





Timely use of personal health services to achieve the best possible outcome is regarded as a provision of health care services (Weinreich, 2011). A number of factors that are considered to influence provision of health care services ranges from financial constraints such as insurance medical covers, geographical obstacles such as transportation costs and personal limitations such as failure to communicate with healthcare professionals, low income and high level of health care illiteracy (Waisbord, Shimp, Ogden & Morry, 2010). High rate of mortality rates experienced from one country to another are attributed to weaknesses of health care facilities to embrace proper awareness mechanisms as well as population illiteracy on health matters (Tigañas, Tielau, Mora & Bacali, 2011). Healthcare is also viewed as the concern for the well-being of the people in a given ecosystem. It entails the services provided to persons or families by health professional or agents of health care services with an aim of promoting, maintaining and evaluating or restoring the health of the people (Serrat, 2010).

### **HEALTH BEHAVIOURS**

Health behaviour is regarded as actions geared at promoting, protecting, and maintaining the well-being of the people (French et al., 2011). It aims at minimizing disease risks as well as early deaths among the target audiences. Health behaviour encompasses individual qualities such as values, expectations, beliefs, prevention, perceptions, behaviour patterns, habits and actions related to health maintenance, restoration and enhancement (Glanz et al., 2008). According to public health, change of behaviours is viewed to be influenced by marketing, education and law enforcement approaches (Wymer, 2011). In this regard, marketing is considered to be one of the most predominant approach the bridge the gap between education and law enforcement. Marketing approach is considered to be the most appropriate solution for people who are fully aware of the need to change but have not decided to change. Application of commercial marketing principles to sell ideas, attitudes and behaviours in this case can yield positive results (Glanz et al., 2008). Education approach is considered to be appropriate in promoting health behaviours if majority of the people to not have the required knowledge and skills (Gordon, 2011). People with or without formal education can as well be educated on health behaviours in order to change their beliefs, actions and habits (Gordon, 2011). Use of the media in this case can help in creating maximum awareness concerning the intended health behaviours (French et al., 2011).

Law enforcement and regulation are well-thought-out to be effective if people are not willing to change their health behaviours (WHO, 2008). Strict laws can be enforced if the majority of the people are deliberately unwilling to cooperate or follow the health guidelines provided by accredited and certified institutions such as World Health Organizations (WHO). However, it is observed that use of a single approach to influence people to change their health behaviours cannot yield positive results. Use of a combination of approaches such as education, marketing, law enforcement and regulation can yield significant results unlike adoption of a single approach (Wymer, 2011). In the contemporary world, health is considered as a real market in which consumers are influenced to pay non-monetary costs and monetary to access benefits of health behaviours, products and services (WHO, 2008). For health maintenance, restoration and improvement in any country, rethinking on social marketing is considered to be one the key success factors (Gordon, 2011). Emphasize on health marketing is viewed as an innovative approach that can promote health behaviours thus minimal disease risks and deaths. Management of contagious



of concern to a number of stakeholders such as health care institutions and health professionals, health care agencies such as World Health Organizations, governments and members of the general public. High costs of managing infectious diseases, increased number of new cases of infections, increased number of deaths associated with contagious diseases, non-adherence of the people to observe guidelines set out by the ministry of health as well as obey the laws and regulations set out by the governments are key concerns that informed this study (WHO, 2008). The pertinent reason behind this study was to examine how social marketing practices can be embraced by the government of Kenya in order to promote health behaviours of people (Thackeray & Neiger, 2000).

Even though marketing literature indicates that social marketing concepts have been extensively researched, a few studies have been conducted focusing on the link between social marketing practices and promotion of health behaviours. Further, most of the studies conducted have been confined into tangible products contrary to intangible products of this study which comprised of ideas, attitudes and behaviour (Thackeray & Neiger, 2000). Many studies have applied commercial marketing principles in examining different services contrary to health behaviours of this study (Carvalho & Mazzon, 2013). Conversely, some empirical studies have indicated a significant positive relationship between social marketing and product knowledge (Carvalho & Mazzon, 2013) while other studies have reported insignificant relationship between social marketing and promotion of health behaviours in Kenya (Thackeray & Neiger, 2000). Based on these contradicting findings, it is against this background sought to investigate the influence of social marketing on the promotion of health behaviours. Considering the fact that Kenya is a different context geographically and culturally, generalizing findings of the previous studies is impossible. Uncertainties associated with operationalization of variables, contextual and research methodologies are concrete justifications behind this study. The question whether the findings of the previous empirical studies will hold true could only be answered by conducting this study to ascertain convergence or divergence of the results.

## **THEORETICAL REVIEW**

This study was anchored on goal framing theory established by (Lindenberg & Trijp, 2013). The theory argues that human behaviour is influenced by multiple factors. It opines that human cognitive processes and behaviour are modularly organized. Accomplishment of the any goal is determined by the flexible modularity. Cognitive and emotional processes are stimulated by flexible modularity (Lovelock & Wirtz, 2011). The theory holds that information processing is controlled by goals individuals may want to accomplish (Kotler & Zaltman, 1971). Activation of a goal is determined by selective information processing. Actions and behaviour of the people towards health products and services can be influenced by social marketing programs (Lefebvre, 2011). The three goal frames that can lead to accomplishment of health behaviours are: Gain goal-frame which involve safeguarding and improving one's situation of resources and, hedonic goal-frame which entail the desire for instant feeling of happiness and the normative goal-frame which is concerned with taking appropriate actions for the groups in a particular scenario (Henley, Raffin & Caemmerer, 2011). The three goals are viewed strong predictors of behaviours if effectively managed (Hastings & Angus, 2011). This theory was applicable in this study as it shed more light on how private and public facilities in Kenya can capitalize on social marketing programs such as social product, price,



products can influence consumer behaviour directly and indirectly. Consumers are more likely to develop a positive attitude towards products or services they consider to be reasonable in price (Waisbord et al., 2010). The price of a product or service can be measured in terms of monetary and non-monetary values. Non-monetary value is regarded as the extent to which consumers can control their behaviours towards a particular health product. Strict conditions given when using a health product can be viewed as a cost and vice versa (Wood, 2012). Precautions given by health professionals can be perceived by consumers as a cost at the expense of their norms and values (Wymer, 2011). The channels used to convey the health messages to the target audience can influence the purchase of a health product or behaviour. Social marketers can apply techniques of commercial marketing keenly when promoting health products. Social marketing can effectively convey health messages through placement of messages in clinics dissemination, promotion and community outreach level (Weinreich, 2011).

Due to increased number of health issues, conventional models of promoting health care products have been replaced by multimodal models of communication (Carvalho & Mazzon, 2013). Bernhardt, Mays and Hall (2012) argue that, with diverse needs of the target audience, promoting health messages through digital platforms is viewed to be the most effective way of communication. Even though changing individual health behaviours is a difficult task, ability to formulate a plan and select a communication channel based on the knowledge of the target audience is considered to be key practices of social marketing (Carvalho & Mazzon, 2013). Further, development and pre-examining the messages and executing them are termed to be practices that can facilitate awareness of health messages among the target audience. Ability to measure the impact of health care messages can be determined by the reactions of the target audience to the message thus resulting to the behavioural changes such as improved diet and self-awareness of the consequences attributed to violation of the health set standards. Development of the favourable health messages is greatly influenced by social marketing strategy. In conserving and advancing the health of the population in any country, social marketing is inevitable (Carvalho & Mazzon, 2013). Social marketing has been extensively applied in promoting health care products in the developed and third world countries. In the third world countries, social marketing is being applied in influencing people to change their behaviours (Donovan, 2011). Although the extent to which health institutions embrace social marketing is uncertain, to a larger extent, it is viewed to influence social behaviours positively. In developing countries, social marketing is commonly used to promote maternal and child health care, anti-drug abuse, family planning as well as in the promotion of other illnesses such as cancer diabetes and heart related diseases (Tigañas et al., 2011).

Considering that it is the role of the government to ensure that its population is protected from highly contagious diseases, embracing social marketing is mandatory. Even though individuals in any ecosystems may have different perceptions and reactions towards health care messages, to some extent it is preconceived that effective application of social marketing principles can result to enhanced health care of the population. Precautions taken by the population with regard to the health care information can be beneficial to human life. Ability of the population to change their habits such as diet, physical exercise, maintaining high level of environmental and body hygiene are all practices viewed to be influenced by social marketing. For the well-being of the society, social marketing is equally beneficial to the stakeholders as well as commercial marketing. Social marketing can have positive consequences in the society at large if effectively embraced (Lovelock

& Wirtz, 2011). Positive perceptions and attitude of the population towards that healthcare products and information is facilitated by effectively designing health care information anchored on the traditional marketing program which encompasses the product, price, place and promotion. By extension, the conventional marketing mix elements have been advanced with other three elements which include; the people, process and physical evidence which are commonly applicable in the service centrally the to the traditional 4'P's which are commonly applied in the product sector (Tigañas et al., 2011).

Lefebvre (2011) opines that the knowledge and information of the society can positively influence the rate at which people can accept to embrace new health behaviours and vice versa. In this era of infectious diseases such as the corona virus which has been declared a global pandemic, private and public health facilities should not only embrace social marketing but also develop a holistic awareness programme that can influence people to change their health behaviours (Lovelock & Wirtz, 2011). Changing health behaviours of individuals in any ecosystem is perceived to be a difficult task. Persuading people to embrace new behaviours such as such as strict observation of hygiene practices, keeping social distance, use of condoms to prevent transmission of infections as well as unwanted pregnancies, change of diet, use of sanitizers and avoiding congested places are all practices that are facilitated by effectively implementation of social marketing strategy (World Health Organization, 2008). Wymer (2011) contends that, with increased rate of acute infections and chronic diseases, social marketing is considered to be the driver of promoting health care products and services and information. For countries to prevent its population from infections, injuries, illnesses and deaths, social marketing is preconceived as the alternative marketing strategy if effectively embraced (Weinreich, 2011; World Health Organization, 2008; Wood, 2012; Wymer, 2011).

As depicted in the conceptual framework, social marketing is preconceived to comprise of four marketing programs which include: the social product, pricing, promotion and place. The social product is regarded as the health care content. Expectations consumers may have on the health message can conform or fail to conform with their expectations. However, well packaged health message can have a significant impact on promotion of health care services. The quality, style and the consistency of health messages can influence the health behaviour of individuals if effectively embraced and vice versa. If the health content is found to be informative, entertaining and new, individuals are likely to develop a positive interest towards the health messages thus total change of behaviour and vice versa (Weinreich, 2011). Customization of the content to population demographics can as well resonate with the target audience if it falls within their norms, values and traditions (Wood, 2012). Social price is described as the cost of accessing and consuming a particular health product or services. If costs of the health product are considered to be high, consumers are likely to develop resistance towards the product or service and vice versa (Serrat, 2010).

Non-monetary costs such as prolonged period of medication, change of diet, minimal social contact, self-isolation, victimization, fear, embarrassment and loss of pay can make individual consumers to develop negative behaviours towards health care messages and vice versa (Gordon, 2011). Social place is regarded as the ability of the organization to ensure the health content or product is accessed by consumers at the right place, in the right form and in the right way without delay (Cismaru et al., 2009). Usage of alternative means of distribution such as digital channels such



social media are preconceived to facilitate awareness of health messages as compared to conventional channels such as print media, electronic and outdoor publicity (Donovan, 2011). Usage of unfavourable delivery modes can lead to distortion of health messages thus rejection of the product or service and vice versa. Adaptability of the content to other networks can drastically enhance promotion of health products and services (Carvalho & Mazzon, 2013). Social promotion entails the ability of the organization to inform, persuade, and remind the target audience about the health product or service in the market. Numerous tactics can be adopted by health care institutions and professions to promote health products and service (Gordon, 2011). Use of highly qualified professionals, accredited health institutions and political leaders can significantly improve awareness of health products and services (Hastings & Angus, 2011).

### CONCEPTUAL FRAMEWORK

The conceptual framework (Figure 1) depicts that social marketing construct consists of four dimensions; social product, price, promotion and place. The social product dimension is measured using selected metrics such as content quality, style and consistency. Social price dimension is measured using selected antecedents such as self-isolation, fear and victimization. Social promotion dimension is evaluated using selected metrics such as reminder messages, credibility and memorability of the message. Social place dimension is evaluated using indicators such as content adaptability, consumption time and delivery mode and promotion of health behaviours is measured using the selected indicators such as self-awareness and voluntary change of behaviours.

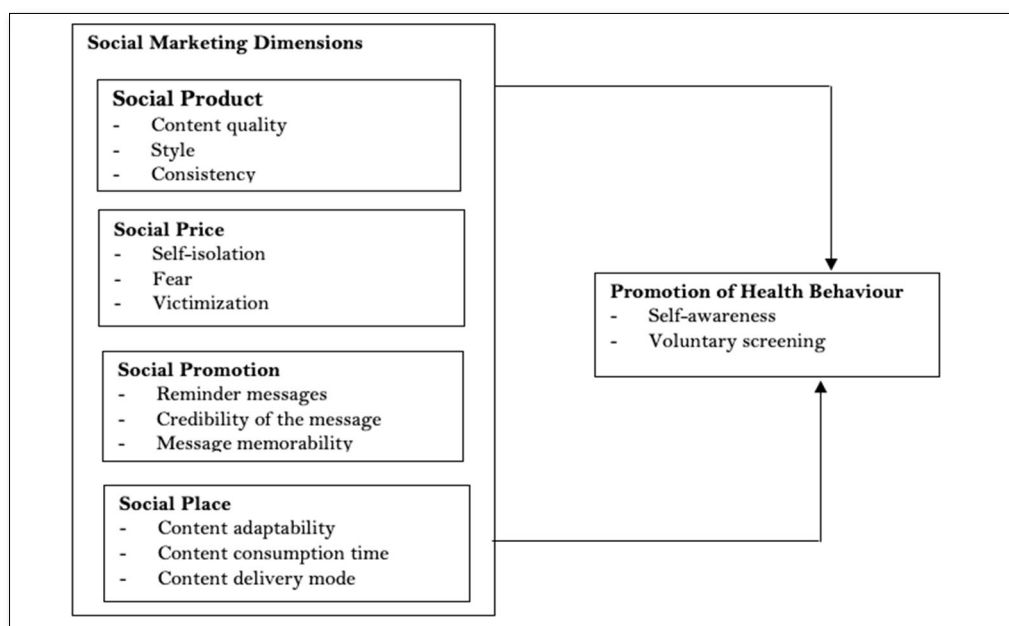


Figure 1. Conceptual Framework.

### MATERIALS AND METHODS

Exploratory research design was adopted by this study. Exploratory approach is considered appropriate because it facilitates discovery of new knowledge by establishing whether what is being observed can be explained by using existing body of knowledge such as theories and empirical studies in the related field. It lays the foundation that sheds light to future studies. The relationship between the variables of this study was explained based on the principles of the exploratory research

## **Kegoro**

design. This study purely relied on desktop analysis of published research papers on social marketing in relation to change of behaviour. Papers published between 2008 and 2014 were reviewed. Theses, projects, reports and journal articles relating to social marketing and promotion of products and services were comprehensively reviewed. The findings, conclusions and recommendations of this study were derived from meta-analysis. The meta-analysis in accordance with recommended protocols and guidelines as recommended in statistical literature.

### **INCLUSION AND EXCLUSION CRITERIA**

Theses, projects, reports and journal articles that evaluated social marketing and behaviour towards products and services were included. The studies included in this study were considered satisfactory based on their relevance with the topic that was under investigation, if the study was published in peer-reviewed journal in English and if the subjects were consumers who displayed purchase behaviour. Further, quantitative studies which used statistics such as mean scores, standard deviation, and coefficient of variation and square were used.

### **RESULTS AND DISCUSSIONS**

This study established that social marketing can positively influence health behaviours. These findings are in line with that of (Donovan, 2011, Carvalho & Mazzon, 2013) who found out that social marketing components such as product, price, promotion and place had a strong impact on consumer behaviours as opposed to individual components on consumer behaviour. Contrary, Weinreich (2011) observed that not all elements of social marketing had a significant impact on consumer behaviours. The author identified that social marketing can fail to influence behaviour positively if programs are developed are ineffective. Social price was found to influence health behaviours positively. The study revealed that, consumers were likely to embrace the intended behaviours if costs of that behaviour were considered to be reasonable and vice versa. Individuals are likely to cooperate in embracing the intended behaviours if monetary and non-monetary costs were reasonable. High prices attributed to health products and services can make individuals deliberately reject the product or service. The findings of this study are consistent with that of Weinreich (2011), World Health Organization (2008), Wood (2012) & Wymer (2011) whom noted that consumers were likely to resist embracing new behaviours if the price of the product was perceived to be high and vice versa. Subsequently, social promotion was identified to have a positive and significant impact on the promotion of health behaviours. These findings are in line with that of Lovelock & Wirtz (2011) who also noted that consumer behaviour was positively influenced by the media. The study reported that effective use of the media tools such as newspapers, magazines and social media platforms can effectively influence consumer behaviours towards tangible and intangible products. Social place was revealed to positively influence health behaviours. The findings are consistent with those of Cismaru, Lavack & Hill (2009) who revealed that consumer behaviour for both intangible and tangible products can be effectively enhanced by social place. The study reported that customization of messages and using appropriate platforms to inform the target audience can result to significant improvement of consumer behaviours for both tangible and intangible products.

## **CONCLUSIONS**

The study concludes that for effective promotion of health behaviours, the ministry of health in Kenya should appreciate and emphasize on social marketing practices such as social product, price, promotion and place in order to maintain, restore and prevent the spread of Covid-19 virus. Emphasize should be put on change of behaviour rather than investment in infrastructural facilities. This study also concludes that, for effective promotion of health behaviours, emphasize on social marketing strategy is key. Implementation of social marketing practices would complement efforts of other strategies such as education and reinforcement of laws and regulations.

## **RECOMMENDATIONS**

Based on the comprehensive literature review and existing marketing theories, the following recommends are developed.

- (i) The government of Kenya through the ministry of health should ensure customized health messages are developed for specific target audience thus effective communication on health products and services. Health messages should be well thought out or repositioned in order to trigger change of health behaviours
- (ii) The government of Kenya should provide free or subsidize health products such as hand sanitizers and gas masks in order discourage people from developing resistance in consuming the health information due to costs associated to health products and services.
- (iii) The government of Kenya should channel funds to health facilities in rural areas to conduct door to door campaigns against Covid-19 virus. Use of village elders, health professionals and church members to mobilize people to take precautionary measures would help the government in curbing the global pandemic. Training of community health workers to sensitize people on how the virus is transmitted will to prevention of the virus and improved health behaviours.
- (iv) Social marketing campaigns should be conducted by the ministry of health across channels of communication thus enhanced awareness on the causes and symptoms of Covid-19 virus. Campaigns should be geared towards discouraging people from social gatherings, feeling embarrassed when tested or feeling discriminated when isolated or undergoing treatment.
- (v) Instead of fear and the spread of inaccurate information on how the virus is transmitted, its symptoms and treatment, social marketing programs should be customized to specific target audience. Consideration of individual knowledge, income, occupation, age and lifestyle should be critically examined.
- (vi) The ministry of health in partnership with the media should repackage the social marketing content in such a way that it clearly communicates the messages in a language people understands. Vernacular radio stations and as well as the social media platforms such as twitter, facebook, instagram and whatsapp should be used to create maximum awareness about transmission, symptoms and treatment of the Covid-19 virus.
- (vii) The National government in collaboration with the County governments should in Kenya should allocate adequate funds for expansion of infrastructural facilities such as isolation wards. The wards should be effectively equipped with the necessary medical facilities and drugs. Health

## **Kegoro**

professional should as well be motivated by providing a conducive working environment thus assurance for their own lives when handling infected patients.

- (viii) The ministry of health should develop social awareness in collaboration with community health workers to sensitize people on the benefits of observing precautionary measures set out by the ministry and World Health Organizations in curbing the Covid-19 virus.
- (ix) Alternative ways of communication should be devised such as bill-boards by the ministry in rural and urban settings to endorse precautions articulated by the ministry.

## **THE WAY FORWARD**

For confirmation of convergence and divergence of the results of this study, future researchers should strive to conduct empirical studies. The study should seek to test the moderating effect of attitude and perceptions on the relationship between social marketing and advancement of health behaviors in Kenya. Equally, the study can be replicated in other countries and more specifically in third world countries. Conversely, comparative studies can be conducted in the developed and developing countries to assess whether there exist differences in results.

## **CONTRIBUTION**

The author acknowledges that, this work is of great benefit to policy makers, researchers, scholars and practitioners as it reveals research gaps that no one wants to fill.

## **REFERENCES**

- Bernhardt, J.M., Mays, D. & Hall, A.K. (2012). Social marketing at the right place and right time with new media. *Journal of Social Marketing* 2(2): 130-137.
- Carvalho, H.C. & Mazzon, J.A. (2013). Homo economicus and social marketing: Questioning traditional models of behavior. *Journal of Social Marketing* 3(2): 162-175.
- Cismaru, M., Lavack, A.M., & Hill, P.J. (2009). Social marketing campaigns aimed at preventing drunk driving. *International Marketing Review* 26(3): 292-311.
- Donovan, D.J. (2011) The role for marketing in public health change programs. *Australian Review of Public Affairs* 10(1): 23-40.
- French, J., Stevens, C.B., Vey, D.M., & Merritt, R. (2011). *Social marketing and public health: Theory and practice*. New York: Oxford University Press. Available online at: <https://oxford.universitypressscholarship.com/view/10.1093/acprof:oso/9780199550692.001.0001/acprof-9780199550692>
- Glanz, K., Rimer, B.K. & Viswanath, K. (2008). *Health behavior and health education: Theory, research and practice* (4th). San Francisco, CA: Jossey-Bass Wiley.
- Gordon, R. (2011). Critical social marketing: Definition, application and domain. *Journal of Social Marketing* 1(2): 82-99.
- Hastings, G. & Angus, K. (2011). When is social marketing not social marketing? *Journal of Social Marketing* 1(1): 45-53.
- Henley, N., Raffin, S. & Caemmerer, B. (2011). The application of marketing principles to a social marketing Campaign. *Marketing Intelligence & Planning* 29(7): 697-706.
- Kotler, P. (1975). *Marketing for nonprofit organizations*. Englewoods Cliffs, NJ: Prentice-Hall.

- Kotler, P. & Zaltman, G. (1971). Social marketing: An approach to planned social change. *Journal of Marketing* 35(3): 3-12.
- Lefebvre, R.C. (2011). An integrative model for social marketing. *Journal of Social Marketing*, 1(1): 54-72.
- Lindenberg, S.M. & Steg, L. (2013). Encouraging sustainable behaviour: Psychology and the environment. New York: Psychology Press, pp: 37-54.
- Lovelock, C. & Wirtz, J. (2011). *Services marketing: People, technology and strategy* (7). Upper Saddle River, NJ: Pearson Prentice Hall.
- National AIDS Control Council (2013). A list of Active CBOs in Nairobi County. Nairobi: NACC.
- Serrat, O. (2010). *The Future of Social Marketing*. Washington, D.C.: Asian Development Bank.
- Thackeray, R. & Neiger, B.I. (2000). Establishing a relationship between behaviour change theory and social marketing: Implications for health education. *Journal of Health Educational* 31: 331-335.
- Tigañas, A., Ticlau, T., Mora, C. & Bacali, L. (2011). Use of public sector marketing and leadership in Romania's local public administration. *Revista De Cercetare Si Interventie Sociala* 34: 212-233.
- Waisbord, S., Shimp, L., Ogden, E.W. & Morry, C. (2010). Communication for polio eradication: Improving the quality of communication programming through real-time monitoring and evaluation. *Journal of Health Communication* 15: 9-24.
- Weinreich, N.K. (2011). *What is Social Marketing: A Step-by-Step Guide to Designing Change for Good*. London: Sage Publications.
- World Health Organization (WHO) (2008). *Social issues facing contemporary societies*.
- Wood, M. (2012). Marketing social marketing. *Journal of Social Marketing* 2(2): 94-102.
- Wymer, W. (2011). Developing more effective social marketing strategies. *Journal of Social Marketing* 1(1): 17-31.