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# Health marketing in an emerging market: The critical role of signaling theory in breast cancer awareness

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## ABSTRACT

In India, breast cancer is the most commonly diagnosed type of cancer among women in cities and urban areas, yet women seek medical care extremely late due to lack of awareness about self-examination. This study explores the health marketing literature via signaling theory, to uncover the unique social, economic, cultural and institutional challenges and opportunities faced by health marketers and consumers in breast cancer awareness (BCA) in an emerging economy – India. An interpretive-inductive method, alongside a grounded theory approach via focus groups with medical professionals and interviews with women is employed. Findings reveal complex challenges at national, state and community levels which impact negatively on the reputation of India's health sector. Social marketing strategies could be leveraged to raise BCA via community health activists. Propositions are suggested and a conceptual framework is developed to assist health marketers to manage BCA in an emerging economy.

## 1. Introduction

Breast cancer is the most common cancer in most cities in India, including Mumbai, Delhi, Bengaluru, Bhopal, Kolkata, Chennai and Ahmedabad, accounting for 25% to 32% of all female cancers (Breast Cancer India, 2016). In India, breast cancer is the most commonly diagnosed type of cancer for urban Indian women (Bawa, 2012; Murthy, Agarwal, Chaudhry, & Saxena, 2007). Statistics show that 70,218 Indian women died of breast cancer in 2012 and by 2020 breast cancer is set to overtake cervical cancer as the most common type of cancer among all women in India (Shetty, 2012). In Western countries, breast cancer incidence rates increase with age, unlike India, where the rate of incidence is reversed, with the highest female mortality rate occurring in those aged between 30 and 50 (Khokhar, 2012). Studies show women seek medical care extremely late due to a lack of awareness about self-examination and India's unique socio-cultural complexity (Rath & Gandhi, 2014; Shetty, 2012). Thus, women's breast healthcare in India is neglected (Khokhar, 2012). The problem appears to manifest first, from insufficient government investment in developing an effective breast cancer awareness (BCA) strategy and second, the consequences of India's rapid economic development.

Globally, "...most developing countries have pursued formal health care system strategies which give primacy to government roles in financing and delivering health services" (Berman, 1998, p. 1463).

However, for India, the task of delivering healthcare to over a billion people has proven a challenging and complex task, especially with the growing middle classes demanding higher quality healthcare services (Brosius, 2012). Healthcare in India is, at present, predominantly the responsibility of the central and state governments, each of the 29 respective states having control over delivering its own health services. However, overall control is held by the Ministry of Health and Family Welfare (hereafter MoHFW). Previous research has documented several challenges within the healthcare industry in India, including remuneration, motivation, commitment, quality, productivity, retention and training (e.g., Astor et al., 2005; Martinez & Martineau, 1998; O'Donnell et al., 2008; Sengupta & Nundy, 2005; Vujicic, Zurn, Diallo, Adams, & Dal Poz, 2004). India is also witnessing a growth in the private healthcare sector and evidence indicates that this industry will impact greatly on the economy, similar to the boom in the Information Technology-Business Process Outsourcing (IT-BPO) industry (NASSCOM, 2010). The federal budgets of 2011–16, showed on average a 10–20% rise in the health budget (federal budget speeches 2011–2016). For example, the funds from 2010 to 2011 for health rose to \$5.9bn or £3.7bn (BBC, 2011) and in 2017–18 the health budget is expected to get a \$1.5 billion, or 27%, increase in funding to around \$7 billion (Kalra, 2016). However, there is no strategic focus on women's breast healthcare (Gangane, Manvatkar, Ng, Hurtig, & San Sebastián, 2016).

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India has grown rapidly over the last decade and is poised to be the fourth largest economy at the end of this decade (Budhwar & Varma, 2010). The burgeoning economy has enabled the establishment of new business sectors, such as technology and telecommunications, as a result of an influx of foreign direct investments (Budhwar & Varma, 2010). Such contemporary industries are providing new opportunities for urban working women to benefit from international firms offering paid employment, thereby giving them economic independence (Mazumdar & Neetha, 2011). The McKinsey Global Institute report identified the significance of employing more women in the workforce; it would add an additional \$2.9 trillion to India's annual GDP by 2025 (Woetzel et al., 2015). Therefore, a healthy female Indian workforce is crucial if the country is to benefit from its demographic advantage and sustain its economy. It is imperative that the state healthcare sector in India delivers; it needs to transform itself into a sustainable high performance entity with a reputation for delivering quality breast cancer healthcare underpinned by effective use of social marketing campaigns. Signaling theory (ST) has been found to be valuable for describing actions when two parties have access to different types of information (Connelly, Certo, Ireland, & Reutzel, 2011a; Connelly, Ketchen, & Slater, 2011b). For example, the sender may select or signal some information whilst the other party, the receiver, may choose how to interpret the signal. Previous researchers have explored ST in a health policy context to assess the effect of health messages on the signaler (Miech et al., 2015; Simaens & Koster, 2013). Further, scholars such as Schedler (1999) have argued that within the process of accountability of healthcare providers, trust can be built via a two-way dialogue rather than a one-way transmission of information by signaling that decision makers are interested in the views and well-being of patients. In an emerging country context where ST was used, Mumtaz, Levay, Bhatti, and Salway (2013) suggested that in Pakistan where inequities persist, asymmetry in healthcare provision messages were linked to complex patterns of maternal healthcare use. Also, among South African adolescents, exposure to positive and negative signaling communication, when it came to the appropriateness of the use of condoms, was related to existing social norms (Boer & Mashamba, 2007). Thus, the main objective of this study is to utilize signaling theory:

*to identify the unique social, economic and cultural challenges and opportunities faced by health marketers and consumers in raising BCA in an emerging economy such as India.*

To accomplish this, the study adopted an interpretative-inductive exploratory methodology alongside a grounded theory approach. Data was collected from key BCA healthcare professionals practicing in the state healthcare sector, the MoHFW and women in India. The participants were experts in cancer care whose experience enabled them to identify the distinctive challenges faced by breast cancer services in an emerging economy context. Further, the specialists were uniquely positioned to pinpoint opportunities for health marketers to produce effective marketing awareness activities because of their professional interactions with those women (consumers) most at risk of breast cancer. Extant medical research and public health literature attest to the value of an individual expert's opinion when grouped within a heterogeneous crowd of other experts (Galesic et al., 2015; Mackey & Bassendowski, 2017). The validity of this approach is supported by Jorm (2015) who suggested that diversity of expertise can produce valuable insights into the phenomena under investigation because the expert's personal experience will enhance and inform the findings. Further, data was gathered from urban working Indian women to produce robust insight from the target group most at risk. The methodological strength of this study is the heterogeneity of expert opinion collected via focus groups that produced in-depth qualitative data addressing the research objective (Krueger & Casey, 2014; Zikmund, Ward, Winzar, Lowe, & Babin, 2014). The current study utilizes a grounded theory approach where the data generated, developed

and substantiated a theoretical framework via the lens of ST in the context of an emerging economy (Walsh et al., 2015).

In terms of contribution, our study revealed (through an empirical qualitative investigation) and confirmed opportunities as well as complex challenges within BCA at national, state and community levels. The study also identified the negative impact the lack of BCA is having on India's healthcare sector and where social marketing strategies could be leveraged to improve BCA in such an emerging nation. We suggest several ways in which BCA could be effectively managed through health marketers and other relevant stakeholders.

The structure of the paper begins with a discussion of the theoretical grounding of the study followed by a review of extant literature. The research methodology and analysis of results are discussed and presented in a series of tables outlining the challenges and opportunities facing India, as well as health marketers and consumers, in raising BCA. Next, through the lens of ST, the study develops several propositions and advances a conceptual framework which contributes to effective social marketing in an emerging economy. Finally, the limitations of the study are outlined and future research directions discussed.

## 2. India's healthcare sector: an emerging economy context

Rapid developments in the Indian economy after its liberalization in 1991 have prompted the World Bank to forecast that India will become the world's fourth largest economy by 2020 (Budhwar & Varma, 2010; Sufaira, 2016). A country of more than one billion people, comprising many cultures, languages and religions, India was predicted in 2016 to surpass China as the fastest growing economy, impacting business operations and practices (Budhwar & Varma, 2010; Racherla, Huang, & Liu, 2016). The richness of India's natural resources and plentiful labor force has led many Western firms to internationalize in an attempt to capture the country's rising numbers of middle class consumers (Brosius, 2012; Chen, Chittoor, & Vissa, 2015; Jha & Singh, 2016). Although public-private partnership (PPP) is emerging to deliver a more holistic healthcare system, the majority of people in India still rely on the state for their primary healthcare.

The right to health is integral to the right to life and therefore the Indian government has a constitutional obligation to provide health facilities. For example, failure of a government hospital to provide a patient with timely medical treatment is in violation of the patient's right to life. Similarly, on several occasions, Indian courts have confirmed the state's obligation to maintain health services more efficiently (Chakraborty & Chakraborti, 2015). Legally, the Constitution of India incorporates provisions guaranteeing everyone's 'right to the highest attainable standard of physical and mental health' (Constitution of India, 1950). Article 21 of the Constitution guarantees protection of life and personal liberty to every citizen. The Supreme Court of India held the right to *live with human dignity* (which is enshrined in Article 21 and derives from the principles of state policy), should be extended to the protection of an individual's health (Jain & Khetrpal, 1950). Recent initiatives in India suggest the government is recognizing its own limitations in women's healthcare and has begun to partner with private players to provide affordable services to the underserved (Saxena, 2015). For example, the central government has entered into partnership with not-for-profit non-government organizations (NGOs) such as The Pink Initiative, which seeks to raise awareness about breast cancer via a range of communication channels and events. Literature supports the motive of PPPs to introduce efficiency into developing healthcare systems because it reduces pressure on the public budget, a positive outcome for an emerging economy like India (Mukhopadhyay, 2011). This study identifies the opportunities and challenges that emerge through its emerging economy status to provide effective BCA. ST is applied to examine the state's success in meeting its obligation to provide breast healthcare by exploring its reputation (effectiveness) for delivering quality BCA messages.

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