

Community dermatology

Social marketing self-esteem: a socio-medical approach to high-risk and skin tone alteration activities

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Abstract

This paper proposes social marketing as a tool to build individual self-esteem and thus prevent the uptake of activities that pose risk to health. Evidence supporting this approach can be drawn from pioneer social marketing campaigns of the last 30 years that successfully addressed the prevention, treatment and stigmatization of skin cancer and leprosy with a fraction of the communication and media tools available today. Focusing primarily on the practices of skin tanning and lightening, this paper builds on studies that validate the ties between self-esteem and behavior, and addresses popular conceptions of skin color as drivers for individual behavior.

Introduction

This paper encourages the development of public health campaigns designed to enhance self-esteem, and proposes social marketing as their primary mechanism. Studies have shown that some people engage in harmful behaviors to attract attention or enhance social acceptance. Focusing primarily on the practices of skin tanning and lightening, the proposed approach aims to eliminate the impetus for health-threatening activities by enhancing feelings of individual self-worth. It draws evidence for its success from studies that validate the ties between self-esteem and behavior, as well as various social marketing programs that have addressed dermatological issues in diverse contexts. Many media campaigns, such as smoking cessation and drunk-driving programs, have addressed socially motivated high-risk behaviors by elucidating their dangers. Yet few have ever promoted self-esteem as a way to preclude their uptake. By confronting the root causes of these issues and inviting the participation of a diverse cadre of professionals and fields, such an approach could prove more effective and efficient than others.¹

Self-esteem theory and behavioral motivation

Countless studies have examined the ties between self-esteem and behavior, showing self-esteem to be a primary determinant of individual decision-making. Research suggests a direct correlation between self-esteem and psychological state, aligning low self-esteem with challenges,

including excessive substance use and depression.² To bolster self-esteem, individuals often engage in behaviors they feel will reduce the possibility of rejection and facilitate social acceptance. Most people will repeat behaviors reinforced by others, yet many reinforced behaviors also pose a risk to personal and public health.³

Although applicable to various public health and social efforts, the benefits of enhanced self-esteem pertain acutely to skin tanning and lightening. Health and social science research suggest that popular perceptions of beauty, color stereotyping and color-driven power dynamics motivate skin tone alteration among many, especially vulnerable youths.⁴ Skin tone alteration offers ways to enhance self-esteem by changing one's appearance, yet also threatens health through skin cancer and permanent hyper- and hypo-pigmentation among other conditions.⁵⁻⁷ Interventions that bolster self-esteem could reduce the appeal of these behaviors by making people feel better about their natural appearance, and consequently removing the perceived benefit of a harmful dermatological activity.

Support for this approach can be drawn from the "Look Good, Feel Good" theory of dermatology, which highlights the therapeutic value of self-esteem enhancement in dermatological practice.⁸ The theory posits that people who feel good about their appearance feel better about themselves, allowing them to accept disease with greater confidence and make more positive decisions as a result. Conversely, evidence shows that the appearance of skin disease sufferers often instigates fear or anxiety in others, resulting in infrequent social contact, feelings of

stigmatization and lowered self-esteem among many.^{9,10} In response to these trends, programs like “Look Good...Feel Better” have taught cancer survivors beauty techniques as a way to boost their self-esteem and facilitate their recovery.¹¹ The success of this and similar programs illustrates how positive self-image can overcome feelings of rejection, and reinforce that self-esteem building improves individual and community health decision-making.

Social marketing

Social marketing is a tool that uses the concepts of commercial marketing to create positive social change. It is founded on the idea that media can shape popular perceptions and, thus, promotes positive behavior change by marketing ideas instead of products. Its effectiveness is drawn from multifaceted and context-driven strategies that integrate research and evaluation into consistent marketing efforts.¹²

In 1980, the Anti-Cancer Council of Victoria launched a social marketing campaign named “Slip! Slop! Slap!” to decrease the incidence of skin-related diseases by reducing popular sun exposure in Australia. High ambient UV radiation levels within a predominantly fair-skinned population had given Australia one of the highest incidences of skin cancer and associated mortalities globally. In response, the Anti-Cancer Council of Victoria launched “Slip! Slop! Slap!” a health-focused social marketing campaign that encouraged people to “*slip* on a shirt, *slop* on sunscreen and *slap* on a hat” when outdoors. To make the program’s message easily recognizable, it was delivered through a jingle, which had been adapted from a similar Queensland Cancer Fund campaign, and a mascot, “Sid the Seagull”, depicted in protective sunglasses and often seeking shade. The program also coupled its message with skin cancer interventions in workplaces, schools and leisure settings, while regularly adapting its approach based on data regarding its effectiveness. “Slip! Slop! Slap!” ran for close to a decade and reduced the incidence of basal-cell and squamous cell carcinomas across Australia. Its strategy was to change individual behavior by changing popular perceptions of the sun, and its success evidences that strategy’s effectiveness.^{13,14}

In 1990, the Sri Lankan Ministry of Health, in collaboration with Leprosy Relief Emmaus Switzerland and the Ciba-Geigy Leprosy fund, launched a social marketing campaign to promote multidrug therapy (MDT) use among leprosy sufferers. Initial market research showed that popular opinion considered leprosy frightening, incurable and extremely infectious. In response, the campaign promoted two messages: (i) do not fear leprosy; (ii) seek and comply with leprosy treatment. It utilized all

forms of media and famous television actors to explain that leprosy was indeed curable with early treatment. It also developed a logo to facilitate campaign recognition, and largely tailored its message to the values of young adults – the population most amenable to change and likely to influence the opinions of others. Moreover, the campaign regularly collected data on the popular reception of its messages and changed its approaches accordingly. To promote treatment, the Ministry of Health offered all leprosy-related MDT free of charge, and gave medical professionals additional training in leprosy diagnosis and treatment. In addition, the campaign buttressed its marketing efforts with free health education for teachers, clergy and traditional healers, including week-long leprosy treatment instruction in remote areas without television or radio access. After less than one year, statistics showed an increase in leprosy self-reporting and a 150% increase in case detection.¹⁵

Discussion

In order for any public health campaign to affect systemic change, it must achieve three objectives. First, it must be proactive. It should address the impetus and perceptions that drive health-risk activities and aim to replace them with ones that promote beneficial change. Second, it must make its “product” or intended outcome desirable to diverse audiences. It should use research-driven media interventions to communicate messages that are attractive, clear and adaptable. Third, a successful campaign must make its product accessible. It should use a multilateral approach that includes making diverse and affordable services widely available.

To address the behaviors of skin tanning and lightening, messages like “Natural is Beautiful” could build self-esteem and supplant the harmful beliefs that drive them. The campaign’s slogan is proactive. It targets low self-esteem as an impetus for harmful dermatological treatments, and builds confidence with the idea that people should feel good about the way they look naturally. Moreover, the campaign offers beauty – a widely desirable product – through a slogan that is simple and adaptable to various populations and data findings. To enhance its marketing effectiveness, the campaign could even incorporate celebrity spokespeople, beautiful images from nature or memorable musical accompaniment. Lastly, the campaign is free and requires no external services, thus its product is accessible. It lends itself to multilateral contributions, yet could maintain its core message in diverse contexts.

A social marketing campaign to promote self-esteem also stands to engender financial and societal benefits over time. Communities will surely benefit from members who

increasingly appreciate themselves, their talents and health. Moreover, successfully enhancing self-esteem could reduce government and private expenditures associated with drug and alcohol use, crime, and academic failure among others.² If society's well-being depends on that of its citizens, then citizens with high self-esteem stand to create societies of personally and socially responsible individuals.

Conclusions

Social marketing campaigns designed to build self-esteem offer a proactive approach to health-threatening behavior by addressing behavioral impetus. If low self-esteem helps drive the uptake of high-risk and socially costly activities, then campaigns that address it stand to yield greater and more diverse successes than others. Meanwhile, the successes of former public health social marketing campaigns illustrate the effectiveness of systems that advance positive beliefs to reduce health-risk activities. By promoting self-esteem, public health interventions can better address skin tone alteration and other behaviors while empowering communities to improve themselves.

Acknowledgment

The author is grateful to Professor Terence Ryan for asking him to develop the theme of social marketing while studying Medical Anthropology in Oxford, and for providing insights into the relevant literature.

References

- 1 (2010/11/09) National Institute for Health Migration and Poverty | Dermatological Care for All: "A Basic Human Right". Available at: <http://www.inmp.it/index.php/eng/Congresses-and-Training/NIHMP-EVENTS/Dermatological-care-for-all-A-basic-human-right>. (Accessed December 9th, 2010).
- 2 Mecca AM, Smelsner NJ, Vasconcellos J. *The Social Importance of Self-esteem*. Berkeley: University of California Press, 1989.
- 3 Denscombe M. Uncertain identities and health-risking behaviour: the case of young people and smoking in late modernity. *Br J Sociol* 2001; 52: 157-177.
- 4 Spencer MB. Crafting identities and accessing opportunities post-Brown. *Am Psychol* 2005; 60: 821-834.
- 5 Hillhouse JJ, Turrisi R, Kastner M. Modeling tanning salon behavioral tendencies using appearance motivation, self-monitoring and the theory of planned behavior. *Health Educ Res* 2000; 15: 405-414.
- 6 Olumide YM, Akinkugbe AO, Altraide D, et al. Complications of chronic use of skin lightening cosmetics. *Int J Dermatol* 2008; 47: 344-353.
- 7 Levine JA, Sorace M, Spencer J, Siegal DM. The indoor tanning industry: a review of skin cancer risk, health benefit claims, and regulation. *J Am Acad Dermatol* 2005; 53: 1038-1044.
- 8 Ryan TJ, Kaur V. Privacy and display – issues of good practice for dermatologists. *Int J Dermatol* 1997; 36: 2-9.
- 9 Jobling R. Psoriasis and its treatment in psycho-social perspective. *Rev Contemp Pharmacother* 1992; 3: 339-345.
- 10 Link BG, Phelan JC. Stigma and its public health implications. *Lancet* 2006; 367: 528-529.
- 11 (2011/01/11) Look Good...Feel Better | Look Good...Feel Better NCI Cancer Centers' Web Conference. Available at: <http://americancancersociety.adobeconnect.com/p87159831/?launcher=false&fcsContent=true&pbMode=normal>. (accessed January 11th, 2011).
- 12 (2010/07/12) Social Marketing Institute | Social Marketing. Available at: <http://www.social-marketing.org/sm.html>. (accessed July 12th, 2010).
- 13 Montague M, Borland R, Sinclair C. Slip! Slop! Slap! and SunSmart, 1980-2000: skin cancer control and 20 years of population-based campaigning. *Health Educ Behav* 2001; 28: 290-305.
- 14 Pearce J, Barnett R, Kingham S. Slip! Slop! Slap! Cutaneous malignant melanoma incidence and social status in New Zealand, 1995-2000. *Health Place* 2006; 12: 239-252.
- 15 Brown W. Can social marketing approaches change community attitudes towards leprosy? *Lepr Rev* 2006; 77: 89-98.