

Social Marketing Theories and Decision Making in Disease out Break in Nigeria

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Abstract

The control of disease situation in Nigeria and other parts of Africa is always marred with fire-Bridget approach. Often social marketing approach and the lessons from various theories are neglected. However, there are always with us. Public health issues are better combated with social marketing as well medical approaches. The use of the two approaches results in better disease outbreak management. Social marketing practice is meant to change behaviour and achieve optimum societal wellbeing. Social marketing has found greater application in public health and it theories dependable in predicting behaviour of various primary target audiences in the event of disease crisis. The result of targeted behaviour is always influenced by the behavior of others as explained by social cognitive theory and social Ecological theories of social marketing. The implications of these theories are important in designing social marketing programmes targeted to specific audiences.

Keys: Social Marketing, social cognitive, social ecological, Target audience, Ebola Virus.

1.1 Introduction

Social marketing is a concept that is a practice in most government establishment in Nigeria, but little is said about it in this part of the world. Society always look at marketing from a profit of view without considering the concept of social marketing as a major aspect of marketing that should be given great attention. Houghton (2008) states "social marketing is one of the fastest growing areas of marketing and communication, it is also frequently one of the most misunderstood"

Social marketing concept was formally introduced in 1971, when Kotler and Zaltman (1971) coined the term the design, implementation and control of programmes calculate to influence the acceptability of social class and involving consideration of product planning, price, communication, distribution and marketing research. It relies on the principles and technique developed by commercial marketing variables like, product, price, promotion, distribution, distribution and additional ones which include policies, purse string, partnership and publics (Dele, 2012). Social marketing can be regarded as the marketing of social idea in the areas of public health which include, programmes against smoking, fight against Ebola, human right, (consumerism movement) sight restoration, family planning, racial equality, discrimination against people of leaving with HIV/AIDS, programme on immunization, drinking and driving and the use seat belt, Diabetics and nutritional campaign just to mention a few (Olujide and Gbadenan, 2006).

Fortunately, these are all products of government which are delivered to its citizen which they have social contract with. It is instructive to note that while the ultimate goal of profit marketing is to delight consumers and make profit, the goal of a social marketer seeks to meet society's desire to improve its citizens 'quality of life.

Consequently, social marketing and public's health issues globally are inseparable. Ling, Franklin, Lindsteadt and Gearson (1992) opined that social marketing has been widely used in solving public health problems; it has become part of health domain. Merson, Blact and Mills (2006) defined public health as:

The science and art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of social machinery which will ensure every individual a standard of living adequate for the maintenance of health; organizing these benefits in such fashion as to enable every citizen to realize his or her birthright of health and longevity".

1.2 Statement of problem

Social marketing is a dominant practice globally and a major driver of social and behavioral change mostly in public health related issues. Here in Nigeria both government and Non- government organization are predominantly social marketers, but it could be perceived that they barely recognize the fact that, the services rendered are social marketing. Few studies in Africa have examined social marketing in a public health; In Nigeria, Shaw (2011) made a study on how social marketing increased the commercial market for

insecticide treated mosquito nets. In Madagascar, Honeyman (2011) social marketing was used to promote clean drinking water for reducing diarrhea related mortality. In Zambia, Rossem (2007) social marketing programmes (ZSMP) was launched in 1992, and implemented by the society for family health (SFH).SFH distributes subsidized maximum brand condoms, and promote their usage through extensive mass communication.

The extent of study on social marketing in other parts of Africa may be well document, practical very scanty literature exist in the application of social marketing in solving public health related disease in Nigeria. The study seek to show how social cognitive and social ecological theories of social marketing determine decision making of audiences, which may be a veritable instrument in solving public crises in social marketing planning.

1.3 Conceptual Framework

During the Ebola outbreak, “negative thinking spread like a plague through all levels of society. It was not easy to protect oneself from the infection of negative thinking which spread by word of mouth, by conversations with friends as well as strangers, by television screens, and by radio news reports. It spread quickly because in times of crisis, the tendency is to react negatively. Once a business, a life, or a country is infected with negative thinking, the infection attacks the mind, the heart, and the soul like termites that secretly gnaw away at the emotional support (Robert, 2009).

Professionals have the responsibility of providing adequate communication skills to explain the main issues about disease outbreaks to the public. When there is a gap in the provision of expert information dissemination, myths and misinformation develop, which can be harmful to community mobilization efforts in response to a problem disease outbreak. In Nigeria, during the Ebola outbreak, public panic appeared to be escalating and there was a risk that choices may be driven by fear rather than fact. A focused programme of communication from public health officials involving multiple outlets such as radio, television, and social media platforms was used to educate the public to really enlighten them on the facts on the dangers of bush meat consumption. These communications provided factual information concerning the management of Ebola risk tailored to the target population. The issue of the credibility of the campaign messages were from government majorly and individual sources. Unfortunately, the most reliable and effective information on the disease was the unreliable from individual sources with questionable sources of information. This only goes to show the potency of social cognitive and social ecological theories in informing decision marketing at multiple levels of the society.

1.4 Social cognitive theory

Social cognitive theory (SCT) refers to a psychological model of behaviour that emerged primarily from the work of Bandura (1986). Initially developed with an emphasis on the acquisition of social behaviors, SCT continues to emphasize that learning occurs in a social context and that much of what is learned is gained through observation. SCT also has been applied extensively by those interested in understanding group motivation, learning, and achievement (Pajares, 1996; Schunk & Zimmerman 1994:1998). SCT rests on several basic assumptions about learning and behavior. One assumption concerns triadic reciprocity, or the view that personal, behavioral, and environmental factors influence one another in a bidirectional, reciprocal fashion (Bandura, 2001). That is, a person's on-going functioning is a product of a continuous interaction between cognitive, behavioral, and contextual factors. For instance, classroom learning is shaped by factors within the academic environment, especially the reinforcements experienced by oneself and by others (Heidi, 2011).

Social cognitive entails how people recognize, interpret and cope with events and social life and this interpretation shape the ways in which they relate with problems of everyday life. Events objects and people come in contact with are interpreted on the basis of their experiences. Example, a young girl who was a victim of a gang rape fears to be in the midst of men (Mogaba et al, 2012; Zinkhan, et al 2002). Fear influences the cognitive process of decision making by leading subjects to focus excessively on catastrophic events. Fear has been shown to influence target behaviour in number of ways (Wikipedia, 2009). The Ebola situation in Nigeria showed the effect of fear on audiences' decision making, bush meat sellers in Nigeria were counting their losses, sellers of hand washing soaps, disinfectants and sanitizers were making profit, following advice by medical experts that constant washing of hands could save from contracting the virus. Though, it was an expensive measure that could not have been sustainable in the long term. But salt cure of Ebola Virus made news headline than other control measure given by government. This implies that

individual behaviour influences others seriously in the Nigeria context than most external sources of information, because individual depends on others greatly in making decision.' Them say' information in Nigeria is very powerful, little or nothing is done to always verify information, before verification the harm is already done.

1.5 The socio-ecological theory

Ecology simply refers to the balance that naturally occurs within the earth's natural environment, it describes how each living thing on the planet interacts with the rest of the living things on the planet. This includes both plants and animals, and often, the balance between these is very delicate. As the human civilization matures, the need to protect the ecological balance becomes even more important, and more people than ever are learning about ecology and how they personally impact this balance (Answers, 2012).

The socio-ecological model recognizes the interwoven interaction between the individual and the environment in which he lives in. Although the individual is responsible for maintaining a lifestyle that improves health and reduce risk, the social environment the individual lives in determines behaviour to a large extent; these can hence form a barrier which in a way can affect the community as a whole in achieving a behaviour change. Hence the social ecological approach suggests intrapersonal, interpersonal, community, organizational and public policy in dealing with a problem at hand. Theory shows the multiple levels that a target may face to make decision. The community level effect on decision making is the most potent component of theory with fast reaching impact is influencing individual decision. Lesson from Liberia and other Africa countries during the Ebola disease Outbreak may show that community interaction level led to negative decision against the spread of the Virus at the lower level of the society. Most times, cultural practices at community level supersedes any other information that is contrary to what the community set as standard.

The socio-ecological health promotion framework proposed by McLeroy and colleagues is based upon ecological systems theory (EST), which espouses that human development is shaped by a number of systems or context. These include: the immediate settings in which an individual participates (e.g. home, school, workplace) and relationships within and between them; relationships between settings in which the individual person does not participate but which affect the immediate environment (e.g. the education system); and generalized patterns that define the substance and structure of other systems (e.g. societies, social groups) but which are modifiable (e.g. by public policy).

The McLeroy framework identifies multiple, interdependent leverage or evaluative points at policy, community, organizational, interpersonal and intrapersonal levels and has been recommended as a theoretical, methodological and evaluative tool capable of supporting a consistent, holistic approach during the design, implementation and evaluation of health improvement interventions. The socio-ecological framework encourages both whole-system interventions, such as promoted by the settings approach to health promotion, and also the explicit understanding of how more focused interventions might depend on factors at other levels for their effectiveness, acceptability or sustainability to be achieved.

Application of the socio-ecological model to social marketing communications is appropriate where the emphasis lies in encouraging people to take greater responsibility for health related decisions. This encouragement is facilitated through bottom-up and top-down approaches to deliver health behaviour change. The former involves the individuals and their communities understanding their behaviors and being empowered through alliances to change their behaviors (Oetzel et al., 2006). In contrast, the top-down approach relies upon changes in policy and institutions to deliver behaviour change. Incorporating both these aspects appears to deliver effective health promotion campaigns (Jackson et al., 2007).

Implication of the Study

The implication of the theories to public health outbreak management in Nigeria is that campaign design should study how information is management and responded to. This implies that a better crisis management should emphasize on local sources of information, to make for appropriate understanding by the primary target to reduce misinterpretation of the campaign message, to enhance positive behaviour change on the part of the target audience to the campaign goal sought by the social marketer. Outbreak are better handle at the lower level of the society where they have lack access to quality information and limited capacity to understand messages that make vulnerable target prey to false messages paddle by few misunderstood massagers in the society that causes more harm than good. Dependable sources have been

proven to be people at the lower level of the society than the higher levels always emphasized by government.

Conclusion

The application of social marketing and its theories are always with us, but we rarely see how our behaviours are shaped by these theories facilitated by various individuals. The impact of individual behaviour in response to disease situation is so impacting that they are usually neglected in the Nigerian context. Public health issues may not be best treated, but can be prevented through better target identification of venerable individuals and a well design message that is target focused, the identification of various secondary targets that may as well serve as a primary source of information to the vulnerable target.

Disease situation involve multiple levels of response from target audience, which may become catastrophic if badly managed. Government at various levels more especially in African countries should see the control of disease as a two extreme of professional function (medical and social marketing). The recognition of the importance of professional social marketing should be greatly emphasized in the event of minor or major disease outbreak.

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