

# “CHULA NIWAS MODEL” SOCIAL MARKETING FOR A STRONG AND HEALTHY COMMUNITY

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**ABSTRACT:** This research was both participatory action research and community-based action research. The purposes of this research were to apply a social marketing approach and appropriate communications process to strengthen and improve the health of the “Chula Niwas Community”. The research results revealed that the social marketing approach can be applied and integrated with the social mobilization approach in regards to health promotion interventions consisting of 8 steps; Step 1: Analyzing the community. Step 2: Establishing the community association. Step 3: Conducting problem analysis and finding solution methods. Step 4: Designing and developing social products by using a social marketing approach that conforms to community conditions. Step 5: Sale of social products. Step 6: Improving community management systems and facilities including the physical aspects and environment to facilitate healthy activities. Step 7: Monitoring, evaluating and improving products. Step 8: Maintaining, consolidating and sustaining desirable behaviors. Implementation of these steps resulted in residents becoming empowered to improve the strength and health of their community.

**Keywords:** Health Promotion, Healthy Community, Social Marketing, Social Mobilization

## INTRODUCTION

“Chula Niwas” is a dormitory for workers and their families employed by Chulalongkorn University. This community experiences many serious problems such as behavioral disorders, drunkenness, and drug addiction. Chulalongkorn University has initiated action to immediately resolve these problems in order to improve the lives of dormitory residents. The sample and area of this study was residents of the Chula Niwas community, which comprised approximately 400 people.

## RESEARCH CONCEPTS

1. Social Marketing [1] is an approach that can be applied to change beliefs, attitudes, and behaviors by designing social products for a target group. The key concept of social marketing consists of the 4 P’s: Product, Price, Place and Promotion. They are used to create a social product for the right target market at a suitable price, in a convenient place and with attractive promotion.
2. Social mobilization [2] is approach for mobilizing many units within a society or community for development or improvement. The key concept of social mobilization consists of 5 steps; Step 1: Community analysis. Step 2: Design and initiation activities. Step 3: Implementation. Step 4: Consolidation. Step 5: Dissemination and durability.
3. Community-based social marketing tools [3] are tools that support and sustain behavioral change using social marketing approach methods such as commitment, prompts, message design and incentives.

4. The “Stage of Change” model [4] or the trans-theoretical model is a model addressing human behavioral change consisting of 6 steps: Step 1: Precontemplation stage - relating to people who are uninformed or disinterested regarding bad behavior or social problems. Step 2: Contemplation stage - relating to people are who informed about social problems and considering change. Step 3: Preparation stage - regarding people who are determined and prepared to change. Step 4: Action stage - regarding people who are taking actions for change. Step 5: Maintenance stage - regarding people who are making ongoing changes to avoid relapsing into old behaviors. Step 6: Termination stage - regarding people who have made permanent changes and never return to old behavioral patterns. The research was an integrated, all-in-one approach called the “Chula Niwas Model” consisting of 8 steps.

## RESEARCH METHODOLOGY

The research methodology employed Participatory Action Research (PAR) and community-based action research to utilize both qualitative and quantitative methods. The researcher integrated the social mobilization and social marketing approaches, which included community-based social marketing tools. The research process consisted of 8 steps:

**Step 1:** Analyzing the community. The research surveyed and analyzed secondary data from the responsible university unit, the Personnel Division. Partnerships were established with organizations located around the community, such as the Patumwan District Office, Patumwan Police Station, area health center, local Democratic Party

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representatives, and internal partners within the university such as the Nursing Faculty.

**Step 2:** Establishing the community association. This community had an existing organization established under Chulalongkorn University regulations with representatives serving 2 year terms. We utilized this existing structure as the community organization.

**Step 3:** Conducting problem analysis and finding solution methods with participation of the community organization and all residents. This included both formal and informal methods to obtain enough data to analyze and find proper solution methods.

**Step 4:** Utilizing a social marketing approach to design social products to change the behaviors of community residents. The research set the objective of encouraging everyone to have good health practices, called in Thai the “6 Or” strategy: Or 1 - Exercise; Or 2 - Food Safety; Or 3 - Good Emotional health; Or 4 - Disease prevention; Or 5 - Healthy conditions and environment; and Or 6 - Avoiding the risks of alcohol and other negative influences. The 6 Or strategy was established under the “Healthy Thailand Declaration” with the goal of setting up activities sustainable for the community. Our project was therefore titled “Chula Niwas Na Yoo Yung Yuen” or “Chula Niwas Good and Sustainable Healthy Community”. The research sought to change the undesirable behaviors of this community by establishing a step by step plan for behavioral change outlined as follows:

a) *Precontemplation:* Mobilizing the community by conferring with all residents to discuss the problems with the hope of gaining everyone’s cooperation. Rules for behavior that support a healthy community were agreed upon by the residents with sanctions for those breaking the rules.

b) *Contemplation:* Encouraging involvement by promoting the “Rally on Mahathiraraj Day” - King Vajiravudth Memorial Day. The researcher urged all people in this community, as well as all responsible officers and partners, to join us. About 250 of the 400 people in the community joined the rally committed to do all things to make the community healthy by taking an oath at the King Vajiravudth and King Chulalongkorn Statues.

c) *Preparation:* Meeting arrangements were made with the community organization to find tools and design products that were appropriate for this community.

d) *Action:* Selling all designed products at the right time and place for the target group. The concept of “selling” the healthy community product was a step by step process detailed as follows:

*Step1:* Curing the “weak” part of the community.

*Step2:* Immunizing the target group by giving E.Q. support for youth and children.

*Step3:* Protecting from diseases – Diligently growing non-tainted vegetables and promoting exercise.

This research then categorized the products into 3 programs:

*1<sup>st</sup> program:* Solving urgent problems regarding addressing the needs of the weakest part of the community. Based on the last “Or” - Avoiding the risk of alcohol and other negative influences, this program promoted 3 sets of “products”:

Set 1- Drug addiction assistance

Set 2- Promoting cleanliness and orderliness through “Cleaning Day”

Set 3- Promoting abstinence from alcohol with the “Stop Drinking for 3 months for Buddhist Lent” activity.

*2<sup>nd</sup> Program:* Immunizing the target group by establishing the E.Q. support for youth and children program. The research supports emotional awareness and stability with the “Or” by promoting 3 activities for the target group - children and youth in the community.

- Futsal promotion by setting up a Chula Niwas futsal team

- Dance promotion

- Art and painting promotion

*3<sup>rd</sup> Program:* Protection against diseases - Diligently planting non-tainted vegetables and promoting exercise, called the Body Strengthening Program. Based on the “Or” Exercise, “Or” Food Safety and “Or” Protect against disease, the research promoted 3 products:

- Health check-ups

- Aerobics, yoga and qigong exercises called “Larn Keera Chula Niwas”

- Planting non-tainted vegetable products, named “Good Garden: Good Canal”

e) *Maintaining desirable behaviors:* Using community-based social marketing tools including:

- Prompts: Reminding people by setting up a billboard at the center of community

- Commitments: Taking oaths at the King Chulalongkorn and King Vachiravudth statues on the Mahathiraraj Rally Day to bring good things for community and a written commitment to stop drinking for 3 months during Buddhist Lent

- Regulations: Employing social sanctions in the drug addiction program and alcohol abuse program

- Incentives: Offering incentives for participation in the exercise program and alcohol abuse program

- Message design: Designing messages for almost all activities and to promote desirable behavior.

**Step 5:** Promotion of “products”: The research used time, place, price that conformed to the target.

**Step 6:** Improve the community management system: The establishment of a community member organization, development fund for this community, work office, community announcement center and

**Table 1** The comparative of results of questionnaire survey

Strength of Community Dimensions	2 <sup>nd</sup> February 2010		3 <sup>rd</sup> February 2011		Difference of two times	Sample t-test at p < 0.05
	Mean	S.D	Mean	S.D		
1.Love and value	3.9309	.47293	3.9632	.54879	-.03233	.613
2. Security and stability	3.7614	.50742	3.6887	.70707	.07269	.288
3.Self-reliance	3.6774	.51417	3.7802	.65051	-.10274	.170
4.Vision for development	3.6022	.56894	3.7314	.61108	-.12922	.076
<b>All 4 Strength Dimensions</b>	3.7399	.37513	3.7936	.53721	-.05369	.293
<b>Health Dimension</b>						
1.Physical health	3.4624	.54292	3.7874	.67864	-.32504	.001*
2.Mental health	3.5435	.65319	3.7431	.71907	-.19960	.016*
3.Spiritual/Intellectual health	3.7667	.61899	3.7795	.69343	-.01286	.877
4.Social health	3.4772	.54719	3.6375	.71178	-.16029	.048*
<b>All 4 Health Dimensions</b>	3.5570	.46574	3.7305	.58929	-.17347	.010*
<b>Both Dimensions</b>	3.6494	.39360	3.7643	.54562	-.11488	.030*

\* Significant difference at p < 0.05

Meaning of scale: 1.00-1.80 Very bad 1.81-2.60 Bad 2.61-3.40 Same 3.41-4.20 Better 4.21-5.00 Much better

improved communication channels, including a meeting system for the community organization.

Improve the physical facilities and environment to promote healthy activities by improving places that support healthy and positive behaviors like sports facilities or gardens.

**Step 7:** Monitor, evaluate and improve the product:

This research used the community organization to monitor each “product” and asked the target group about ideas for improvement. The evaluation was done 3 times in this community as follows: first, when the project started in October 2009; second, in the middle of project in February and October 2010; and last, after the project was completed in February 2011. The research used 2 methodologies - qualitative and quantitative. The qualitative method comprised observation, in-depth interviews, and focus groups to show how every product could be promoted. Regarding the quantitative method, survey analysis was done through questionnaires. The results revealed that this research achieved its goals; the residents had much greater community involvement and every KPI pointed to the health and strength the community having improved.

**Step 8:** Maintaining, consolidating and sustaining desirable behaviors: The research improved residents’ relations by promoting traditions, for example, Father’s Day, Children’s Day, Songkran Day, and Mother’s Day. In addition, the research created some new traditions for changing community behavior such as Buddha Day for Buddhism, and Mahatiraraj Day for reminding residents of their commitments. “Stop drinking for 3 months for Buddhist Lent” was initiated not only to reduce drunkenness but also to support traditional behaviors in this community.

The research helped build community self-esteem according to Maslow’s hierarchy of needs theory [5]. Self esteem is an indicator of the success of a community; therefore, to change the mindset of

people in the community would result in improving community self-esteem. The way to accomplish this is to show the strength of the community in public. The research promoted the Chula Niwas futsal team and aerobic team to compete against other groups. The research also established an exhibition section for the University Sport Ceremony.

The research maintains, consolidates, and sustains desirable behavior not only through community-based tools but also employing 4 strategies including:

- Providing space for any activity;
- Improving participation;
- Repeating any activities that people like; and
- Making temporary equipment permanent.

#### DATA COLLECTION AND DATA ANALYSIS

The data collection was done in 3 parts using the quantitative method: – survey, and qualitative method: in-depth interviews and focus group discussion. Firstly, at the start of the project, the research data was collected by sending questionnaires to residents’ rooms. The researcher analyzed data and developed a plan to resolve problems and improve the strength and health of the community. Secondly, in the middle of the project, the researcher used questionnaires measuring the strength and health of the community. The questions used the Likert scale and had 2 question dimensions - health and strength. Data was collected through cluster sampling of every building and every floor. The results shown in Table 1 indicated that the health dimension and strength dimension were improved and problems were resolved. The research used in-depth interviews and focus group discussions to confirm the findings. The health, strength and problematic situations were all better than before the start the research.

The data analysis of this research used the same questionnaire and used sample t-test to compare results. The statistics from the time the project was

completed were significantly higher than the second stage at 95% confidence, and the qualitative result confirmed the improved strength of the community in all dimensions. Lastly, most residents wanted the project to be continued on an ongoing basis.

## RESULTS

The results of this research consist of 2 main parts: output and outcome. The output of this research is the establishment of an effective community organization that brings about changes in the community such as;

Providing an alternative path for the youth, who have a tendency to drink alcohol, smoke and use drugs, to avoid those behaviors and redirect their energies to exercise by playing futsal, dancing and painting. In addition, the Chula Niwas futsal club was established and competes with other communities.

Persuading adults who used alcohol to stop drinking through the "Stop Drinking for 3 months for Buddhist Lent" activity and to help them extend their abstinence throughout the year by declaring the community as "non-drinking".

Establishing a charity event called the Kathin Festival, as well as setting up the Chula Niwas Foundation in order to have a co-operative shop in this community.

Establishing the community as a center of all community improvement-related activities for students of Chulalongkorn University through Children's Day activities, health check-up activities and qiqong exercise activities.

Establishing outside partnerships, for instance, with members of the House Representatives, the local police station, district office, and public health center, and arranging the MahaThirarajj Day Campaign.

Motivating people to enjoy exercise by having aerobic and yoga activities and setting up an aerobic exercise team to compete with others.

Urging people to plant and eat non-tainted vegetables via the "Good Garden Good Canal" activity.

Holding moral activities on every Buddhist holiday to encourage residents to love and value the Chula Niwas community by participating in many interesting activities both at Chulalongkorn University and other organizations. Furthermore, the image of the community was improved to be shown as a strong and healthy community.

The overall outcome of the research was the improved strength and better health of the community as demonstrated in the evaluation section. Most people in this community felt that their community was better off and indicated that it was a healthier community, with about 80% residents wanting the project to be continued on an ongoing basis.

## CONCLUSIONS AND DISCUSSIONS

Several approaches were integrated into this model to establish a community organization to improve the strength and health of the Chula Niwas community. The mobilization approach compensated for the weakness of the social marketing approach by establishing the community organization step, and the social marketing approach compensated for the weakness of the social mobilization approach by utilizing the key concepts of activity design. The social product design activities using the social marketing approach were able to persuade people to change their behaviors incrementally following the stage of change model. The output of this research was able change the residents' behavior in this community in many respects, but did not reach the termination stage. The project should be continued until the community organization is able to further develop their community on their own. During this project, the research discovered that not only could the 4P's (product, price, place, and promotion) be used as a social marketing tool [2] to change behavior, but in this community, other internal and external community partnerships led to the mobilization of this community. Finally, communication tools in this study created and sustained new behaviors as expected, maintaining, consolidating and sustaining behaviors not only through community based social marketing tools [3] such as prompts, norms, regulations, incentives and message design, but also through other tools that the research used such as making space for other activities, increasing participation, repeating activities that people liked and making temporary equipment permanent.

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