

Practices of Social Marketing in Health Promotion and Their Sustainability in the Sights of Thai People

การปฏิบัติงานทางด้านการตลาดเพื่อสังคมในการส่งเสริมสุขภาพ และความยั่งยืนของการตลาดเพื่อสังคมในการส่งเสริมสุขภาพในมุมมองของคนไทย

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Abstract

Social marketing is widely discussed. However, little is known about sustainability in social marketing in public health and health promotion. The objectives of this study were to examine how social marketing was practiced in health promotion in Thailand and to study if social marketing used in health promotion in this country was sustainable. Apart from reviewing various prior studies, the interviews were also conducted with five public health and health promotion professionals and ten general populations. Likewise, the mini-questionnaires were initially distributed to the 40 general populations including those who shared their perspectives through the interviews. The findings revealed that social marketing practices in Thailand involved the organisations, health volunteers and subdistrict health promotion hospitals, and communities and people. The collaborations between these threesome partners, i.e. organisations, health volunteers and subdistrict health promotion hospitals, and communities and people were for longevity, lifelong learning, and benefits for holistic society through a variety of strategies and tactics including advertising and marketing, relationship, assessment, interaction, opportunity in business, and networking. In this case, a so-

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called collaboration model was developed. Although sustainability of social marketing practices in health promotion and health behaviour, struggles and challenges in making a decision on if such social marketing practices and health behaviour were sustained were found at a certain level. In a sense, some elements of the sustainability framework were covered while the others were not. This study contributes the revisit of a sustainability in health promotion framework and the re-examination of criteria to evaluate sustainability. A sustainability framework should, therefore, not limit to only 5Ps of people, planet, prosperity, peace, and partnership. This study suggests its extension to perpetuity, procedure, publication, planning, and permanence.

Keywords: Sustainability, Social Marketing, Health Promotion, Public Health, Thailand

บทคัดย่อ

การศึกษาเรื่องความยั่งยืนของการตลาดเพื่อสังคมในการส่งเสริมสุขภาพมีอย่างจำกัด วัตถุประสงค์ของการวิจัยนี้ คือ เพื่อศึกษาการปฏิบัติงานทางการตลาดเพื่อสังคมในการส่งเสริมสุขภาพในประเทศไทย และเพื่อศึกษาความยั่งยืนของการตลาดเพื่อสังคมในการส่งเสริมสุขภาพ นอกเหนือจากการศึกษาเอกสารแล้ว ยังได้ทำการสัมภาษณ์กับผู้เชี่ยวชาญด้านสาธารณสุขและการส่งเสริมสุขภาพจำนวน 5 คน และประชาชนทั่วไปจำนวน 10 คน ตลอดจนเก็บแบบสอบถามแบบย่อเกี่ยวกับประชาชนทั่วไปอีก 40 คน ซึ่งเป็นผู้ให้มุมมองและความคิดเห็นในการสัมภาษณ์ ด้วยงานวิจัยนี้นำเสนอโมเดลความร่วมมือการตลาดเพื่อสังคม ซึ่งเกี่ยวข้องกับผู้มีส่วนได้ส่วนเสียหลัก คือ องค์กรอาสาสมัครสาธารณสุข และโรงพยาบาลส่งเสริมสุขภาพตำบล และชุมชนและประชาชน เพื่อสร้างการมีอายุที่ยืนยาว การเรียนรู้ตลอดชีวิต และผลประโยชน์ที่เกิดขึ้นในสังคม โดยอาศัยกลยุทธ์และวิธีการ ได้แก่ การโฆษณาและการตลาด การสร้างความสัมพันธ์ การประเมินผล การมีปฏิริยาตอบสนองระหว่างกัน โอกาสทางธุรกิจ และการสร้างเครือข่าย นอกจากนี้ ยังมีอุปสรรคและความท้าทายอยู่ ณ ระดับหนึ่งในการตัดสินใจในการปฏิบัติงานทางการตลาดเพื่อสังคมว่ามีความยั่งยืนหรือไม่ กล่าวคือ งานวิจัยนี้พบความครอบคลุมขององค์ประกอบของความยั่งยืนในบางองค์ประกอบ ซึ่งยังผลประโยชน์ในการทบทวนประเด็นเรื่องความยั่งยืนในประเด็นเรื่องการส่งเสริมสุขภาพ และการวัดและประเมินผลความยั่งยืน หากจะกล่าวอีกนัยหนึ่ง คือ แนวทางเรื่องความยั่งยืนอาจไม่ได้ครอบคลุมเพียง 5Ps เท่านั้น ได้แก่ มนุษย์ โลก ความรุ่งเรือง ความสงบ และความมีพันธมิตร แต่ยังรวมไปถึงองค์ประกอบอื่น ๆ ได้แก่ ความไม่มีที่สิ้นสุด กระบวนการ/ขั้นตอน การสื่อสาร/การประชาสัมพันธ์ การวางแผน และความถาวร/คงทน

คำสำคัญ: ความยั่งยืน การตลาดเพื่อสังคม การส่งเสริมสุขภาพ สาธารณสุข ประเทศไทย

Introduction

In today's world, marketing can be divided into commercial and social marketing. The main difference between these two dimensions is as follows. Commercial marketing is to convince people to buy products and spend money for generating sales volumes for brands (Hunt, 2020). This is not a sense for social marketing when its ultimate goal is to persuade people to stay healthy and wealthy through strengthening social and environmental determinants. Understanding people insightfully is a key success for social marketing (Allen, n.d.; Brennan, 2008; Milicevic, Djokic, Djokic, & Grubor, 2022). So, it is very vital to design various social marketing activities for reaching diverse groups of the people appropriate for their collaborative engagement (Milicevic et al., 2022).

Social marketing should be comprehended in breadth and depth because '... social marketing is much more than just promotion; ...' (Merritt, Truss, & Hopwood, 2011). A variety of promotional, digital marketing communications techniques including advertising, public relations, sales promotion, personal selling, events, and the like is an integral part of social marketing. Other factors and perspectives are to be considered. So do Frame and Newton (2007) reflecting that, to get the people and community involved and engaged sustainably, not only advertising, but also other determinants must be taken for granted. Additionally, Pang et al. (2021), in the sight of Asian social marketing scholars, social marketing is a collaboration, people- and community-centric approach, and cultural diversity. For encouraging and empowering people to change the people's attitude and behaviour towards some practices, they shall receive something that responds to economic and socio-cultural needs. Without which, there is an odd for the organisations involving to fail (Merritt et al., 2011). In summary, social marketing shall cover psychological, sociological, economic, and anthropological concepts (Merritt et al., 2011), a human behaviour theory of the 'rational-economic model' (McKenzie-Mohr, 1994), and the political economic models of the 'citizen-consumer subjectivities' and 'the model of the political economic person' (Frame & Newton, 2007).

Social marketing is a strategy for promoting health. This strategy is widely used because it respects audience-centric and directed so that a health policy and resources surrounding efficiently and effectively. Therefore, this strategy helps authorities and administrators guarantee their deliverables that respond to the target audiences' needs and preferences. Moreover, social marketing presents a systematic process focusing on valuing people's health and society as a whole (The National Social Marketing Centre: NSMC, 2011). Consistently, Liao (2020) disclosed the factors influencing success

and failure of social marketing including message design, benefits given, marketing mix, customer-centric and audience segmentation, benefits given to customers and organisations.

The final wish of social marketing that is always written and mentioned is to make the people stayed sustainably and keep working on such practices sustainably. It is questioned by Brennan (2008) that, social marketing can enhance favourable shifts in someone's health. Unfortunately, the aftermaths of such changes through considering values given to society and environments limits to be examined. If the latter perspectives are taken for granted, it would be said that such shifts do not last longer. It is, thus, vital for social marketers to pay attention to the sustainability of social marketing. This is agreed by Firestone, Rowe, Modi, and Sievers (2017), and Costongs (2013).

The marketing concept relating sustainability is of high popularity and consideration. At the bottom, several factors, including emotional states, values, norms, and beliefs, and statuses of how they live and work, help the people stay healthy. In the middle, to change the people's behaviours, it is really vital for corporates and organisations to understand their social and economic statuses. At top, to be called as the sustainable health and lifestyle, it is important for corporates and organisations to consider a multiple of variables, i.e. economic policies at a larger level, changes in social infrastructures, campaigning, laws and regulations (including taxes, grants, and economic motivations), and the like for the perfect value exchange (Costongs, 2013). Also, Chichirez (2019) articulated that social marketing was misunderstood at a certain level because of its vagueness. In any way, social marketing can not only help promote and strengthen the communities' and people's health behaviour, but also make such health behaviour sustained. In order to achieve such goals, it needs some longer time and a greater number of supplies and materials.

In fact, the issue of sustainability in health promotion has been defined by the World Health Organization for almost 40 years, unfortunately, this still poses challenges for countries (Liveng, Thualagant, Kostenius, & Kokkoe, 2020). Capetola and Patrick (2011), additionally, highlighted that "[t]here is great hope that the increasing articulation of health promotion action with sustainability principles will positively shape this period of transition" (p.4). The author would say that it is 'this period of transition', currently and predictably, always happen, due to various reasons, for example, digital and technological development, environmental changes, and the like. Without considering sustainability in health promotion, unexpected losses in human resources can be told. More challenging, encouraging and promoting healthy people and a healthy society needs, beyond consistency, sustainability, i.e. a shared purpose- and value-driven strategy. In other words, all of

the stakeholders must mutually share their purposes, goals, and implementations so that all of them are committed to continuing their health policies, administrations, and actions (Rural Health Information Hub, n.d.). And that can reversely and beneficially contribute back to society *per se* and the ecological world as a whole, for example, avoiding food waste, increasing and strengthening fair prices, decreasing to rely on a number of fossil fuels, and the like, varying on a focus of health promotion (Capetola & Patrick, 2011). In the meantime, it is believed from previous studies that social marketing can help cause sustainable health promotion, for instance, lifestyle (Milicevice et al., 2022), quality of life (Christie & De Villiers, 2023), etc. The author, likewise, really falls in love with a question addressed by Conroy and Allen (2010), in the popularity of a buzz word, i.e. respecting to environmental and society dilemmas, (health promotion) social marketing initiatives launched targeting people to enhancing them to live sustainably. Unfortunately, Conroy and Allen (2010) has questioned if such social marketing campaigns turn their faces and interested in consumerism and selfishness and short-term behaviour changes. Ultimately, sustainable health promotion, i.e. changing and maintain people's behaviour must come the fact that people must adapt and adjust their mindset to give to society and 'reframing their identity', i.e. being truly altruism (Conroy & Allen, 2010). The author really agrees with, especially Conroy and Allen (2010) articulated because social marketing in health promotion and health promotion itself are always changed, varying from one government to another and one trend and circumstance to another. Taking "sustainability" into social marketing for health promotion is also rather rare (Akbar, French, & Lawson, 2019).

As such, sustainability of social marketing in health promotion is, from time to time, is posed to be discovered. Thus, this study targeted to studying and examining social marketing practices in health promotion in Thailand and to investigating if social marketing, health promotion campaigns were sustained. In summary, this study targeted to answer the following research questions: (1) how was social marketing in health promotion in Thailand practiced? and was social marketing, health promotion campaigns in Thailand sustained?

Literature Review

Social marketing, globally, as reported by Firestone and colleagues (2017), is popularly used in public health for changes in health behaviours. Nonetheless, the evaluation of health outcome is not much examined. This can pose a question if such social-marketing-oriented health behaviour

and health outcome is sustained. Although this article, presented by St. Leger (2006) was written almost 20 years, this article can well reflect the today's world if health promotion is sustained. Sustainability is highly concerned in various projects and campaigns and several sustainability indicators provided. Unfortunately, sustainability seems to be a cliché. After the projects and campaigns have completed, there are no clear explanations of how such practices are sustained and how such practices can enhance sustainability (St. Leger, 2006). Straightforwardly, this notion really and truly reflects an actual scenario nationwide and worldwide in multiple perspectives. Although companies are committed to providing and sharing sustainable concepts and practices. In fact, it is not as expected. Sustainability is, normally, defined as a strategic vision and mission. In practice, however, implementations can, possibly, be as if window dressing. Also, confusion between corporate social responsibility and sustainability is always created.

Sustainability is a critical concept, but it is under crucial discussion. Concluding from Pavloskaia (2014), sustainability must be identified apparently, generic, standardised, and understandable. However, it is not as hoped and expected. Especially the former factor, Law Explorer (2016) also highlighted that the factors evaluating if behaviour changes are sustainable, it is of high importance that such determinants can easily and straightforwardly be understood and employed by not only one, but also all of the people. It seems that the word "sustainability" is rather vague and always embryonic. In any case, Walugembe, Sibbald, Le Ber, and Kothari (2019) articulated that sustainability must be cultivated in health promotion and prevention. Bodkin and Hakimi (2020), likewise, stated that although sustainability criteria compose of a variety of variables, all of them have to be employed collaboratively. Bodkin and Hakimi (2020), repeatedly, sustainability is perceived as a process and this sustainability practice needs to be implemented throughout the process, i.e. perceived benefits after the health campaigns have ended, every single ingredients of the health campaigns, and whether or not the people living in communities are able to keep going and maintaining such practices. It is really vital for social marketers to align sustainability with a sustainability framework. Nevertheless, it is suggested social marketers to develop so-called a sustainability framework rather than just an indicator. This is because the former includes a variety of indicators and is perceived and presented qualitatively. Yet, a numeric report is given through the use of the indicators (Mayer, 2008 as cited in Law Explorer, 2016). The recommendation from the scholar is to give qualitative priority to the quantitative counterpart. Law Explorer (2016), further, articulated that, in general, reporting and developing about sustainability fails to meet harmonious

BU ACADEMIC REVIEW

agreement and similarity since it is variously indicated and shaped by a particular organisation's audiences to be communicated with and a particular need and want the organisation has defined. It is impossible to say that one size (sustainability framework) fits all phenomena. However, there should be a main sustainability framework and pillar to be created as a major platform for the organisations, especially in health promotion to be applied.

Although it is curious if such social marketing influencing on behaviour changes is sustainable, one distinctive, outstanding issue, sustainability framework, metrics, and indices can hardly be found in health promotion. By taking the sustainable development provided by the United States Foundation (Brown & Rasmussen, 2019), likewise, the five Ps of people, planet, prosperity, peace, and partnerships were: 1) People: All people must be treated equally honourably. They must be surrounded by circumstances encouraging and strengthening their good health and letting them out of being short of non-nutritious and unhealthy food, of living in poor conditions, and the like; 2) Planet: The environment must be protected for the living of the next generations. Currently, the people are facing with a variety of environmental problems; 3) Prosperity: All people must have the perfect lives, following to how changes are made in politics, economics, and social dimensions. However, such shifts must comply with the earth and environment and are environmental friendly; 4) Peace: All people would like to live happily, equally, peacefully, and collaboratively. Without peace and equality, it is difficult for the world to be sustained. The world cannot be improved and sustained if a notion of sustainability is neglected; and 5) Partnership: In relations to peace, albeit being different perspectives, unity is the ultimate goal for strengthening and empowering helps throughout the globe. It is curious that, under the ever-changing world, there should be additional factors to be considered as a main and intermediate factor. For example, presenting (or communication) can be a major success to convey messages and contents to people for a particular purpose. In Thailand, like the Thai Health Promotion Foundation (ThaiHealth), as a main organisation promoting Thai health, it is stated that in order to create sustainability, applied from Wasi (2000), the organisation respects to the tri-power model and strategy consisting of research-based practice and implementation, integral collaborations and cooperation with all stakeholders concerning, polices actively supported by the two important agencies including Ministry of Public Health and National Committee on Tobacco Control (in Sopitarchasak, Adulyanon, & Lorthong, 2022).

In summary, sustainability can be regarded as a vital purpose in social marketing for promoting health and wealth so that people can live and do not pass away before an appropriate time.

Methodology

Multiple research methods, i.e. documentary research, semi-structured interviews, and mini-questionnaires were employed in this study. This could be regarded as a 360-degree study. This was because, for changing someone's behaviour, it mainly needed the two stakeholders, i.e. both senders, i.e. health-related organisations and receivers, i.e. general populations. The author should clarify at this stage to conduct the study in multistage research design with a couple of rationales. At first, for clear and correct understanding about sustainability framework to be used in social marketing for health promotion, studies were reviewed. Most importantly, the data from both sides, i.e. policy makers and authorities and people were collected since success and failure in sustainability in social marketing for health promotion must mutually be shared by both stakeholders, as highlighted by Rural Health Information Hub (n.d.). By listening to the stakeholders' voices, these helped making an analytical comparison and measurements more appropriately and efficiently. The author also had distributed mini-questionnaires to the target audiences, prior to conducting semi-structured interviews because the data from the quantitative mini-questionnaires could help the author initially understand their thoughts and perspectives so that a specific list of questions could be adjusted one by one, according to the samples' differences and dissimilarities.

In terms of documentary research, as described by Dalglish, Khalid, and McMahon (2020), the READ approach was respected. There were four stages of document research. Firstly, a variety of documents were prepared. Although Dalglish et al. (2020) meant this issue to a number of documents used, period of publications, and publication databases, limits were not given to these. Instead, this study gave priority to the research objectives and questions defined, updated studies, relevance to the study, and popularity of the sustainability concept. The second and third stages were, together, to pull out and classify the data by considering and interpreting what was said and discussed on the documents if it could explain sustainability of social marketing in health promotion appropriately. Finally, the documents were distilled and discussed to see if social marketing in health promotion was sustained and if there should be other factors considered.

The selection, inclusion criteria for the samples of health promotion and public health organisations were: 1) they must raise and provoke awareness of Thai people's health and 2) they must be a national or at least regional or provincial health organisation. For the target audiences as the mini-questionnaire respondents and key informants, likewise, the selection criteria were: 1) they could be the target audiences for any social marketing, health promotion campaigns. They could be the same persons who did the mini-questionnaires and provided the semi-structured interviews; 2) they must be Thai citizens and must live in Thailand because the understanding of social marketing practices and sustainability of social marketing, health promotion campaigns, specifically in Thailand was of high concern in this study; 3) the people who, albeit being a Thai citizen. This could be reasoned by the influences of the other cultures embedding the people's perspectives; and 4) they must live in Thailand, but held the other citizenships were also eradicated. The existing beliefs, attitudes, norms, and values could still be influential.

In consideration of the sample sizes, those who were from the health promotion and public health corporates and organisations comprised of five people. As for the target audiences, the mini-questionnaires would be distributed to at least 40 Thai citizens. By referring to the formula of Taro Yamane, when no specific numbers could be given, there should be at least 400 questionnaires to be distributed (Satangmongkol, 2021). The initial understanding about the sampled people's media exposure, attitudes, behaviour, behaviour changes, and outcomes of such behaviour changes was the objective of collecting the mini-questionnaires in order to explore more insights in the semi-structured, in-depth interviews, a notion of doing a pre-test for the questionnaires was taken for granted, Knowledge about basic statistics for designing a questionnaire, 2010, referring to Associate Professor Sirilak Suwannawong said that no specific and particular rules for pre-testing was given. There should be around 10 and 15 people. Yet, the researchers must be very careful that the pre-test samples must be a good and actual representative. The author, thus, took 10 per cent from the unspecified number of at least 400 people, i.e. at least 40 Thai people collected. Especially for the attitudes, the analysis was calculated and meant, i.e. very high (4.21 – 5.00), high (3.41 – 4.20), medium (2.61 – 3.40), low (1.81 – 2.60), and very low (1.00 – 1.80) (Sukviboon, 2009).

A list of the questions for conducting the semi-structured, in-depth interviews with the people from the health promotion and public health corporates and organisations, i.e. policies and strategies for health promotion, applications of social marketing in practice, example of successful and unsuccessful social marketing, health promotion campaigns, indicators and framework for

success in health promotion, sustainability in diverse dimensions including society, economics, environment, and the like, how should a social marketing campaigns be designed, direction of social marketing in health promotion, and so forth and those from the target audience groups including reasons for behaviour changes, current health behaviour, sustainability of social marketing policies and strategies in health promotion, sustainability of social marketing in health promotion, and suggestions. Consistently, a series of the questions, comprising of demographics, media exposure, attitude towards health promotion, reasons for changing behaviour, health behaviour, and outcomes of behaviour changes developed for the mini-questionnaires were also presented.

As for collecting, storing, and presenting the data, the participants from the health promotion and public health organisations were asked for permission if they would like to reveal their names and affiliations. In contrast, for the target audiences, to respect their personal details and reputation and avoid damages, their identities were kept securely. Only, the first initial of their first names and demographic profiles were disclosed, instead. This was to certify that no one could track and know who gave such details and opinions. Also, these ten participants that were interviewed had asked to fill out a mini-questionnaire, prior to give more explanations. The other 40 mini-questionnaires were distributed to the other general populations via Google Form. Such mini- questionnaires were checked for reliability and validity by three professionals and scholars, i.e. whom had experienced and worked in health promotion and public health, whom had finished and specialised in statistics, and whom had experienced working in health promotion projects. The purpose was that the respondents could understand and answer a series of the questions clearly and smoothly.

As for analysing the qualitative interviewing transcripts, the process of thematic analysis presented by McNiff (2016) was followed. The records were firstly and fully transcribed. In the second and third stage, the data transcribed were grouped and coded, according to the questions asked and research objectives and questions. The relationships and connections between one code and theme and another were fourthly considered. Also, supporting evidences, details, and quotes were addressed. Finding out similarities and differences of each participant was, furthermore, cultivated. It was, finally, always kept in mind that all analyses must respond and align with the research objectives and questions. In terms of the mini-questionnaire, only descriptive analysis was proceeded and proposed. That was to say, numbers and percentages were presented only. The main purpose of the mini- questionnaires was to preliminarily understand the respondents' understanding and attitude towards social marketing. Especially for the attitudes, the analysis was

calculated and meant, i.e. very high (4.21 – 5.00), high (3.41 – 4.20), medium (2.61 – 3.40), low (1.81 – 2.60), and very low (1.00 – 1.80) (Sukviboon, 2009).

This research has also been reviewed and approved by the Ethics Committee for Human Research, Bangkok University, in accordance with the Declaration of Helsinki on 15 December 2022.

Results

The results of the findings could be categorised into the two categories, i.e. social marketing practices and effectiveness in sustainability of social marketing, health promotion campaigns in Thailand.

Result 1: Social marketing practices in Thailand

For this part, there were three major sectors, i.e. organisations, health volunteers/subdistrict health promotion hospitals, and community and people working closely and collaboratively. Without one, it was not easy to make the people and communities as a whole healthy and wealthy.

Organisations: Organisations in the social marketing practices in Thailand covered all of public, private, state enterprise, and non-profit organisations taking their main responsibility for promoting health and well-being among people in Thailand. The organisations that were regarded as the starting point was public state enterprise, and non-profit organisations, for instance, National Health Commission Office, Thai Red Cross Society, Thai Health Promotion Foundation, a public health and health promotion university, college, hospital, and the like. These various organisations could not work alone for multiple reasons, including financial and economic matters, technological devices, solution-based development and so forth and then needed to cooperate with the private sectors for the greater success in reach, engagement, media outreach, and the like. Consequently, these organisations, especially public, state enterprise, and non-profit organisations were mainly committed to defining the health-related issues to be legislated, especially the National Health Commission Office, and a public health and health promotion university, college, hospital and to be knowledge shared and contents delivered, like Thai Red Cross Society, Thai Health Promotion Foundation; to building relationships with not only other organisations, but also with health volunteers/ subdistrict health promotion hospitals and community and people; to planning post to earning feedback; to communicating with the health volunteers/ subdistrict health promotion hospitals and a variety of target audiences for their creating their knowledge and changing attitudes

and practices; to monitoring throughout the knowledge-sharing and attitude-changing process; and to evaluating and assessing whether or not an outcome met what was planned and expected.

Train the trainer: Health volunteers/subdistrict health promotion hospitals: Such health volunteers could be regarded as an intermediary between a public health, health promotion organisation and the people and communities. The health volunteers would be trained by such public health, health promotion organisations and, after that, transfer their understanding to the people and communities. These health volunteers were a group of people living in a community and they devoted themselves to help other people in the communities strengthen their health and well-being. These health volunteers were of high respect because they were familiar with the other people in the communities. Their main duties, therefore, were to learn, share their knowledge and experiences, communicate with the other people in the communities, monitor to fill the gaps, evaluate, and give feedback for on-going and further development. The health volunteers did not only limit to local villagers, but also even monks when such health promotion campaigns targeted to monks. Because the health volunteers were equipped with knowledge and experiences, likewise, they were able to train and transfer their understanding to the next-generation health volunteers.

Community and people: It could be said that the communities and people were regarded as the starting, middle, and final points. As agreed by the key informants from the public health, health promotion organisations, it was a focus for understanding the people's profound insights in order to define a health issue, design a message, develop a promotional tool, and so forth. Success and failure in promoting health, the people and communities themselves were an integral part for learning and understanding, sharing their knowledge and experiences with their neighbours, developing their health conditions and statuses, and giving comments and feedback to the organisations and health volunteers/subdistrict health promotion hospitals. All of the five key informants from the public health, health promotion sectors agreed to listen to the people's pain points and unmet needs. For example, Mr S, a health promotion, social marketing executive and expert had shared his viewpoint that in order to define a public health policy, the people were invited to participate and address a public issue. So did the two public health, health promotion professionals, i.e. Ms K, a health promotion and public health organisation and Ms T, a registered nurse, professional level, a health promotion hospital who expressed that they had to start their health promotion practices through engaging with the people to know and understand what the people need. However, the implementation could somehow be diverse. While the people's pain

BU ACADEMIC REVIEW

points were examined at the beginning for the former, the data were gathered and analysed first and discuss with the people later on to seek for a mutual agreement. As for the midstream, the people got involved in the process of on-going learning and understanding about a variety of health issues requested by themselves. In consideration of the downstream, the people and communities were a source of information for what to be improved and concerned in the future.

These three stakeholders were collaborating for achieving the triple outcomes, i. e. L – longevity, L – lifelong learning, and B – Benefits for holistic society. Although there were diverse, detailed ways of evaluation including the health volunteers' and people's level of knowledge, satisfaction, etc., the final destination was to make the people and communities healthy and wealthy and to live even longer. It, thus, provided social contributions to the people as a whole. Because communication was given continuously, following to the various requests of the health volunteers and communities and people, also, learning was repeated over as the process of personal development for further knowledge sharing and, certainly, for longevity.

The strategic mechanisms for encouraging the organisations, health volunteers and subdistrict health promotion hospitals, and communities and people to achieve such mutual, beneficial outcomes proposed above were, mainly, consisted of A – advertising and marketing, R-relationship, I – interaction, O – opportunity in business, and N – networking. For advertising and marketing, a variety of promotional tools were used, for example, offline and online advertisements, manuals, brochures, key opinion leaders, vinyl, etc. Such promotional tools were employed, varying from one community to another because of the different public health authorities. In terms of relationship, good relationships and connections must be built from the organisations to the health volunteers, from the organisations to the communities and people, and from the health volunteers to the communities and people. Otherwise, cooperation would be declined. In relations to this, one-way communication should not work well, two-way, interactive communication should be for granted, instead. Without which, there should not be known what, why, and how to be conveyed and there should not much improved. In opportunity in business, also, a win-win situation must be taken for granted. Like Ms K., a health promotion and public health organisation had elaborated that it was, probably, true that good health was stimulated by individuals. Currently, nonetheless, economic needs and family livings were the people's priorities. The people preferred feeding their families to live in a good health environment to think about their health and wealth. In order to fail

in the win-win situation, the public health authorities could be successful in promoting the people's health if these public health authorities gave the people daily and financial supports.

Result 2: Sustainability of social marketing, health promotion campaigns

It appeared to be difficult to make an actual judgement whether or not social marketing in health promotion campaigns were sustained. Nor did success. The author would say that social marketing practices were, probably, sustainable, but sustainable health behaviour would be put in question. Albeit being challenged about this regard, the author would go with the answer social marketing, health promotion campaigns in Thailand were rather not sustainable. Social marketing, health promotion practices need to consciously and consistently be boosted.

Quantitatively, the samples of this study were predominantly women, middle-aged, i.e. 30 – 35 years, private company employees, single, obtained a higher degree, i.e. postgraduate, and had pretty high economic status, i.e. more than 55,000 Baht a month. When comparing the statistical reports between general media exposure and media exposure to social marketing, moreover, health promotion campaigns, the latter was found a lower number of being exposing to a variety of social marketing campaigns promoting good health among the people. This situation could, probably, be reasoned by lack of consistency, shortage of communication messages responding to the target audiences' needs and motivations, and the like. Another additional outstanding result was that online, digital platforms should not be ignored because these channels provided a greater number of visibility and reach to the target audiences than the traditional counterparts. Likewise, the target audiences appeared to have positive attitudes towards health promotion, especially attitude regarding social marketing, health promotion campaigns must be implemented consistently and sustainably at 4.60. Otherwise, failures in promoting health could be the expected result as the target audiences could hardly be exposed to the campaigns. As for the open-ended questions about the respondents' health status, lifestyle, and changes in health behaviour, and consequences. It was found that health status and health behaviour, also, appeared to be shaped by personal factors including age range and lifestyle. Overall, the older the target audiences were, they were inclined to face unhealthy status and behaviour. Health status, also, depended upon the target audiences' lifestyle, i.e. time management between personal life, working life, and family life. To stay healthy and sustained, nevertheless, almost 100% of the target audiences had pushed their attempted to change their behaviour in the past one year for ensuring the betterment in their health.

The 5Ps sustainability framework proposed by the United Nations Foundation explained by Brown and Rasmussen (2019) was, consistently, taken into consideration for analysing the sustainability of social marketing practices in Thailand. The details were exhibited as follows. **People:** As mentioned in the beginning of this part, it was hard to say that yes, the people were staying in the hygienic surroundings, receiving nutrition, and the like. One of the reasons was that it depended upon individuals. Another reason was that types of assessment were limited to measuring levels of knowledge and measurements. **Planet:** It seemed that this issue was not much addressed in this study. **Prosperity:** The responses from the 40 sampled participants indicated the quite prosperous future, as expected by the goals of social marketing, i.e. stay healthy and longer and that could provide the social benefits and contributions. **Peace:** It was very obvious from the reflections of Mr S, a health promotion, social marketing executive and expert and Ms S, a health promotion, social marketing executive and expert that no matter who the people were, their voices were treated and respected equally. **Partnership:** This issue was completely obvious from the key informants from this study in encouraging sustainability. The word 'partnership' in this study should include those who were giving all of in-kind, in-cash, in-time, in-physical and psychological power, etc. Most outstandingly, the excellent partners were the health volunteers/subdistrict health promotion hospitals and the communities and people who were giving continuous supports. As for the other types of partnership, the author should take the two examples from Ms P, a health promotion, social marketing executive and expert and Ms S, a health promotion, social marketing executive and expert. For the former, the organisation was assisted and supported by a variety of public, private, state enterprise, and non-profit organisations for stimulating blood donor recruitment through sponsoring, making celebrities engaged, increasing media outreach, etc. Ms P, a health promotion, social marketing executive and expert likewise, had uttered that, when a challenge happened, a solution was developed and proposed. There were the two tools in solving the challenges found, i.e. various collaborators required for behaviour change and communication as the tool to escape from the problems.

Apart from the 5Ps sustainability framework, an extended sustainability framework should be introduced and addressed. Such 5Ps sustainability seemed to be considered as the end products and results. Sustainability, nevertheless, should be examined while practicing and implementing. The six dimensions that would be extended were perpetuity, procedure, publication, planning, permanence, and probing. **Perpetuity:** Sustainability should include continuity and consistency, both

from the organisations and individuals. As for the public health, health promotion organisations and authorities should convey contents and messages consistently. It was believed by the various sampled populations that such contents and messages could raise awareness and draw attention. The participants perceived such promotional and communicative contents and messages as a stimulator and a reminder. In order for maintaining and sustaining the people's health behaviour, repetition should be of high importance. For individuals likewise, consistency must be taken for granted. Otherwise, failures in staying healthy, wealthy, and longer should be expected. **Procedure:** Procedure meant to an on-going process of follow-up and check-up, a tracking system, and related resources so that health behaviour could be maintained and sustained. In the sights of the public health, health promotion authorities like Ms P, a health promotion, social marketing executive and expert, a need from the partners and collaborators had to be considered, not only for introducing and launching a project, but also for tracking and collecting the data for further improvements. So did the general populations that a tracking and follow-up application should be designed for better user experiences. **Publication:** Publication referred to developing and creating a variety of contents and messages responding to a variety of the target audiences. This notion was likely to be highlighted by almost all of the sampled general populations. To maintain and sustain someone's health behaviour, Mr K, Male, 37, Company employee, Single, Undergraduate, 30,001-35,000 Baht said that the contents and messages should reinforce economic sustainability, i.e. how worth the people should have good health and how to avoid much payment on building good health. Likewise, not only physical health, but also psychological one should be concerned. **Planning:** In order to reach perpetuity, procedure, and publication, planning for both of the public health, health promotion organisations and individuals themselves should not be ignored. As for the public health, health promotion authorities, contents and messages and other related resources should be planned from time to time, by taking a data mining concept into practice. **Permanence:** This dimension addressed small shifts and long lasting in health issues promoted and distributed. According to Mr S, a health promotion, social marketing executive and expert, the health issues should always be updated in order to meet the ever-changing environment and to be enacted. This contributed to all of the people in society equally. In the sights of the publics, yet, in consideration of sustainability, not too many health issues had to always be reformed, but some of them should be introduced for building maintained and sustained health behaviour. **Probing:** In order to create sustained health behaviour, it was vital for the public health, health promotion organisations and public health authorities to

collect the data for continuing knowing and understanding the communities' and people's unmet needs and pain points for their health to be promoted. The different groups of the communities and people were diverse from one to another. Due to political, economic, socio-cultural, and environmental changes, these could influence on ever-changing needs and wants. Considering the reflections from the interviews, a stage of life of a particular person should be taken for granted. From the data collected from the 10 key informants, when they were getting older and became under physical and psychological pressure, they had encountered health problems and challenges. This could be a triggering point to start thinking of their health conditions and statuses.

Discussion and Conclusion

The study studied and examined social marketing practices in health promotion in the Thai-context culture and discover if social marketing, health promotion campaigns developed in Thailand was sustained. The findings introduced a collaboration model comprising the three major components of organisations, strategies and tactics, and outcomes. A collaboration between the organisations, the intermediary like health volunteers and subdistrict health promotion hospitals, and the communities and people. It was undeniable that an outstanding and special parties empowering success in social marketing practices in Thailand was health volunteers. Not only the situation of the COVID-19 pandemic, but also over the 40 years, these health volunteers were honoured as “unsung heroes” by the World Health Organization (2020). Under the collaboration model, nonetheless, there must include some strategies and tactics for successful and sustainable. These included advertising and marketing, relationship, assessment, interaction, and opportunity in business. Without communicating to the parties concerning and respecting to their needs, health behaviour could not be succeeded, as expected. The different platforms should be considered, varying from one target group to another.

The following outcomes from the collaboration (social marketing) model, finally, were to help the people stay healthy and longer. Because of ever-changing political, economic, socio-cultural, and environmental situations, education and learning were endless, another outcome was, therefore, to create a lifelong learning society. Especially in relation with the opportunity in business, although individual benefits were an initial platform to consider, contributions to the society as a whole should be fostered at the end. As a marketing father, Philip Kotler, said “Marketing with a higher purpose will improve our economy and society” (cited in Kellogg School of Management,

Northwestern University, 2015). Such data could help answer the second research question if social marketing practices and health behaviour in Thailand were sustained. Sustainability was really far beyond than easily making a conclusion. In the sight of the author herself, however, rather not sustainable should be the final answer in this study. Social marketing, health promotion practices need to consciously and consistently be encouraged. Both of the mini-questionnaire, quantitative and qualitative research provided quite the same results. The target audiences had their self-awareness on their health status and health behaviour and positive attitudes towards social marketing, health promotion campaigns provided. Staying sustainable was, however, struggled by a variety of determinants. Apart from external factors including consistency and continuity of communication, e. g. strategies, messages, platforms, and the like as a whole provided by stakeholders concerning (further elaborations were found from the qualitative findings), personal factors, i.e. the target audiences per se, covering age range and lifestyle were important for informed decision on sustaining and maintaining their health status and health behaviour. Through the 5Ps - people, planet, prosperity, peace, and partnership given by the United States Foundation (Brown & Rasmussen, 2019), qualitatively, social marketing practices and health behaviour were sustained at a certain level. In this study, it could be said that sustained social marketing practices and health behaviour were excellent in people, peace, and partnership. Nevertheless, the other 6Ps of perpetuity, procedure, publication, planning, permanence, and probing should be added as an extended sustainability framework in social marketing for health promotion. From the study of Vantamay (2021) about the effectiveness of online social marketing communication so that people could protect themselves from the danger of PM 2.5, it was interpreted an on-going, continuous, well-planned social marketing practices for promoting self-protection from the air pollution crisis so that the outcomes were sustained and maintained. Sustainability would not only be considered as the ended results, an on-going process, instead. In Brazil, sexual violence and abuse is deeply rooted and exists in society with various rationales including not good authorities and management structure as well as infrastructure. As a result of this, continuous investment and implementations and practices including raising awareness, education, trainings in public security, and health, campaigning, and the like are of high importance (Santos, Gondim-Matos, & Lessa, 2023). The phrase “continuous investment and implementations and practices” is interpreted to sustainability must be taken for granted as a process for leveraging a sustainable outcome and course of action.

As sustainability should be considered as a process (Bodkin & Hakimi, 2020), for creating sustainable social marketing practices in health promotion in Thailand, basing upon the extended sustainability framework in social marketing for health promotion. It is, therefore, recommended for policy makers and practitioners, from the beginning to the end, to (1) analyse a social issue for implementation, (2) define a timeframe specifically, (3) define activities and implementations to be done in a specific period during such timeframe, and (4) evaluate outputs, outcomes, and outtakes consistently for the various factors.

In considering the theoretical implications and practical contributions, this study contributes to the existing sustainability in social marketing for health promotion in a variety of stances. For considering sustainability framework, this study does not limit to five factors, but does extend to another six dimensions to be considered in measuring and evaluating sustainability in general (Chomsky, 2023) and in (existing) social marketing for health promotion, including the CSD-IES framework (Akbar, Ndupu, French, & Lawson, 2021), stages of change model by James Prochaska and Carlo DiClemente (Shaffer, 2013), other social marketing paradigms concluded by Akbar et al. (2019), etc. to be more accurate, concrete, and obvious. Through the empirical evidence, moreover, this study further encourages and move policy makers, authorities, and practitioners to think that sustainability is a process (Bodkin & Hakimi, 2020), a non-linear, instead of a linear (Anosike, 2018; Salazar, 2022). There are a variety of determinants to be considered while practicing on promoting health through social marketing and that sustainability need to be thought over and over again, not an outcome and consequence solely to be recognised (Rodriquez, 2023). This study is not perceived as a perfect research because there were some limitations for future studies. Firstly, the sampled populations should not only limit to the people living in the big, main cities, but rather should cover those who are living in the suburban and rural areas because a much varied and complicated details can be found, as reflected by the key informants from the public health, health promotion sectors. Due to the limited selection criteria for both health promotion and public health organisations and target audiences, perspectives and thoughts presented are not various. Likewise, such extended sustainability framework proposed in this study shall be validated.

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