



International Journal of Social Sciences and Management

A Rapid Publishing Journal

ISSN 2091-2986



Indexing and Abstracting

CrossRef, Google Scholar, International Society of Universal Research in Sciences (EyeSource), Journal TOCs, New Jour, Scientific Indexing Services, InfoBase Index, Open Academic Journals Index (OAJI), Scholarsteer, Jour Informatics, Directory of Research Journals Indexing (DRJI), International Society for Research Activity (ISRA): Journal Impact Factor (JIF), Simon Fraser University Library, etc.

Vol- 3(2), April 2016



Impact factor* : 3.389

*Impact factor is issued by SJIF INNO SPACE. Kindly note that this is not the IF of Journal Citation Report (JCR).

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Case Study

MARKETING COMMUNICATION MIX OF GOVERNMENT OF RAJASTHAN FOR VARIOUS HEALTHCARE AND FAMILY WELFARE SCHEMES: A CASE STUDY OF WESTERN RURAL RAJASTHAN

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Abstract

For a marketing professional both promotion and communications are essential. In fact, without effective marketing communications the consumer stay uninformed of products and services they need, which can be satisfying their needs and necessities competently. Past researches show that the key factor behind the failure to implement the schemes effectively is lack of awareness among the potential beneficiaries. In the present study research has undertaken an endeavor to analyze the prevailing means and channels of communication and investigate their effectiveness. The paper discusses the effectiveness of various communication channels, and agents operating in rural areas of western Rajasthan for government healthcare and welfare schemes. The paper also discusses the strategic interventions and the necessary changes based on results of study which need to be incorporated to enhance the effectiveness of communication mix of Government programs.

Keywords: Communication Mix; Healthcare; Family Welfare; Rural Marketing.

Introduction

Not everyone believes that promotion is necessary. But for a marketing professional both promotion and communications are essential. In fact, without effective marketing communications the consumer remain unaware of products and services they need, which can be fulfilling their needs and requirements efficiently. It is impossible to extend operational and well-organized marketing systems if marketers do not establishing channels of communication. Best of the organizations also recognize importance.

- The provision of information
- The stimulation of demand
- Differentiating the product or service
- Underlining the product's value

And the same is the case with the Government Schemes. Past researches show that the key factor behind the failure to implement the schemes effectively is lack of awareness among the potential beneficiaries (Batra, 2014). This issue even becomes more crucial with the rural population as the traditional means of communication in rural India have been proved weaker when compared with their performance in Urban Areas (Badi and Badi ,(2006). It has resulted into leas awareness level for the various government schemes when anlysed in rural India

(Chakraborty and Seth, 2015). Rajasthan is no exclusion when measured success of various welfare schemes of Rajasthan. Government of Rajasthan has launched several Schemes for Family Welfare and Health Care schemes like Janani Suraksha Yojna, ASHA, Primacy Health Centers, Jan Mangal Yojna, NITY Health and Sub Centers. The details of the schemes are:

- Family Planning Initiatives: the methods which are most common in Rajasthan are Birth control pills, condoms, sterilization, IUD (Intrauterine device) etc. these methods affect total birth rate and are supported by government.
- Sub-Centres (SCs): for the rural people the contact point with healthcare system is Sub-Centre. In the SS includes staff of Auxiliary Nurse Midwife (ANM) along with Male Health Worker MPW (M). SCs have been given responsibility of communication, inducing behavioral change and also providing services in the field of maternal and child health, family welfare, nutrition, immunization, diarrhoea control and control of communicable diseases programmes. These SC have also been assigned the responsibilities for providing basic drugs for minor ailments and for facilities for essential health needs of rural population. Currently

according to March 2010 statistics there were 147069 Sub Centres functioning.

- Primary Health Centres (PHCs): First contact point between village community and the Medical Officer is PHC. The maintenance of PHCs is responsibility of State Governments. In the country there are 23673 PHCs functioning as on March 2010. Staff in a PHC is a Medical Officer along with 14 paramedical and other staff. A PHC is a referral unit for 6 Sub Centres. PHC also has facility of 4-6 beds for patients. PHC also takes care of curative, preventive, primitive and Family Welfare Services.
- Community Health Centres (CHCs): CHCs is maintained by the State Government for MNP/BMS programme. One Community Health Centre is maintained as a referral point for four PHCs and it is staffed with four medical specialists i.e. Surgeon, Physician, Gynaecologist and Paediatrician along with 21 paramedical and other staff. The facilities at CHC include 30 indoor beds along with one OT, X-ray, Labour Room and Laboratory facilities. According to data of March, 2010, there were 4535 CHCs functioning in the country.
- Janani Suraksha Yojana (JSY): Jannani Suraksha Yojana (JSY) scheme is sponsored 100% by central government. It provides cash assistance at the time of delivery and also for post-delivery care. The main objective of the scheme was demand promotion for institutional deliveries in the rural and urban areas. It also focuses on lowering of MMR and ensures quality health care by Skilled Birth Attendants at every birth.
- ASHA: Ministry of Health & Family Welfare (MHFW) of Central Government launched Accredited Social Health Activists (ASHAs) involves society health personnel. This scheme is a part of National Rural Health Mission (NRHM) started in 2005 and focused on complete execution in 2012.
- Jan Mangal: Rajasthan is the only State in India, where community based services are being executed through community based volunteers. It includes distribution of contraceptives and other services like mobilizing people for safe sexual behaviour, immunization, distribution of ORS Janmangal Couples.
- But despite of increasing expenditure on the family welfare and health care; the health statistic of Rajasthan has shown a slower improvement so far as it is clear from Table 1:

Table 1: Disparity of Rural and Urban Health Sector in India

Indicator	Rural	Urban	Combined	Reference Year
Population (Million)	716.0	286.0	1002.0	2000
Birth Rate	30.0	22.6	28.3	1995
Death Rate	9.7	6.5	9.0	1997
IMR	80.0	42.0	72.0	1998
MMR (per 100000)	438.0	378.0	408.0	1997
Stillbirth Rate	10.8	5.3	10.5	1995
% Deliveries attended by untrained people	71.0	27.0	59.0	1995
% Deaths attended by untrained people	60.0	22.0	54.0	1995
Total Fertility Rate	3.8	2.8	3.5	1993
% Children who received all vaccinations	31.0	51.0	-	1992-1993

(Source: Sample Registration System, Government of India, 1997-98) accessed on 22-01-2015, retrieved from http://www.health.mp.gov.in/Maternal_Mortality_in_India_1997-2003.pdf

So the present study tries to recognise the cause of ineffectiveness of the communications mix of government of Rajasthan.

The study of Marketing Communication in Health and welfare projects is one of most significant phenomenon. The data analysis of the Communication Mix would involve a systematic effort to apply the test and gain the insight for the analysis related to the various participants. This will also help to build the base for testing the hypothesis of the basic research. The research and the analysis of the data will build the premises for building the recommendation for the Government so that it can increase the effectiveness of its communication mix. The core recommendation will increase the efficient utilization of government resources leading to better performances and increased profitability.

The objectives of the present study are:

- To find out the effectiveness of various communication methods.
- To find out the loopholes in the present communication mix.
- To find out the better usage of present communication agents.

Research Methods

This study is based on exploratory and descriptive research design, using primary data generated by administering survey method and questionnaire as data collection tool.

The researcher communicated the respondents personally with well-prepared sequentially arranged questionnaire. The questionnaire prepared, was divided into two parts, of which part one was used to gather biographic details of the respondents and part two designed to gather data about effectiveness of Communication Mix.

The questionnaire that was used for the present study consisted of two (Annexure 1):

Section A - Biographical questionnaire

Section B – Marketing Communication Mix Survey

The study was conducted on the

Population

The population for the present study consisted of Medical Practitioners, and NGO Workers of Jodhpur, Barmer and Jaisalmer Districts.

Sampling Design

The research relied upon convenience based random sampling technique, considering the research methodology and research type as guidelines.

Judgment Sampling

The researcher used judgement sampling for the present study because the selected districts were easily accessible and were appropriately representing the population making it easier to answer the research questions of the present study. According to Hair *et al.* (2003, p. 217) in judgement sampling, “sample elements are chosen because the researcher believes they represent the target population, but they are not necessarily representative.” Based on this definition, the researcher selected the specific sample.

Sample Size

Most of the researches hold the opinion that ideal sample size of 30 % is considered adequate for most research purposes as it provides the capability to generalize to a population (Cresswell, 2003; Sekaran, 2003). In the present study 400 respondents were selected as sample.

Procedure

The researcher contacted Medical Practitioners and NGO Workers practicing in rural and micro interiors explaining the purpose of the research. The request preceding the questionnaire confirmed the purpose of the research and the ethical considerations of confidentiality and anonymity of participants.

The researcher reiterated the purpose of the research to respondents, after which the questionnaires were handed over to participants. The researcher summed up to the participants regarding the questionnaires and they were allowed 25 days to complete the questionnaires.

After completion, the researcher collected the questionnaires from participants and acknowledged them for their participation. Of the 400 questionnaires managed, a total number of 339 questionnaires were collected, yielding an 86 % response rate.

Data sheet was prepared in spreadsheet (MS-Excel format) and then transmitted to Statistical Programme for Social Sciences (SPSS) software for further analysis. Data preparation procedure tested first of all questionnaire which afterwards by editing, coding, data entry, data cleaning and finally adjusting the data for the statistical analysis. Code was allotted to each response for the data entry and data record. Recorded data sheet was prepared for the data analysis. On the basis of data sheet, tables and graphs were prepared for the analysis.

Data Analysis

From the Fig 1, it is clear that more respondents are in favour of advertising for creating awareness about the various schemes of Government. Advertising is an effective source of mass communications.

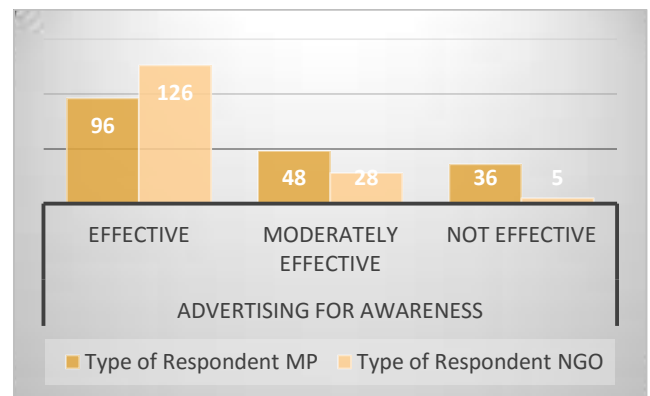


Fig. 1: Advertising for Awareness Cross tabulation Count

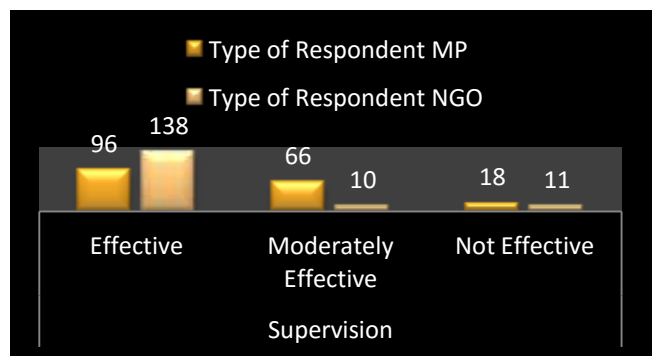


Fig 2: Direct marketing-Awareness Cross tabulation Count

From the cross tabulation, it is clear that more respondents are in favour of Direct Marketing for creating awareness about the various schemes of government (Fig 2).

From the cross tabulation, it is clear that more respondents are in favour of Direct Marketing for changing attitudes about the various schemes of government (Fig 3).

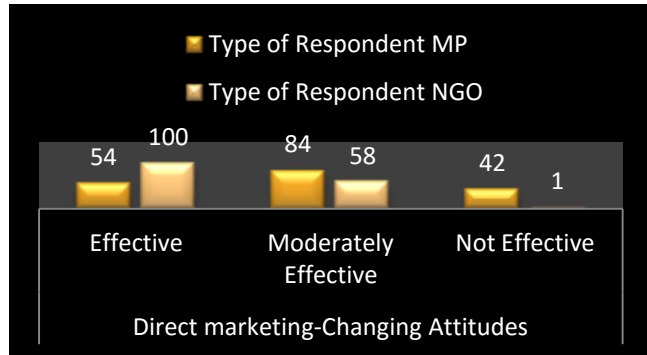


Fig 3: Direct marketing-Changing Attitudes Cross tabulation

From the cross tabulation, it is clear that more respondents are of opinion that Financial Incentives are effective tool of marketing communication of the various schemes of government (Table 2).

Table 2: Type of Respondents * Financial Incentives Cross Tabulation Count

		Financial Incentives			Total
		Effective	Moderately Effective	Not Effective	
Type of Respondent	MP	132	42	6	180
	NGO	126	28	5	159
Total		258	70	132	339

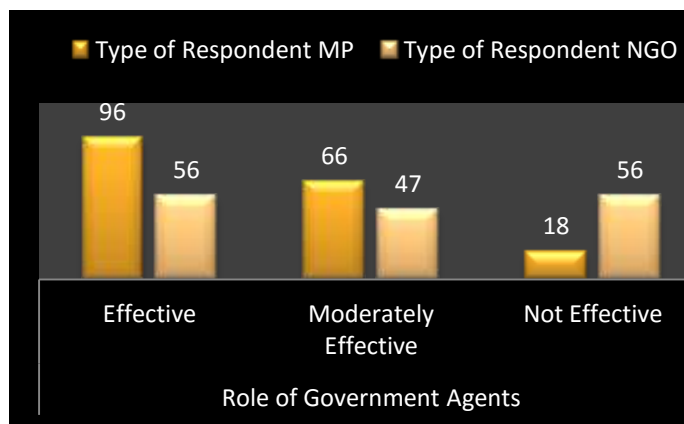


Fig 4: Role of Government Agents Cross tabulation

From the cross tabulation, it is clear that more respondents are of opinion that government agents are effective

channel of marketing communication of the various schemes of government (Fig 4).

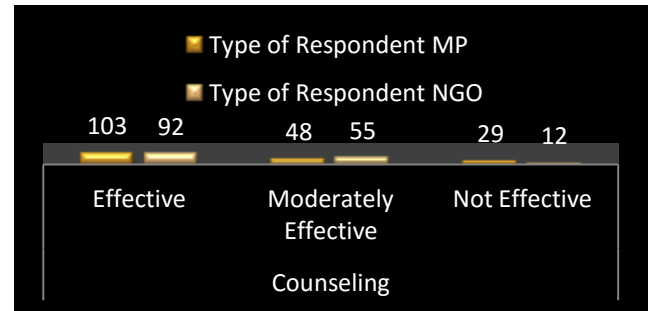


Fig 5: Counseling Cross Tabulation Count

From the cross tabulation, it is clear that more respondents are of opinion that counseling is effective channel of marketing communication of the various schemes of government (Fig 5).

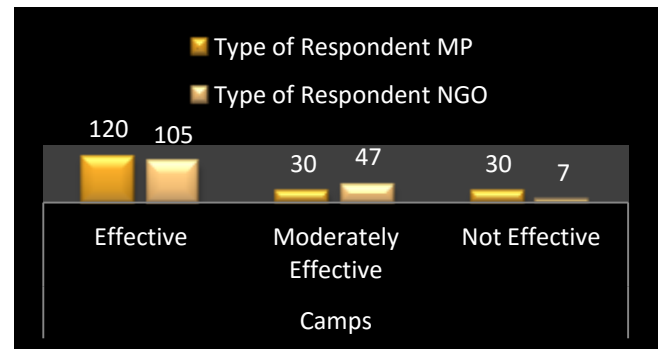


Fig 6: Camps Cross Tabulation Count

From the cross tabulation, it is clear that more respondents are of opinion that Camps are effective channel of marketing communication of the various schemes of Government (Fig 6).

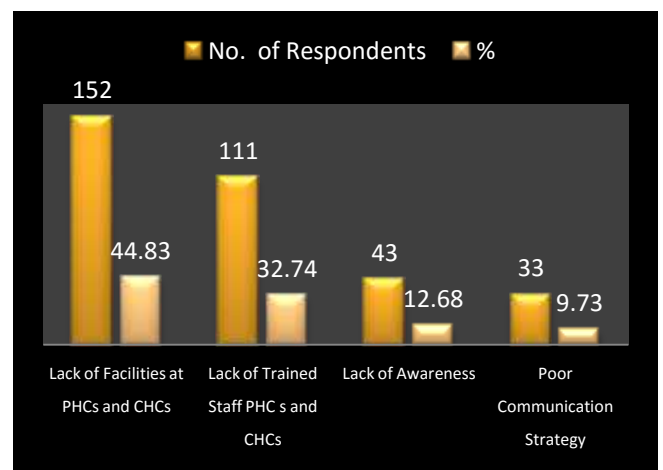


Fig 7: Factors Responsible for the Failure of the Schemes

From the cross tabulation, it is clear that more respondents are of opinion that Lack of Facilities at PHCs and CHCs is major Factor responsible for the failure of the Schemes (Fig 7).

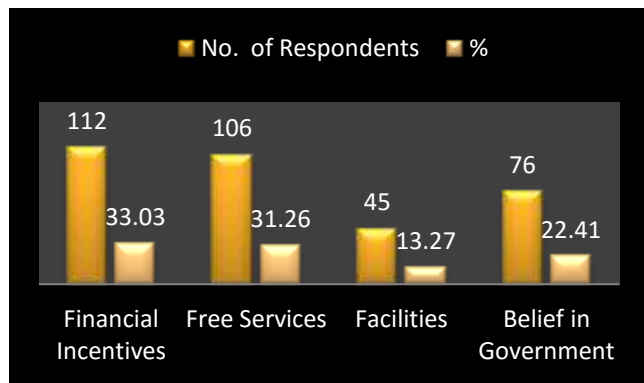


Fig 8: Motivating factor

From the cross tabulation, it is clear that more respondents are of opinion that Financial Incentives and Free Services are major Factors responsible for the success of the Schemes (Fig 8).

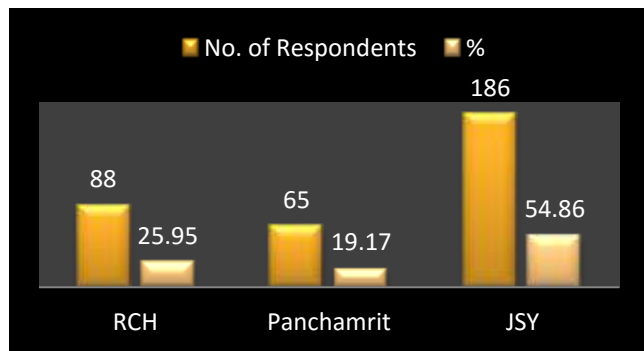


Fig 9: Most Successful Scheme

From the cross tabulation, it is clear that more respondents are of opinion that Janani Suraksha Yojna is the most successful Scheme (Fig 9).

From the cross tabulation (Table 3) it is clear that more respondents are of opinion that Word of Mouth is the strongest Communication Channel for Schemes of Government.

Table 3: Strongest Communication Channel

	No. of Respondents	%
Word of Mouth	124	29.49
Advertising	38	11.20
Camping	86	25.36
Counseling	46	13.56
Activities and Progrmmes	45	13.27

From the cross tabulation (Table 14) it is clear that more respondents are of opinion Gram Sevak are strongest Communication Agents for Schemes of Government. The arguments favouring this are that Gram Sevak and ASHA Sahyoginis have a neutral image and they are perceived to

be least biased in their opinion so rural population tend to believe more in what they say (Fig 10).

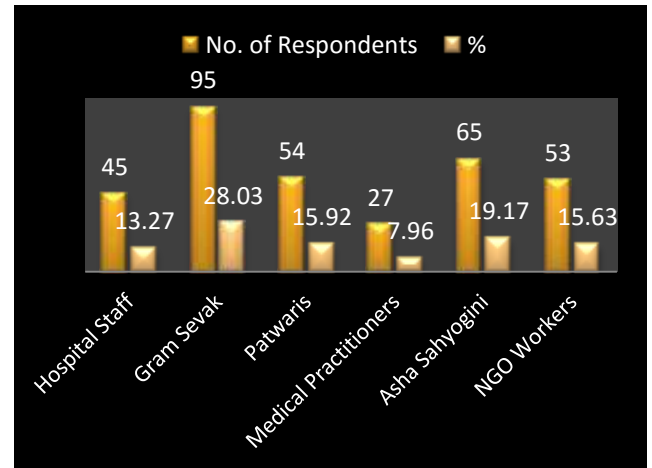


Fig 10: Strongest Agent

Discussion and Conclusion

From the research it is very clear that advertising whether it is in print form, electronic form has been proved to be the strongest medium of communication for the creating awareness but not for changing the attitudes of people regarding healthcare issues. The awareness about leprosy, escariosis, cancer, AIDS, and family planning has immensely increased just by electronic advertising by government. So in the initial stage of any project where the creation of awareness is more significant, there government can consider advertising as strongest medium and from the discussion this also has been found that for male consumers print media is an effective medium whereas for females targets television emerges as one of the strongest media vehicle for advertng.

Camps and counseling also has been proved to be strong mediums of communication but as from the discussion and personal interviews with various NGO representatives and medical practitioners it was very clear that most of the counselling done by private practitioners is done with an objective of promoting a specific brand's products such as contraceptive pills or nutrition supplements products. So the utmost care needs to be taken by the counselors involved that the counseling should create a positive motivation without any profit motive.

The research also shows that respondents are of opinion that direct marketing is far more an effective medium for changing the attitudes of people regarding various schemes. The reason behind it can be that direct marketing is always interactive and presents an opportunity for two way communication. So the patient gets an opportunity to ask questions and also clarifies doubts prevailing in his mind regarding various diseases and schemes. So government should use this tool of communication more in the circumstances where they want immediate response and change in the attitudes.

Researcher would also recommend the use of more financial incentives as it serves as strongest motivational tool in the rural areas. So government should use this tool of communication more in the circumstances where they want immediate response and changes in the attitudes.

Researcher would also like to recommend organization of more and more camps which focus on promotion of various schemes of government in rural areas as this also has emerged as strongest medium of communication as per the respondents of the research.

The basic hurdle in poor implementation of schemes and failures is lack of trained staff at PHCs and CHCs and the lack of human resources is so if government is more interested in as per the discussion with the respondents also indicated that after creation of awareness alone cannot lead to successful implementation of schemes but government should also ensure the presence of trained staff at PHCs and CHCs at the same time. If one patient goes dissatisfied then, as per respondents, negative word of mouth in rural areas becomes the major hurdle in the way of promotion and it is very difficult to win the patient's confidence back.

Out of the three major schemes undertaken for the study, Janani Surksha Yojna has been selected as most successful schemes by the respondents, so in the same lines, more schemes can be launched and implemented by the government.

All the components of communication when compared together, respondents voted most for Camps and word of mouth so the researcher has emphasized in recommendations given regarding PHCs and CHCs, utmost care must be taken to avoid a negative word of mouth.

As per the research findings, Gram Sewaks and Asha Sehyogini have been voted to be the strongest agents for the schemes of government, so researcher would suggest the government to find more ways to make a better use of these channels as well as government should also think of exploring more promotion agents for its schemes in addition to the existing channels as a very few of them play a strong role.

Scope for Future Research

- It is important to study the effectiveness of implementation of various government schemes as a huge amount of funds and human resources are involved in the field so there is a lot of scope in the field for future researchers as due to the time and financial constraints a limited geographic region was taken into consideration for the study, taking a larger area could have affected the results in a different manner altogether.

- As the financial constraint also affected the study in the way that limited number of respondents and schemes were considered but actually to know the full scenario, more schemes and a large number of respondents are required to be studied in future.
- Language also hindered the research work as the interview and questionnaire were the main instruments for data collection but if this study is extended for more years then some local project assistants can discuss the issues with respondents at length which might be proved more fruitful and eye opening.
- As the study requires a lot of travel activities so it should have been extended for a longer time period.
- The demographic variables such as age, income marital status also should be studied further because, while these variables did not contribute to the explanation of variance in this study, they were found to be significant variables in past researches.
- The size of the sample was relatively small for this kind of study. The possibility exists that results of the weighting survey would have been different if the sample size had been larger and if the participants had been more geographically representative of the population of the study.

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