

## HOW SOCIAL MARKETING INFLUENCES BEHAVIORAL CHANGE

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### ABSTRACT

In this paper we attempt to explore and describe some of the ways social marketing practices and instruments have been used to influence behavioral change. Social marketing is being observed as an approach that is increasingly being used to achieve positive impacts on the behavior of individuals and groups, and to help sustain these over time. As social marketing is being increasingly scrutinized by researchers, communities, businesses and institutions in fields such as policy-making and social change to aid them attain behavioral changes, our main purpose in this article is to present some of the aforementioned evidence brought up by previous researchers trying to establish effective practices social marketing approaches should implement in order to achieve desirable behavioral results. This paper is explorative in nature and focuses on the important role social marketing principles and practices play in fueling behavioral change and achieving behavioral goals. We also discuss some of the barriers social marketing models face as well as recently developed social marketing frameworks such as strategic social marketing and community-based social marketing. Throughout our exploration we are reminded social marketing's main goal is to introduce and absorb financial marketing's principles, tools, instruments and techniques in order to influence a target group's behavior in a wide range of areas such as health care, environment and education with the aim of benefiting society as a whole.

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**JEL Classification:** *M31, I15, P46*

### 1. Introduction

Social marketing is a relatively recently developed “technique” aimed at introducing ideas and tools mostly applied for commercial purposes, generally by business sector agents, to advance social achievement that benefits individuals and communities alike (Sargeant, 1999). The main impetus fueling the development of social marketing frameworks and instruments in various sectors for reasons other than financial gain is driven by the philosophy that properly addressing “social needs” and “social empowerment” may and should involve the use of business or financial marketing tools to raise such issues and channel the necessary attention, funding, practices and instruments that offer alternative solutions to them. However, this may also

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represent the main problem (Sargeant, 1999): Do social needs attract the same amount of attention as for-profit products do?

This issue has been raised as early as 1952 by G. D. Wiebe (Kotler&Zaltman, 1971). He brought up the issue by asking a simple comparative question: “Why can’t you sell brotherhood like you sell soap?” The comparison intended to highlight the differences in success rates and effectiveness achieved by commodities’s sellers compared to advocates of “social change”. The former are generally more successful at achieving their objectives compared to the latter. Wiebe further advanced his idea suggesting that, the more the social campaign resembled financial marketing campaigns, the more its chances of success rise (Kotler&Zaltman, 1971). He concludes that the reason standing behind the “failure” of social agents in delivering the desired outcomes for their agendas is the unproper or total lack of implementation of business and marketing tools in such causes (Kotler&Zaltman, 1971).

Nevertheless, the concept has expanded. Marketing is no longer a for-profit financial tool exclusively used for making businesses more profitable and raising shareholders’s revenues. Even though social marketing has “survived” the original critique and scepticism associated with the drift of marketing practices and tools in fields other than business and services, it still faces a multitude of challenges. As Andreasen (1994) has stated, nowadays, many practitioners and scholars view social marketing as a viable and productive subject for investing further research efforts, teaching and practice. He also mentions the importance that concept has gained in several social areas such as “education marketing” or “healthcare promotion”. He further states that many authors believe social marketing can have a major impact on society’s vast range of social issues and problems (Andreasen, 1994). However, this impact will be seriously compromised if the technology isn’t applied correctly or if the areas it is implemented are not suitable for these practices. Andreasen further agrees that it is reasonable to precisely define the areas social marketing ideas, concepts and practices should be held accountable for in order to evaluate its legitimacy.

Other authors have tried to emphasize ethical issues raised in social marketing practices (Eagle, 2004). Her research is particularly focused in the British National Healthcare sector and she has identified a great range of issues concerning social marketing techniques and campaigns in this specific sector with implications beyond as well. The author states that among the most influential issues in social marketing are those that raise ethical issues which especially relate to targeting. This means that a particular segment within a targeted population risks being excluded or underserved for various reasons, including: marginalization, because they are difficult to cooperate with or costly to reach. Exclusion of groups due to targeting may also be challenged when public services are required to provide universal and equal access (Kotler&Zaltman, 1971). However, even when services are designed to be universal, as is the case with the British National Healthcare Service, there are issues with target populations, especially problems with package or service coverage of target-groups, or regional differences in quality of services provided. Among the ethical issues in targeting identified are: literacy issues, children, non-indigenous populations and migrants, methods, partnerships, fear, humour, incentives and penalties as well as the role of culture in establishing ethical standards (Eagle, 2004).

## 2. Ethics in social marketing

As social marketing's "success rate", is defined by the advancement of the general social good, and is delivered or may be delivered by policy-makers, leaders or service providers, the concept and the theory standing behind it are inevitably linked to the presence of specific ethical issues involving their efficiency. French, (2010) argue that the main purpose behind social marketers' activity, their *raison d'être*, is to contribute towards the general social good. According to the authors, the government's intervention to secure its citizens' welfare and the attempt to remove barriers faced by individuals and groups so that they can maximize their chances of fulfilling their potential, are simultaneously seen positively or with scepticism. Either assumption can be viewed as ethical or even noble in the face of it; however, at the same time, both can face accusations of moderate to severe forms of government intervention and market restrictions.

In a study into the ethics of social marketing are identified three main areas of concern (Laczniak et al, 1979). Those include:

- 1- Social marketing is a two-edged sword that is perceived to have major beneficial elements and effects, but it contains the potential to cause considerable ethical controversies as well.
- 2- The accountability of social marketers will be a major societal concern, but the initiation of professional licensing or governmental review of such activity would be undesirable or immature.
- 3- Judging social marketing from an ethical standpoint appears to be difficult because of the difficulty in separating the ethics of applying marketing techniques to social ideas and programmes from the ethics of the ideas themselves.

Other researchers Donovan & Henley (2003) focus on a consequentialist versus non-consequentialist philosophy of ethics. The advocates of the consequentialist theory follow a utilitarian approach in which the ethical choices should be weighed in favor of the production of the greatest good for the largest amount of people. On the other hand, non-consequentialist ideologies avoid quantifying results to generate the definition of the "productive", "beneficial" and "good". They support the idea that some actions are intrinsically socially profitable and good.

In conclusion, many ethical questions have been raised regarding social marketing. The ethical dimension is one of the principal major issues concerning social marketing, mainly because of its sensitive social nature. As social marketing theory and practice deals with choices in social settings and is mostly concerned in delivering socially beneficial outcomes, ethical issues can not be avoided as they naturally evolve when practitioners and professionals are faced with multiple choices carrying various risks, especially when individuals' or group's interests within target sections are reorganized or subordinated.

## 3. Social Marketing in healthcare

When discussing social marketing's role in the healthcare sector, most scholars argue that its main objective is to introduce marketing strategies promoting public health. Marketing "social goals, benefits and objectives" is essential in the healthcare sector because of the positive effects such techniques can generate when applied properly or the devastating effects brought by their

absence or improper exploitation. Campaigns promoting a healthy living, warnings and education against risky behaviors (such as smoking, abusing with stimulant and addictive substances, unprotected sexual intercourse, etc.), brochures about flu symptoms, etc., are all examples of “marketing” instruments used in the healthcare sector. Education and mass public sensibilization have been major channels for the transmission of messages and the advancement of social marketing goals in the healthcare sector. Even though their effectiveness has been thoroughly scrutinized with contradictory results, there is a general tendency to focus on education and massive health promotion (mostly through the media) as the most effective social marketing instruments in this field.

Evans (2006) has focused his attention in addressing how social marketing techniques work and how they are applied to health. According to him, social marketing is widely used to influence health behavior. Social marketers, now, generally use a wide-range of health communication strategies and channels, including: mass media, mediated, interpersonal and other modes of communication as well as marketing techniques and methods such as: message placements in hospitals and clinics, dissemination, promotion and community-level outreach. He also describes how communication channels of health information have changed in recent years and decades, from a single trajectory flow (one-way dissemination) of information to a multimodal transactional model of communication. He illustrates this theory by stating that: “Social marketers face challenges such as increased numbers and types of health issues competing for the public’s attention; limitations on people’s time; and increased numbers and types of communication channels, including the internet. A multimodal approach is the most effective way to reach audiences about health issues.”

The main target of social marketing campaigns in the healthcare sector is changing people’s behaviors, risky habits and unhealthy practices, mostly by educating them about the harms they are facing if such behaviors are repeated continuously or if the necessary measures are neglected. In conclusion, social marketing in the healthcare sector uses commercial marketing strategies such as audience segmentation and branding to change health behavior. It is an effective way to change health behavior in many areas of health risk (Evans & McCormack, 2008). An important role is attributed to doctors, who are responsible for reinforcing social marketing messages during their direct and indirect contact with patients.

#### **4. Social marketing’s main tool: education**

The importance of learning and education has evolved along with the market’s needs for skills, jobs and professions, as well as technical and technological proficiency. Focusing on social marketing’s role on the education sector would not be exclusively reliable, as the concept of social marketing per se stresses the importance of educating and advising “consumers” of public programmes in the choices they make. Therefore, education has been conceived by many authors as a principal tool used by social marketing professional and practitioners. MacFadyen et al. (1999) focusing on the functional definition of social marketing have stated that: “a social marketing campaign or programme contains the following elements: I) a consumer orientation, II) an exchange and III) a long-term planning outlook.

According to them as social marketing applies financial marketing’s principles, it cannot occur unless there are two or more parties, each with something to exchange provided both are able to carry out distribution and communication. As such an exchange takes place and behavioral

change remains the main objective of the social marketing “expert”, he/she would be required to deliver resonating messages to the other part. However, other authors Montazeri, (1997) refrain from praising social marketing as the solution of problems in various sectors. Focusing in the healthcare field, he argues that at best, social marketing should be viewed as a tool rather than a solution for health education and health promotion’s problems.

## 5. Social marketing and behavioral change

The main driving force behind the use of social marketing instruments is guiding behavioral change Hayworth-Perman and MailaKuehave identified eight strategies used to motivate behavior change, including:

1) Showing the consequences of risky behavior, 2) Showing consequences of risky behavior on others, 3) Using publicly celebrated figures and people with consolidated reputation, 4) Empowering people to take personal responsibility, 5) Appealing to an intervener to affect the situation, 6) Casting kids to get more attention, 7) Using guerrilla marketing tactics, and 8) Engaging partners, stakeholders and the main beneficiaries and target-groups of social programs in the conversation.

Most scholars believe social change, however, cannot be delivered as fast as a simple marketing message targeting mostly audiences’s visual and other perceptual senses. Social change campaigns require other elements to induce reflection, influencing behavioral change, in order to be considered successful. Robinson (2009) emphasizes how terms like “social marketing” and “community-based social marketing” have become highlights and are treated with magical reverence in the fields of health and sustainability promotion, as they were the long-awaited solutions to complex environmental, social and health problems.

The author further argues that marketing change is not the same as marketing brands as it is about convincing people do things they are uncomfortable with, don’t want or cannot do. According to him; problematic social, health and environmental behaviors are firmly fixed in place by a powerful matrix of institutional, technological and social factors. He favors the idea that many behaviors are simply not “modifiable” by voluntary change. Therefore, following this logic, effective laws and regulations, strong social norms and financial incentives or penalties, would leave very little room for personal factors to affect behavior decisions.

“Information-intensive campaigns are usually based on one of two perspectives on behavior change. With the first, program planners assume that by enhancing knowledge of an issue, such as global warming, and encouraging the development of attitudes that are supportive of an activity, such as using mass transit, behavior will change. Unfortunately, a variety of studies have established that enhancing knowledge and creating supportive attitudes often has little or no impact upon behavior” (McKenzie-Mohr, 2013).

## 6. Conclusions

Social marketing applies commercial marketing strategies, techniques and instruments to promote social good and augment social change as a reflection of the accomplishment of the desired and expected social good. Smith & Strand (2009) claim: “Social marketing represents a unique system for understanding who people are, what they desire and then organizing the

creation, delivery and communication of products, services and messages to meet their desires while at the same time meeting the needs of society and solve serious social problems.”

Social marketing has been mainly applied in fields such as education, environment, addressing social problems and special needs, and especially healthcare. No consensus is shared by the academic community regarding the effectiveness of social marketing in attaining its thought-influencing and behavioral change goals. Despite some successes in various health campaigns, it is worth noting that several other crucial factors such as financing, political support, target-community characteristics and educational levels, play a pivotal role in preventing or fueling social marketing’s effectiveness in most areas.

## References

1. Andreasen, A. R. (1994). Social marketing: Its definition and domain. *Journal of public policy & marketing*, 108-114.
2. Donovan, R. J., & Henley, N. (2003). *Social marketing: Principles and practice* (pp. 57-90). Melbourne: IP communications.
3. Eagle, L. (2009). Social marketing ethics. NSMC. Retrieved from <http://www.nsmcentre.org.uk/component/attachments/NSMC-Publications/Social-Marketing-Ethics>.
4. Evans, W. D. (2006). How social marketing works in health care. *Bmj*, 332(7551), 1207-1210.
5. Evans, W. D., & McCormack, L. (2008). Applying social marketing in health care: communicating evidence to change consumer behavior. *Medical Decision Making*, 28(5), 781-792.
6. French, J. (2010). *Social marketing and public health: Theory and practice*. Oxford University Press.
7. Julie Hayworth-Perman, Partner&MailaKue, 8 strategies to motivate behavior change: social marketing the Brogan way, <http://www.brogan.com/files/Social-Marketing-Whitepaper.pdf>
8. Kotler, P., & Zaltman, G. (1971). Social marketing: an approach to planned social change. *The Journal of Marketing*, 3-12.
9. Laczniak, G. R., Lusch, R. F., & Murphy, P. E. (1979). Social marketing: its ethical dimensions. *The Journal of Marketing*, 29-36.
10. McKenzie-Mohr, D. (2013). *Fostering sustainable behavior: An introduction to community-based social marketing*. New society publishers.
11. Montazeri, A. (1997). Social marketing: a tool not a solution. *Journal of the Royal Society of Health*, 117(2), 115-118.
12. Morris, Z. S., & Clarkson, P. J. (2009). Does social marketing provide a framework for changing healthcare practice?. *Health Policy*, 91(2), 135-141.
13. Robinson, L. (2011). The Problem with Social Marketing. Why You Can’t Sell Change Like Soap.
14. Sargeant, A. (1999). *Marketing management for nonprofit organizations*. Oxford: Oxford University Press.
15. Smith, W. A., & Strand, J. (2009). *Social marketing behavior: A practical resource for social change professionals*. Washington, DC: Academy for Educational Development (AED).