%), influenza (6.9%), gastroenteritis (5.5%), tuberculosis (4.2%), typhoid (0.8%) and rabies (0.5%).Poor maternal health and education results in poor child health. Approx. 63% of infants deaths occur in the neonatal period (first month), and the rest in post neonatal period (1month – 1 year). Low birth weight, poor nutrition and post-birth infectious diseases are the main proximate causes of neonatal deaths. According to a 1994 survey of the Cause of deaths, neonatal and post neonatal causes together account for 12.9% of total mortality in the state (SRS. 1994) Report stated that only 43% of children are exclusively breastfed during the first 3 months (Indian average is equal to 55%). Hence, considering the above statistics if the Govt. adopts the Social marketing tools and techniques to influence the preferred behaviour of the patients/common people; create awareness among the common people; impart health education among the school going children; creating awareness among the pregnant women regarding the do's and don'ts during pregnancy as well as motivate for institutional delivery; to give health care messages to the new mothers about the importance of breastfeeding and dangers of malnutrition for their child, share the knowledge with the teenagers regarding the probable diseases from the various modern life style like eating junk food, poor physical exercise, environment pollution, smoking, self medication, not using Sanitary Napkins during menstruation etc. through the various popular social networking cites like Facebook, Google, YouTube, WhatsApp etc. Then a major percentage of population could prevent maximum diseases at the very inception stage and save their life through the suggested preventive measures from the Government.

Hence, the study was undertaken to find out the number of Internet users as well as number of social media (Facebook, WhatsApp, YouTube, Google etc.) users among the common people and to find out the level of knowledge on Social Media in terms of searching Health Awareness messages/information which may help in marketing of Government Health Services in Assam as well as the rest part of the country.

Objectives of the Study:

The following Objectives were taken to carry out the study:

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1. To find out the familiarities of the common people with the Mobile Internet.
2. To find out the no. of Social Media (Facebook, WhatsApp, YouTube, Google etc.) Users among the attendants of GMCH
3. To find out the number of Internet users who is using social media for searching Health Awareness messages/websites.
4. To find out whether the patients or their family members use Social Media for getting any health related information through mobile internet.
5. To find out whether the patients or their attendant as being a common people were aware of the National Health Portal websites launched by the Government of India which can help the masses in taking various preventive measures to fight against the diseases or create awareness on various health care issues.

Hypotheses:

While taken the above objectives for conducting the study the following hypotheses were formulated and tried to proved/disproved through data collection, Analysis & Interpretation of the collected data. The Null Hypotheses & Alternative Hypotheses are as follows:

Null Hypotheses:

H_o1: There are very negligible percentages of population in terms of Mobile Internet users among the family members of the Patients coming for check up/treatment in Gauhati Medical College & Hospital.

H_o2: The Family members of the patients of the GMCH don't use social media

H_o3: Among the Social Media Users, all were searching Preventive Health Care Messages/ other Articles on Health through mobile internet.

H_o3: The patient/Attendants at GMCH (who use internet) know about the National health Portal of Government of India and visited the website several times.

Alternate Hypotheses:

H_a1: A good percentage of family members of the patients in GMCH use Mobile Internets through their Smartphone.

H_a2: A good percentage of family members of the patients in GMCH use Social Media

H_a3: Very negligible percentages usually search for the Health Information on Social Media.

H_a4: Very negligible percentage of the patients / Attendants had come to know about the National Health Portal of Govt. of India.

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Materials & Methods:

In this study the researcher had adopted Descriptive Research Design and followed a structured instrument to avoid biasness in collecting data from the respondents. On the basis of the observation, interview etc the data are processed, interpreted and analyzed to draw statement on the population under the study.

Study Population:

For this purpose, OPD patients or their Attendants of Gauhati Medical College Hospital, Guwahati were taken as the study population.

Sample Size:

Total 100 patients were taken as samples for the study.

Sampling Technique:

The Random Sampling method was applied while drawing the samples from the population of the study.

*Tools for data collection***:**

The following tools were developed for collection of data from the respondents to meet the study objectives.

1) Tools for the OPD patients / their Attendants at GMCH, Guwahati.

Data Collection:

The data were collected from the primary sources. But the secondary data were also collected to derive more information. The secondary sources are Journals, Books, internet websites and Reports etc. The Primary data were collected from the respondents as per the verbal permission from them to share few minutes with the Researcher in collecting their opinions etc.

Tabulation & Analysis of Data:

Table No: 1 Distribution of Age of the respondents

Age	No. of Respondents	Percentage	Cumulative Percentage
Below 21 years	9	9%	9%
21 years to 30 years	34	34%	43%
31 years to 40 years	41	41%	84%
41 years to 50 years	13	13%	97%
Above 50 years	3	3%	100%
Total	**100**	**100%**	

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The Table No: 1 reveals that majority percentages of the respondents under the study were from the age group of 31 to 40 years, 34% belong to age group of 21 to 30 years, 13% belong to 41-50 years, 9% were below 21 years and 3% were found above 50 years.

Table No: 2 Distribution of Sex of the respondents

Sex	No. of Respondents	Percentage
Male	43	43%
Female	57	57%
Total	**100**	**100%**

Interpretation:

The Table No: 2 reveal that majority percentages (57%) of respondents were female and only 43% were male.

Table No: 3 Distribution of Occupation of the respondents

Occupation	Total no. of patients	Percentage
Driver	2	2%
Daily Wage Labour	19	19%
Small Business	5	5%
Pvt. Service	21	21%
Govt. Service	3	3%
Housewife	42	42%
Farmer	8	8%
Total	**100**	**100%**

Interpretation:

The above table reveals that majority of the respondents 42% were housewives, 21% were found doing private service, 19% were daily wage labours, 8% were found farmers, 5% were found small businessmen, 3% were Govt. service holder and 2 % were found drivers.

Table No: 4 Distribution of Education level of the respondents

Education level	No. of Respondents	Percentage
Not literate	39	39%
under Primary	4	4%
under M.E.	16	16%

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H.S.L.C. passed	12	12%
H.S. passed	19	19%
Degree Passed	**10**	10%
Total	**100**	**100%**

Interpretation:

The Table No: 4 reveals that majority of the respondents 39% were illiterate, 19% were H.S. passed, 16% were found read up to M.E. level, 12% were found matriculate, 10% were found graduate and 4% were found read up to Primary level of education.

Table No: 5 Distribution of Mobile Phone users among the OPD Patients

Comments	No. Of respondents	Percentage
Yes, I have	79	79%
No, I have not	21	21%
Total	**100**	**100%**

Interpretation:

The Table No: 5 reveal that out of 100 respondents 79% have a mobile handset and 21% have no mobile phone.

Table No: 6 Distribution of Smartphone User among the OPD Patients/their Attendants

Comments	No. of Respondents	Percentage
Yes, I am using a Smartphone	31	31%
No, I have no smart phone	69	69%
Total	**100**	**100%**

Interpretation:

The Table No: 6 reveal that out of 100 respondents, only 31% had smart phone and 69% were not using any Smartphone.

Table No: 7 Distribution of Mobile Internet User

Comments	No. of respondents	%
Yes, I have an internet connection in my mobile handset	34	43%
No, I don't have any internet connection	45	57%
Total	**79**	**100%**

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Interpretation:

The Table No: 7 reveal that out of 79 respondents having mobile handset only 43% use mobile internet and 57% don't have any mobile internet connection.
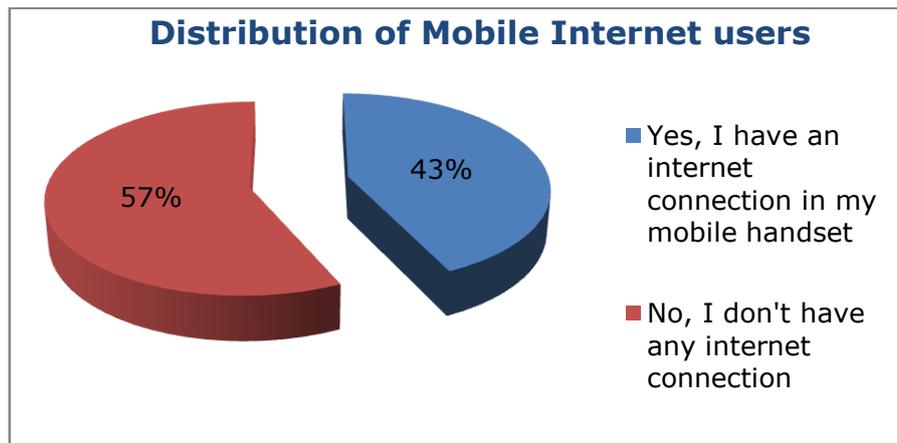

Figure: 1 showing Mobile Internet users among the respondents

Table No: 8 Distribution of Purpose of using mobile internet connection

Purpose of Internet Visit	% Reach (out of the internet users)
Social Networking (Facebook)	91%
Search Website	74%
e-mail	9%
News/Information	20%
Education	5%
Searching Jobs /vacancy etc.	10%
Entertainment -Video/Movies download	80%
Photos / image download	85%
Instant Messangers (WhatsApp etc.)	90%

Interpretation:

The Table No: 8 reveal that out of 34 respondents 91% use mobile internet for social networking i.e. Facebook, 90% use mobile internet for instant messaging (i.e. WhatsApp) for online chatting with their friends or sharing image/videos etc , 85% internet user use mobile internet for downloading photo or images etc., 80% use mobile internet for entertainment i.e. video/movie download etc., 74% use mobile internet for searching various websites, 20% use for getting News/information etc., 10% use for career service i.e. viewing online vacancy, 9%

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use for e-mail and 5% for education i.e. for searching Google to get knowledge on any unknown subjects.

Purpose of using mobile internet

- Instant Messangers (WhatsApp etc.) 90%
- Photos / image download 85%
- Entertainment -Vedio/Movies download 80%
- Career service 10%
- Education 5%
- News/Information 20%
- e-mail 9%
- Search Website 74%
- Social Networking (Facebook) 91%

0%   50%   100%

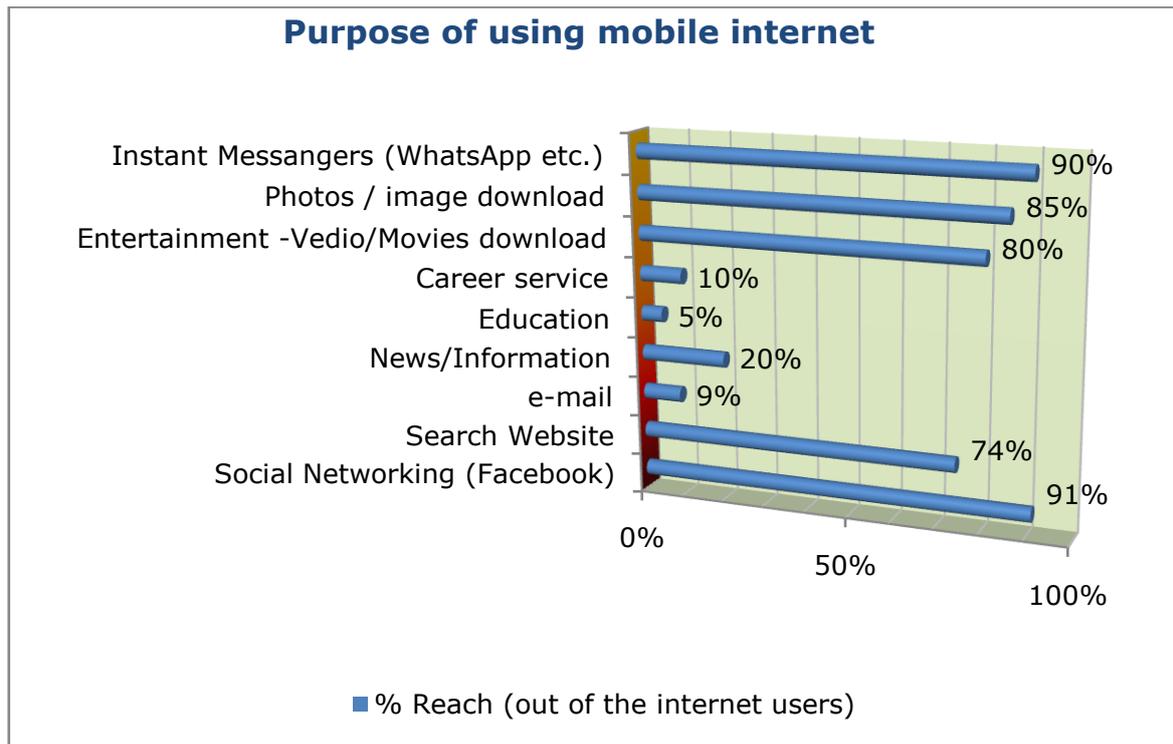■ % Reach (out of the internet users)

Figure: 2 showing the purpose of using mobile Internet

Table No: 9 Average Online Presence of the mobile internet users per day

Average Online presence	Frequency	Percentage	Cumulative Percentage
Less than 30 minutes	4	12%	12%
30 minutes	5	15%	26%
30 minutes to 1 hour	12	35%	62%
1 - 6 hours	9	26%	88%
6 - 12 hours	3	9%	97%
More than 12 hours	1	3%	100%
Total	**34**	**100%**	

Interpretation:

The Table No: 9 reveal that out of the 34 mobile internet user patients or their attendants (respondents) 35% said that they usually present online for average 30 minutes to 1 hour, 26% respondent use mobile internet for an average 1 to 6 hours, 15% respondents use internet for 30 minutes, 12% stay online for less than 30 minutes, 9% respondents connected with internet for 6 -12 hours and 3% respondents were also found who stay online for more than 12 hours.
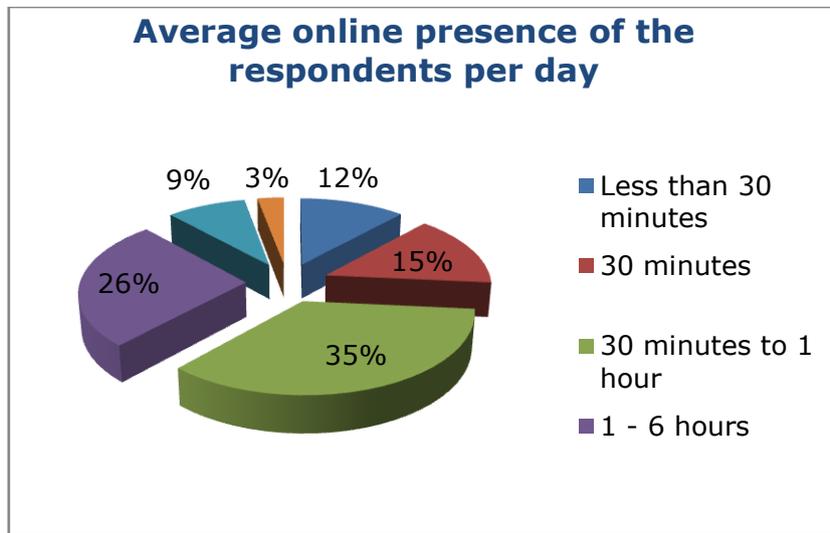
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Figure: 3 showing the Average online presence of the respondents who use mobile internet

Table No: 10 Distribution of respondents using Social media

like Facebook, WhatsApp, YouTube, Google etc. through mobile internet

Comments	No. Of respondents	%
Yes, I use Social media (Facebook, WhatsApp, Google, etc)	34	34%
No, I have not yet used those social media.	66	66%
Total	**100**	**100%**

Interpretation:

The Table No: 10 reveal that out of 100 respondents (both have mobile/haven't mobile group) only 34% use social media like Facebook, WhatsApp, YouTube, Twitter, Google+ etc. And 66% of them didn't use social media.
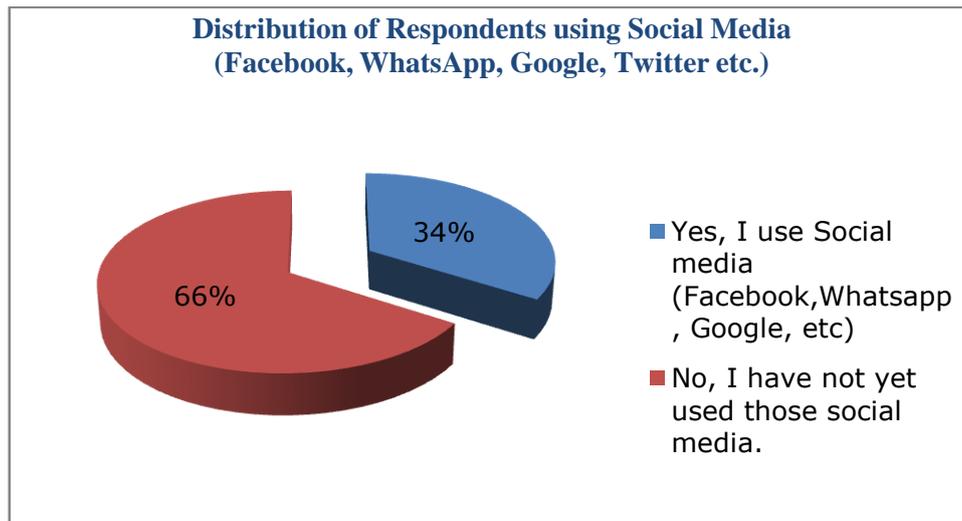

Figure: 4 showing the no. of Respondents using Social Media

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Table No: 11 Distribution of Patients /Attendants use Social Media for searching Health related Information / Preventive Health Care Messages or Articles

Comments	No. Of respondents	Percentage
Yes	1	1%
No	99	99%
Total	**100**	**100%**

Interpretation:

Out of 100 respondents under the study it was found that very negligible percentage i.e. only 1% was found using social media for searching Health related information or any other preventive Health Care Messages etc. And 99% use the Facebook, WhatsApp etc only for chatting, uploading or downloading video or other images etc. They didn't find any health related information while stay online.

Table No: 12 Distribution of Patients who had visited the National Health Portal of Govt. of India for e-Health / m-health information

Comments	No. Of respondents	Percentage
Yes	0	0%
No	100	100%
Total	**100**	**100%**

Interpretation:

The Table No: 12 reveal that Out of 100 respondents nobody had visited the National Health Portal of Govt. of India for various health related awareness information due to their lack of knowledge on such websites.

Major Findings:

The followings are the major study findings:

1) Majority of the respondents were found from the age group of 31 to 40 years

2) Majority of the patients 57% were female and only 43% were male respondents.

3) A lion share (42%) of the respondents under the study were house wife and majority of the respondents were from poor and middle class family back ground and found under the category of Private service holder, drivers, daily wage labours, small businessman and farmers and only 3% were found Govt. service holder.

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4) Majority of the respondents 39% were illiterate, 19% were H.S. passed, 16% were found read up to M.E. level, 12% were found matriculate, 4% were found read up to Primary level of education and only 10% were found graduate.

5) Out of 100 OPD patients/attendants 79% have a mobile handset and 21% have no mobile phone.

6) Out of 100 respondents, only 31% had smart phone and 69% were not using any Smartphone.

7) Among the respondents having mobile handset (i.e. out of 79 respondents) only 43% (34) use mobile internet and 57% (45) didn't have any internet connection in their mobile.

8) Out of the mobile internet users (34 respondents) 91% use mobile internet for social networking i.e. Facebook, 90% use mobile internet for instant messaging through WhatsApp for online chatting with their friends or sharing image/videos etc , 85% internet user use mobile internet for downloading photo or images etc., 80% use mobile internet for entertainment i.e. video/movie download etc., 74% use mobile internet for searching various websites, 20% use for getting News/information etc., 10% use for career service i.e. viewing online vacancy, 9% use for e-mail and 5% for education i.e. for searching Google to get knowledge on any unknown subjects.

9) Majority of the internet users (35%) stay online for average 30 minutes to 1 hour, 26% respondent use mobile internet for an average 1 to 6 hours, 15% respondents use internet for 30 minutes, 12% stay online for less than 30 minutes, 9% respondents connected with internet for 6 -12 hours and only 3% respondents were also found who stay online for more than 12 hours.

10) Very few percentage (34%) of respondents were found using social media like Facebook, WhatsApp, YouTube, Twitter, Google etc. And majority percentage of patients or their attendants (66%) didn't use social media.

11) Out of 100 respondents under the study it was found that very negligible percentages i.e. only 1% were found using social media for searching Health related information or any other preventive Health Care Messages etc. And 99% use the Facebook, WhatsApp, Google, Twitter etc only for chatting with friend & relatives etc, uploading or downloading video or other images etc. They didn't find any health related information while stay online.

12) It was found that Out of 100 respondents nobody had visited the National Health Portal of Govt. of India for various health related information due to their lack of knowledge.

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Conclusion:

Social Media as one of the emerging information technology in this world and can be the most powerful tool of social marketing for the Government in terms of distributing Govt. Health Care Services to the masses. India is now world's third largest internet user after U.S. & China having 74 million internet users in the country. In the field of mobile internet also there is a positive trends noticed till Dec 2014, there were 173 million mobile internet users in India out of which 128 million in urban and 45 million in rural part. In the state of Assam also, out of 63,67,295 households 9.3% have computers in their homes, though the percentage of internet users is very poor with 1.6% (1,01,877 households) Govt. can initially share the various Health care messages to this population segment using social media through internet so that the health awareness gradually get popularised and penetrates into the entire community and common people could prevent various life style diseases by their own through changing behaviour or adopting the various suggested measures from the Govt. Not only that, through social media Govt. will also be able to impart education on Family planning for population control, it can also save the life of most patients who are under the habit of self medication and smoking etc. Thus Social media (Facebook, WhatsApp, and Twitter etc) can visualize the intangible features of the Health Care Services in the state among the masses. But it may also be noted that Govt. should also provide such facilities to each and every citizen of the state to get connected with internet at least to the Panchayat, village community level so that each and every updated Health care messages reach to the unreached areas of the state through the Social Media.

References:

1) Internet & Mobile Association of India Report 2014
2) Kotler P. and Levy Sidney.: "Broadening the concept of Marketing", Journal of Marketing, Jan 1969.
3) Kotler Phillip and Zaltman Gerald, "Social Marketing: An Approach to planned Social Change", Journal of Marketing, 1971
4) NFSH-II, 1998-1999
5) SRS Report 1994
6) The Hindu, New Delhi, August 24, 2013
7) WHO report 1948
8) Website: http://updateox.com/india/state-wise-internet-users-in-india-census-2011/

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International Research Journal of Marketing and Economics (IRJME) ISSN: (2349-0314)
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