

# Women Safety through Social Marketing in Present ERA

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**ABSTRACT** This paper has put effort to bring down women safety through social marketing in present era. Social marketing is playing a crucial role in India to change societal behavior and attitudes of women community. Social marketing is a branch of marketing and this is not only profit oriented marketing but also causes for societal desirable, undesirable changes. It provides various safety awareness schemes to women, like use of contraceptive thereby avoiding unwanted pregnancies, family planning, AIDS awareness, sanitary napkin use etc,. We herby, concluding that the social marketing is giving more safety to the women in current scenario and is essential.

#### Introduction

Marketing is sometimes seen as adversative to public health, but applying its principles can serve effectively to promote public health goals. This course explores how social marketing can encourage and manipulate public health behaviours, including applications to tobacco control, safer sex practices, and reductions in drunk & drive. As a marketing discipline, social marketing is consumer-orientated and promotes equally beneficial exchanges. A marketing tactics commonly involves specifying target markets and establishing a corresponding marketing mix, which is commonly broken down into four classes known as the 4Ps (i.e., product, price, place, and promotion).

Last four decades the Social Marketing is having tremendous growth in changing the behavioral pattern of people in India. The Social Marketing provides various safety and awareness to the women for the purpose of their welfare as well as family welfare. Ancient period the women did not get the awareness of the health care and also their personal problems. Here the women are affected by the Sexually Transmitted Diseases (STD), tobacco causing diseases, alcoholism etc. The Social Marketing is an effective key and full-fledgedly functioning the various safety provisions to the women. Nowadays Govt of India has taken various steps to women safety through social marketing like AIDS awareness campaign, family planning campaign, contraceptive usage campaign, etc. Tamilnadu has introduced the free rate of sanitary napkin to the poor and rural women, because their earnings are very low to the living condition. In those days women did not get the awareness about the safety provisions of women. Now the current scenario women are getting day-to-day awareness about the women safety provisions and voluntarily they have done some safety welfare through social marketing. Every company produces safety products & services to the women; create the awareness among society. These companies are reduced product or service price for the purpose of encouraging the social interest and behavioural change. UNICEF, NACO, WHO also introduced various safety provisions to the women, it gives counseling to the affected people. Social marketing try to change the society behavioural pattern in the world.

#### Women safety through Social Marketing

Social Marketing is having various safety provisions to the women in India. Now the researcher has been taken some important safety provisions of women. They are as follows:

1. Contraceptive usage

- 2. Family Planning
- 3. Sanitary napkin Usage
- 4. Tobacco Usage of Women

#### 1. Contraceptive Usage:

Over the last two decades, contraceptive use has been increasing in India. At the same time, there is a substantial unmet need for contraception. The contraceptive scenario is also characterised by the predominance of non-reversible methods, limited use of male/couple-dependent methods, substantial levels of discontinuation, and negligible use of contraceptives among both married and unmarried adolescents. It helps to the women in many ways such as unwanted pregnancies, AIDS awareness, STD (Sexually Transmitted Disease) etc. The present situation, population and unwanted pregnancies are reduced by the contraception use. Sexual women workers are getting that much of knowledge and awareness about the use of contraceptive. Every contraceptive company has also provided the minimum rate of condoms towards the people, because the people try to buy use this condom and prohibit the diseases. Government has also introduced free contraceptive scheme in every government hospitals. In India, couples effectively protected with modern contraceptive methods increased by 50% during emergency with number of purifications going over 1.7 million. However, when the intensive family planning drive came to an end, the scheme went in total disarray and collapsed as millions had suffered from it (Gwatkin 1979).

#### 2. Family Planning:

The Family Welfare Programme in India has experienced significant growth and adaptation over the past half century since its inception in 1951. During this period, financial investments in the programme have substantially increased and service delivery points have significantly expanded. Services administered through the programme have been broadened to include immunisation, pregnancy, delivery and postpartum care, and preventive and curative health care. The range of contraceptive products delivered through the programme has widened. Concern about overpopulation thus led to a variety of responses in the form of public policies and programmes involving coercive control measures (forced sterilization, for example) that have been contemplated as vehicles for reducing aggregate fertility and thereby population growth in the countries including China and India where these issues are of paramount importance. Indian central and state government has taken steps to reduce the population ratio in India. Government gives advertisements about the family planning, because India have more population den-

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sity and this country try to protect the country welfare, after the family planning scheme the pregnancies death of women is reduced. Further, the levels of unwanted fertility too have been quite high in India among all and particularly among married young women. The total fertility rate for the country as a whole was about 2.77 children per woman in 2005-6 compared to 3.36 children in 1992-3. The social marketing is working comfortable to the society through behavioural change; government is giving some special gifts encouragement and conducting the family planning awareness campaign to every rural and urban areas.

## 3. Sanitary Napkin Usage of Women

Sanitary napkin usage is a menstrual hygienic of rural and urban women in the world. They are using the sanitary napkin for their welfare and reduction of diseases. Tamilnadu state government is a pioneer of the Free Sanitary Napkin schemes to the women in the state. Tamilnadu chief minister has announced on November 3rd 2011 this schemes name is called Pudhu - Yugam, it has covered 11 - 19 age group of girls in rural and urban areas in Tamilnadu. It would be covering Government, government aided, private schools and also girls not going to the schools. One teacher in each school is a nodal teacher is giving napkins to the schools girls only. Every anganwadi workers also distributed free napkin to the uneducated girls in rural and urban areas in Tamilnadu. Health minister Dr. Vijay said the Pudhu – Yugam schemes, also government already issued as well as issuing iron tablets to the young girls at the age group of 11 - 19 in Tamilnadu, because the tablets will reduce the anaemia disease. Women prisoners also beneficiaries of the free sanitary napkin scheme for the societal change and the women who are all working and staying in women working hostel is also getting the benefits of free sanitary napkin through Village health nurses. It is also called as one of practices of women safety through social marketing in present era.

## 4. Tobacco usage of Women

Smoking harms and kills both men and women, but women face unique and even greater health risks from smoking than men. And although death rates among female smokers were previously thought to be lower than among male smokers for lung cancer, chronic obstructive pulmonary disease and other tobacco-related diseases, new proof shows that female decease rates have augmented and are now nearly identical to those of males. Researchers attribute this increase in large part to a convergence in smoking patterns among men and women since the 1960's, with women starting to smoke earlier in adolescence and smoking more heavily. Here the social marketing plays a pivotal role in tobacco products produced companies, these companies have mentioned and created awareness how the tobacco kills the women and men in their product advertisement for example smoking is injurious to health. Nowadays the tobacco product based biggest multinational companies have decided the alternative way of their business like notebook, pen, pencil, paper, healthcare products etc. Tobacco has directly affecting pregnancies women and their children in women's delivery time, hence the women should not use tobacco in their before and after the pregnancy period.

#### Conclusion

Every country has conducting various awareness rally and campaign of women's safety in the current situation. Role of social marketing to the women safety is wonderful idea, hence the article has been described some important safety provisions. Nowadays women are getting the awareness, knowledge of their health and safety. Social marketing is also contributing to the society for the societal and behavioural change. The current scenario the social marketing is performing well both men and women safety provisions in the world.

**REFERENCE** 1) Gwatkin Davidson R. 1979. Political Will and Family Planning: The Implications of India's Emergency Experience. Population and Development Review, Vol. 5, No. 1, pp. 29-59 | 2) Berelson Bernard, 1977. Path to fertility reduction: the policy cube. Family Planning Perspectives. Vol. 9. No. 5: 213-219 | 3) Madhavan, S., Adams, A., Simon, D. (2003). Women's Networks and the Social World of Fertility Behavior. International Family Planning Perspectives, 29(2), 58-68. | 4) Mahmood, N., Ringheim, K. (1997). Knowledge, Approval and Communication about Family Planning as Correlates of Desired Fertility among Spouses in Pakistan. International Family Planning Perspectives, 23(3), 122-129 & 145. | 5) Mishra, S. (2005). Secluded and Proximate Illiteracy: Comparing Situations. Social Indicators Research, 70(2), 231-242. | 6) Reddy, P.J. (1984). Differential Contraceptive Use among the Slum and Non-Slum Dwellers: A Study of Hyderabad City. Health and Population - Perspectives & Issues, 7(2): 115-128. | 7) International Institute for Population Sciences (IIPS) and ORC Macro. 2000. National Family Health Survey 2–India. Mumbai: IIPS. | 8) (http://news.oneindia.in/2011/11/03/free-sanitary-napkins/article2959861.ece) | 10) (http://news.oneindia.in/2011/11/03/free-sanitary-napkins/article2959861.ece) | 10) (http://news.oneindia.in/2011/11/03/free-sanitary-napkins/article2959861.ece) | 10) (http://news.oneindia.in/2011/11/03/free-sanitary-napkins/article2959861.ece) | 20, November 14, 2008, http://www.tdc.gov/mmwr/PDF/wk/mm5745.pdf.