Theories and Models in Social Marketing

Theories and models for social marketing abound, with little formal consensus on which types of models for what types of social problems in what kinds of situations are most appropriate. In defining what social marketing is, many authors include the notion of exchange theory to link it to its marketing roots (e.g., Kotler & Roberto, 1989; Lefebvre & Flora, 1988; Novelli, 1990). Other writers on the subject omit any mention of exchange theory, either in their definition of social marketing or its key elements (e.g., Andreasen, 1995; Manoff, 1985). Elliott (1991), in a review of the exchange concept's place in social marketing, concludes that "[it] is either absent or obtuse" (page 157). Added to this confusion are other authors who refer to a "social marketing theory" (Gries, Black & Coster, 1995; Tomes, 1994).

While authors such as Lefebvre & Rochlin (1997) and Novelli (1990) recognize the value of the exchange concept in describing social marketing, both hold open the idea that many other theoretical models may be applied in the actual development of social marketing programs. "Marketing is theory based. It is predicated on theories of consumer behavior, which in turn draw upon the social and behavioral sciences" (Novelli, 1990, p.343). In fact, this is what happens in the practice of social marketing. However, Walsh, Rudd, Moeykens & Maloney (1993) have noted that "professional social marketers tend to be broadly eclectic and intuitive tinkerers in their use of available theory (p. 115)." So while a review of theoretical models used in social marketing seems

relevant to advance the field, it is also speculative as well. Many social marketers do not

report on their work in professional journals or at conferences, and of those who do, only

a few focus on the theoretical models that impacted their judgments on selection of target

audiences, questions posed during formative research studies, strategies selected, how

program elements were selected and developed, what outcomes were intended and how

they were measured.

The theories selected for review reflect the author's own experience and interaction with
a broad array of social marketers and social marketing programs. The theories also
reflect a public health bias in that most social marketing programs in this field are usually
designed by people with advanced degrees in social and behavioral science advancing
public health goals – not by people with training in other fields such as business
management or economics or focusing on other issues (environment, education, justice,
for instance). As a benchmark, a review of the most commonly used theories and models
in 497 health education/health promotion articles over a two-year period found that the
health belief model, social cognitive theory, theory of reasoned action, community
organization, stages of change and social marketing were the most frequent cited ones
among the 67% of cases where theories or models were mentioned at all (Glanz, Lewis &
Rimer, 1997, p. 29). While this review highlights the most commonly used theories
among health educators, it is not necessarily reflective of which theories are utilized in
social marketing programs. Given the caveats expressed earlier, this chapter will focus
on the more commonly mentioned theories and models in social marketing programs
including: health belief model, the related theory of reasoned action,, social cognitive
theory, the transtheoretical model of behavior change (or "stages of change"), diffusion of
innovations and an overview of other models/theories mentioned or used in specific
contexts.

Health Belief Model (HBM)

As noted above, this is one of the most widely used theories among public health

practitioners, and many of its major tenets have found their way into numerous social

marketing projects. HBM was originally designed to explain why people did not

participate in programs to prevent or detect diseases. The core components of HBM
include:

♦ Perceived susceptibility: the subjective perception of risk of developing a particular
   health condition.

♦ Perceived severity: feelings about the seriousness of the consequences of developing
   a specific health problem.

♦ Perceived benefits: beliefs about the effectiveness of various actions that might
   reduce susceptibility and severity (the latter two taken together are labeled "threat').

♦ Perceived barriers: potential negative aspects of taking specific actions.

♦ Cues to action: bodily or environmental events that trigger action.

More recently, HBM has been appended to include the notion of self-efficacy as another
predictor of health behaviors – especially more complex ones in which lifestyle changes
must be maintained over time (Strecher & Rosenstock, 1997). A wide variety of
demographic, social, psychological and structural variables may also impact an
individual's perceptions and, indirectly, their health-related behaviors. Some of the more
important ones include educational attainment, age, gender, socioeconomic status and
prior knowledge.

HBM has been one of the more empirically studied theoretical models. A 1984 review of this research (Janz & Becker, 1984), conducted across numerous health and screening behaviors (for example, receiving flu shots, practicing breast self-examinations, using seat belts, attending screening programs), found not only substantial support for the model, but that the "perceived barriers" component was the strongest predictor across studies and behaviors. Among studies that looked at sick-role behaviors (such as compliance with medication regimens, self-help behaviors among people with diabetes), "perceived benefits" proved to be the strongest predictor of engaging in health behaviors. As social marketers make choices about the theoretical models they use in their program, this finding of different predictors of different types of behaviors needs to be heeded so that a particular theory or model is not misapplied.

For social marketing research and practice, HBM becomes a salient theoretical model when addressing issues for "at risk" populations who may not perceive themselves as such. Issues of fear- or anxiety-arousing messages often take place within the context of increasing perceived threat. The HBM components of barriers and benefits seem to be common issues addressed by many social marketing programs, especially in price and placement decisions. And finally, though the less researched of all the components, the "cues to action" component is another piece of HBM many social marketing programs attempt to address either explicitly or implicitly.

Theory of Reasoned Action (TRA)

TRA organizes itself around the constructs of behavioral and normative beliefs, attitudes, intentions and behavior. An extension of TRA, the Theory of Planned Behavior (TPB) adds the additional construct of self-efficacy – one's perceived control over performance of the behavior. In TRA, the most important predictor of subsequent behavior is one's intention to act. This behavioral intention is influenced by one's attitude toward engaging in the behavior and the subjective norm one has about the behavior. Attitude, in turn, is determined by one's beliefs about both the outcomes and attributes associated with the behavior. Subjective norms are based on one's normative beliefs that reflect how significant referent people apprise the behavior – positively or negatively. Referents may range from one's family, to one's physician, peers or models. The TPB adds the additional construct of perceived behavioral control that is determined by one's "control beliefs" (the presence or absence of resources and impediments to engage in the behavior) and "perceived power" – the weighting of each resource and barrier.

In their review of TRA and TPB, Montano, Kasprzk and Taplin (1997) "cannot stress enough the importance of conducting in-depth, open-ended elicitation interviews to identify the behavioral outcomes, referents, and facilitators and constraints that are relevant to the particular behavior and population" (p. 109). These elicitation interviews are conducted in the early planning stages of the project and usually include 15-20 participants equally divided between those currently or planning to engage in the behavior and those that are not. They note that TRA/TPB provide a framework for these

interviews that programs should focus on to ascertain what beliefs should be the focus of intervention efforts.

Social marketers often employ TRA and TPB, although it is most often implicit and incomplete. Subjective norms and referents, for example, are often the focus of social marketing programs (such as teen tobacco use prevention) even though the theoretical model may not be familiar to the planners. While we see great attention given to this half of the TRA "equation", one rarely sees the same level of concern given to how to change the attitudes toward the behavior itself. One exception was the "5 A Day for Better Health" program (Sutton, Balch & Lefebvre, 1995) where formative research discovered that the target audience perceived people who ate 5 servings of fruits and vegetables a day as less capable, dependable, gentle and friendly than themselves. This insight helped the program planners design and develop materials that could counter these negative attitudes as they fashioned the image of the program.

Social Cognitive Theory (SCT)

SCT explains behavior in terms of triadic reciprocality ("reciprocal determinism") in which behavior, cognitive and other interpersonal factors, and environmental events all operate as interacting determinants of each other. In contrast to the previous theoretical models, SCT explicitly recognizes that behavior is not determined by just intrinsic factors, or that an individual is a product of their environment, but that he/she has an

influence on what they do, their personal characteristics, how they respond to their environment, and indeed, what their environment is. Changes in any of these three factors are hypothesized to render changes in the others.

One of the key concepts in SCT is an environmental variable: observational learning. In contrast to earlier behavioral theories, SCT views the environment as not just one that reinforces or punishes behaviors, but it also provides a milieu where one can watch the actions of others and learn the consequences of those behaviors. Processes governing observational learning include:

- Attentional: gaining and maintaining attention

- Retention: being remembered

- Production: reproducing the observed behavior

- Motivational: being stimulated to produce the behavior

Other core components of SCT include:

- Self-efficacy: a judgment of one's capability to accomplish a certain level of performance.

- Outcome expectation: a judgment of the likely consequence such behavior will produce.

- Outcome expectancies: the value placed on the consequences of the behavior.

- Emotional coping responses: strategies used to deal with emotional stimuli including psychological defenses (denial, repression), cognitive techniques such as problem restructuring, and stress management.

- Enactive learning: learning from the consequences of one's actions (versus observational learning).

- Rule learning: generating and regulating behavioral patterns, most often achieved through vicarious processes and capabilities (versus direct experience).

- Self-regulatory capability: much of behavior is motivated and regulated by internal standards and self-evaluative reactions to their own actions.

SCT is viewed as one of the more comprehensive efforts to explain human behavior (Baranowski, Perry & Parcel, 1997).   Its focus on reciprocal determinism and self-efficacy (the latter, as we have seen, has been adopted by other theoretical models as well) give social marketers a strong theoretical base from which to launch environmental interventions that complement individually-focused ones such as with the Team Nutrition program for 4th graders (Lefebvre, Olander & Levine, 1999). A major finding of this research project was that it was the number of different channels through which children were exposed to Team Nutrition messages, rather than any particular component, that

was most predictive of self-reported behavior change. SCT also reminds program planners to assess the audience's perception of their ability to perform the desired behavior, the anticipated consequences of that action, and the value they place on that consequence. The theory also underlies many attempts to model new behaviors for our target audience, and that attention, retention, production and motivational processes must all be addressed for effective learning and performing of new behaviors.

The Transtheoretical Model of Health Behavior Change

This model, popularly known as "stages of change", has become one of the more often used models in social marketing programs. Although this model was being applied by social marketing programs in the early 1990's to increase physical activity levels of community residents (Marcus, Banspach, Lefebvre, Rossi, Carleton & Abams, 1992), its incorporation by Andreasen as the theoretical model for *Marketing Social Change* (1995) no doubt has influenced its adoption by many social marketing practitioners.

The model emerged from an analysis of leading theories of psychotherapy and behavior change in which ten distinct processes of change were identified. These processes then suggest certain types of interventions that will be most appropriate for moving people through six specific stages of change. Some of the processes identified by Prochaska and Vilicer (1997) include:

♦ Consciousness raising: increases awareness of the causes, consequences and cures for a problem behavior. Feedback, education, confrontation and media campaigns are possible intervention modalities.

♦ Self-reevaluation: uses assessments of one's self-image with and without a particular unhealthy behavior. Value clarification, healthy role models and imagery techniques can help people move evaluatively.

♦ Social liberation: increases the social opportunities or alternatives especially for people already relatively deprived or oppressed. Advocacy, empowerment techniques and policy changes are procedures that can be used to meet these goals.

♦ Helping relationships; combines caring, trust, openness, acceptance and support for health behavior change. Strategies such as relationship building, counselor calls and buddy systems can be sources for such support.

The most popular and utilized aspect of the model are the stages themselves. They include:

♦ Precontemplation: people are not intending to take action in the foreseeable future, usually measured as the next six months.

♦ Contemplation: people in this stage indicate that they are planning to take action (change behavior) within the next six months.

♦ Preparation: here people indicate that they will take action in the next month and have a plan of action.

♦ Action: at this stage, people have made specific behavioral changes within the past six months.

♦ Maintenance: people in this phase are working at preventing relapse and use many of the processes described earlier to help them maintain their changes. This phase lasts anywhere from 6 months to 3 years.

♦ Termination: is described as "the stage in which individuals have zero temptation and 100% self-efficacy (Prochaska & Velicer, 1997, p.39)." People in this stage are sure they will not return to their old behavior or habit.

Other concepts in the model include decisional balance (weighing the pros and cons of changing), self-efficacy, and temptation (the role of negative affect or emotional distress, positive social situations and craving). What the model attempts to drive home to social marketers is that relatively few members of a target audience are ready for action-oriented programs, and that more time and energy needs to be directed to moving people out of the earlier stages in which they are "stuck" through attention to other processes

(e.g., consciousness raising, social liberation). The research of Prochaska, Velicer and others indicates that people utilize specific processes in specific phases, and that generally speaking, experiential processes (consciousness raising, environmental reevaluation, self-reevaluation and dramatic relief) are most appropriate for people in the precontemplation and contemplation stages. People in the action and maintenance phases are more likely to use behavioral processes such as contingency management, helping relationships, counterconditioning and stimulus control. Matching interventions to the stage a person is in then becomes a critical factor in the effectiveness of the program to lead to behavior change.

Prochaska and Velicer also report on a series of 12 studies looking at how "pros and cons" change as people progress through the stages for a variety of health behaviors. In all cases, the "cons" clearly outnumber the "pros" for changing for people in the precontemplation phase. By the time one is in the contemplation phase, the number of "pros" has increased and surpassed the number of "cons" – which have not changed. Moving from contemplation to action requires that the number of "cons" begins to decrease while the "pros" remain steady or even increase slightly more. The mathematical relationships between "pros and cons" lead the authors to conclude that "pros" must increase twice as much as the "cons" decrease to move someone from precontemplation to action. The implication for social marketers is that perhaps twice as much effort should be spent raising the benefits for change as on reducing perceived costs and barriers.

Diffusion of Innovations

What should be one of the more important models for people who are attempting to influence the behavior of large groups of people is diffusion of innovations. Kotler and Roberto (1989) review diffusion of innovations research and its application to social marketing programs. One of the first points they make in this discussion is that there are different types of adopters in every target audience that, based on hundreds of different studies, usually are represented in certain proportions and have unique motivations for adopting a new behavior. These five adopter segments and their motives are:

♦ Innovator (2.5%): need for novelty and need to be different

♦ Early Adopter (13.5%): recognize the value of adoption from contact with innovators

♦ Early Majority (34%): need to imitate or match up with others with a certain amount of deliberateness

♦ Late Majority (34%): need to join the bandwagon when they see that the early majority has legitimated the change

♦ Laggard (16%): need to respect traditions

In other work, Rogers (1983) has gone into great detail as to how these five segments differ with respect to demographics, communication patterns and other variables.

A second group of diffusion of innovation concepts centers around the determinants of diffusion's speed and extent (Oldenburg, Hardcastle & Kok, 1997). Some of these attributes include:

♦ Relative advantage: is the new behavior better, easier, simpler than what they currently do?

♦ Compatibility: does the new behavior fit into the audience's lifestyle, cultural/ethnic beliefs and practices, self-image?

♦ Trialability: can the behavior be tried before making a final commitment?

♦ Communicability: can the behavior be understood clearly and easily?

♦ Risk: can the behavior be adopted with minimal risk and uncertainty?

Rothman, Teresa, Kay and Morningstar (1983) provide the best integrated discussion of how diffusion research influenced the development of a social marketing campaign directed at community mental health workers. Some of their theoretical concerns – that then led to empirical investigations – centered on the notion of "reference group appeals." In their case, the question was how to position the offering: should the benefit be a bureaucratic or agency one (e.g., more efficient operations), a professional one (e.g., improve knowledge and skills) or a community/client one (e.g., it's in their best interest). Their review of diffusion research – especially in organizational settings – led them to quickly conclude that the last appeal (community/client) was likely to be the least effective of the three. As a consequence, they focused their project on the other two.

Rothman et al also looked at the varying effects of high-intensity, "personal selling" approaches to diffusion/marketing contrasted with a low intensity, "mass communication" one. In their analysis of cost vs. utilization (adoption) patterns, the authors concluded that "…for half the cost, the low-intensity approach resulted in twice the amount of high utilization" (p. 222).

Diffusion of innovations research and concepts offer a tremendous amount of insight for social marketers to use in designing their programs, yet we see very little active discussion of it in social marketing circles (e.g., Andreasen, 1995 does not index the term). Diffusion of innovations has many "big" ideas that, when they meet constrained budgets and short time horizons, may receive short shrift. Basic to the notion of adopter segments, for example, is the implication that you start with one or two segments (innovators and early adopters) and only when adoption is successful with them do you move to the "bigger numbers." Phased approaches over time are often impossible to plan and implement when priorities change and budgets contract and expand with little warning. Yet, other concepts related to how to make adoption happen more quickly and efficiently can be applied in most contexts with minimal impact on resources. As was mentioned at the beginning of this section, the diffusion model is one of the few population-focused ones available to social marketers. While the point can be made that "ultimately" behavior change happens on a individual-by-individual level, diffusion research suggests that there are processes available to us to manage wide-spread behavior change and not leave it to chance (c.f., Redmond's discussion of the diffusion of the adoption of nonsmoking, 1996).

Other theories and models

As was noted at the beginning at this chapter, there are few guides as to what theories and models many social marketers use in planning and implementing social change programs because not enough is written about that aspect of their work. However, several segmentation studies have suggested other possible theories and models, applications of social marketing in non-traditional settings offer another, and on-going social marketing projects focused on specific health behaviors have developed their own models based on their research findings and experience.

Morris, Tabak & Olins (1992) reported on a segmentation analysis of prescription drug information-seeking motives among the elderly. These authors utilized the health belief model, information-seeking research (usually subsumed under the transactional model of stress and coping; see Lerman and Glanz, 1997), information processing models, consumer involvement models, and a typology for consumer motivation. Slater & Flora (1991) reviewed data from the Stanford Five-City Project and identified seven healthy lifestyle segments. Their theoretical approach to segmentation included social cognitive theory, the health belief model, and the theory of reasoned action. In an extension of this work to Hispanic audiences, Williams & Flora (1995) also noted the use of several concepts drawn from the fields of anthropology, advertising research and communications literature.

Murray & Douglas (1988) have examined the role social marketing could play in the

alcohol policy arena. Their analysis of the many potential ways social marketing could

be used in helping to shape social policies about alcohol (and to other issues as well)

brings to light the political science and public opinion research and theories that could

also be employed in designing certain social marketing projects.

 A number of large-scale social marketing programs were conducted in community

settings in which community organization theories played a role in program development

and implementation. Some examples include the Stanford Five-City Project (Farquhar,

Maccoby & Solomon, 1984) and the Pawtucket Heart Health Program (Lefebvre, Lasater,

Carleton & Peterson, 1987). McKee (1992) discusses several different programs that

have combined social marketing with social mobilization strategies; Lefebvre (1990) has

outlined how social marketing can be used to facilitate institutionalization, or long-term

sustainability, of community-based programs; and Bryant and colleagues (1999) have

combined community organization theories and social marketing principles into a

"Community-Based Prevention Marketing" model. As many social marketing programs

are developed by state and local agencies, we can expect that even more work along these

lines will help push our understanding of how to effectively engage and leverage "the

community" to achieve social change objectives.

Piotrow, Kincaid, Rimon & Rinehart (1997) summarize their 25 years of work in

reproductive health and family planning overseas. They have developed a theoretical

framework, based on their experience, termed "Steps to Behavior Change (SBC)." As

they describe it, the SBC "is an adaptation of diffusion of innovations theory and the input/output persuasion model, enriched by social marketing experience and flexible enough to use other theories within each of the steps, or stages, as appropriate (p. 21)." The five major stages include knowledge, approval, intention, practice and advocacy, each with three "steps" subsumed under it (e.g., can name family planning methods and/or sources of supply, approves of family planning, intends to consult a provider, chooses a method and begins family planning use, and advocates practice to others). Other theoretical models they mention include social cognitive theory; theory of reasoned action; social influence, social comparison and convergence theories; theories of emotional response; and the cultivation theory of mass media.

Conclusion

Trying to depict what theories and models social marketers use in designing and implementing programs is a daunting task. Social marketers who have advanced degrees, and thus have studied "theories," may be using this knowledge in an *a priori* fashion to influence decisions from what problem to tackle, how to segment audiences, what program objectives should be, which target audiences to choose and how to characterize them, what questions to ask in formative research activities, how to develop program strategies and tactics, which ones to choose, how to go about developing and testing them, how to organize and manage the implementation/distribution process, which message may beat resonate with the target audience, what benefits and barriers are most in need of attention, and how do we best promote our messages, products and services (to

list just a few key decision points). My suspicion in that in 20% of cases this is a conscious process. To go back to Walsh et al (1993), who conducted more than 30 interviews with leading social marketers, one of their conclusions was that "professional social marketers tend to be broadly eclectic and intuitive thinkers in their use of available theory."

Another disquieting finding is that there is little understanding of when social marketers are using "theory", "models", or the results of specific research studies. There is also the question of whether they know what is a "theory" versus a "model." While there are indications of models ascending to theory status (for example, people referring to "diffusion theory" or "stages of change theory"), what appears to be happening is that social marketers are more "model-based" (stages of change being the most popular at this particular moment) and that there is some theory (model)-creep (i.e., one model or theory is applied regardless of whether the situation or previous research supports its application).

 When behavior change theories are employed, they are used in a context of changing an individual's behavior. Although this objective is a bottom-line focus for many social marketers, the promise of social marketing over other approaches to social change is its overall focus on influencing population groups to achieve social change objectives. Yet, aside from the diffusion of innovations model, we see no evidence of "population-based" theories and models being reflected in social marketing literature or discourse.

Behavior change is a complex process and there are dozens of theories and models to choose from to meet social marketing objectives. Too much attention seems to be given to individual theories of change in the published literature. Social marketing is not an alternative to individual behavior change strategies, but a process to increase the prevalence of specific behaviors among target audiences (Lefebvre, Lurie, Goodman, Weinberg & Loughrey, 1995). Social marketers need to expand their knowledge and use of divergent theoretical frameworks as the situation dictates. Winett (1995) demonstrated one approach to integrating social marketing constructs with behavioral theories. In examining the "4Ps," he argued that various theories might be most appropriate for thinking through each component.

Variable	Theory
Product	Diffusion theory
	Stages of change
Price	Behavior analysis
	Social Cognitive Theory
Promotion	Theory of Reasoned Action
	Health Belief Model
	Protection Motivation Theory
	Social Cognitive Theory
	Behavior Analysis
Place	Public Health
	Ecological

In his discussion of this integrative approach Winett also notes that most of the behavioral theories seem to focus predominantly on the "Promotion" elements of the marketing mix. His suggestion, and one echoed here, is that perhaps more attention needs to given to theoretical models that might add insight to other elements of the marketing process and marketing mix.

Social change is an enormous undertaking and to paraphrase a graduate advisor, "The one with the biggest toolbox wins." Using multiple theories and models that fit or explain the behavior and situation one is challenged with, including not only the ones discussed here, but also motivational theories to inform message development, social networks theories to inform message dissemination, organizational development and business-to-business marketing models to inform coalition and partnership development and management, political theories and agenda-setting research to inform policy initiatives, cross-cultural theories to inform international social marketing efforts, among others, are what the profession of social marketers needs to aspire to be to meet both the personal and social goals of "doing good."

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