Social Marketing and Public Health: 
A Literature Review

Jing Huey Chin a,*, Shaheen Mansori b

Abstract
The objective of the current paper is to provide the concept of social marketing and public health through the intensive literature review. This study focuses on the discussion and justification regarding the social marketing and public well-being. It explains the integration between these two disciplines through the literature review. Given that, this research illuminates an individual’s perceptions regarding public health awareness and disease early diagnosis using social marketing approach. Considering this, Theory of Planned Behaviour, Social Cognitive Theory, Protection Motivation Theory and Health Belief Model are applied to understand the behavioural change and intention towards the intended healthy behaviour. Furthermore, Model of Communication is used to ensure an effective communication process and the target audience decodes the intended healthy behaviour message.

ARTICLE INFO
Article History
Submitted 16 Feb 2018
Accepted 30 Apr 2018
Available online 20 May 2018

JEL Classification
M30

Keywords
Social Marketing
Theory of Planned Behaviour
Social Cognitive Theory
Protection Motivation Theory
Health Belief model
Health Conscious
Early Prevention Behaviour

*SCorresponding Author:
victoria.chin44@gmail.com

Author(s) retain copyright of the submitted paper (Please view the Copyright Notice of JMMCB).
1. Introduction

Over the intervening 20 years, the society worldwide is facing severe unfavourable health behaviour. Voluminous researches reviewed the decline in health concern and ineffective social marketing campaigns in promoting healthy behaviour. Additionally, the education systems less emphasise in promoting health awareness especially in developing and under developed countries. Stressful working conditions and hectic lifestyles have significantly contributed to the rise of health issues among the city dwellers. Hence, these issues have prompted social marketers seek to create awareness and motivate behavioural change for social good.

Health behaviour theories have been widely used for decades to understand and enhance the health-related behavioural studies and programmes (Bilir & Ozcebe, 2014; Chen, Liu, & Chuang, 2015; Soraghan, Thomson, & Ensor, 2016). However, recent studies suppressed that very little conceptual framework is reported about public health social marketing, for example, scarce of physical activities, vaccinations, illicit drugs, injury and violence preventions (Domegan et al., 2016; Krutkowski, 2017; Kubacki, Rundle-Thiele, Pang, & Buyucek, 2015; Schmidt, 2013). Accordingly, the impact of diseases towards the individuals is still far under researched. Therefore, the purpose of this study is to provide the researchers a better platform of literature review in predicting a person’s intended behaviour that contribute towards the understanding of behavioural change.

To further identify a person’s perceptions and subsequently, to motivate an intended healthy behaviour, Theory of Planned Behaviour, Social Cognitive Theory, Protection Motivation Theory and Health Belief Model are used in this research. By utilising these literature reviews, a person’s attitude can be better predicted. In addition, the researchers will be able to further understand the cognition process, encourage the person by explaining the benefits accrued from healthy behaviour and eventually, reach to the target audience using the Model of Communication.
1.1 Social Marketing

Definition of Social Marketing

Social marketing can be traced back to the source of marketing, which is referred as a specific sub-area that is long rooted in marketing mainstream. For example, religious marketing and industrial marketing (also known as business-to-business marketing (B2B)) are also sub-areas of the marketing (Gavra, Constan, Taru, & At, 2016; Kartal, Tepeci, & Atlı, 2015). Therefore, social marketing is defined as the marketing tools implementation in a community or society. Yet, the salient difference between social marketing and all other sub-areas of marketing is that, social marketers’ objectives are the wellbeing of the society whilst other marketers’ aims are stakeholders’ maximum wealth (Duane, Domegan, McHugh, & Devaney, 2016; Schmidt, 2013).

With that being said, marketing techniques have been widely applied in every business and concurrently, showing success of this technique used (Birosacak et al., 2014; Key & Czaplewski, 2017). In this sense, marketing applications have been utilised by the social marketers and social change practitioners in social marketing campaigns to accomplish common good. Reflecting this, if proper marketing techniques are being used, it could be summarised that marketing is more than just a tool bag to conduct social wellbeing for the community (Donovan and Henley, 2010; Przhedetsky et al., 2017).

The early incarnation of social marketing was defined as “the design, implementation and control of programmes calculated to influence the acceptability of the social ideas and involving considerations of product planning, pricing, communications and market research” (Kotler and Zaltman, 1971, p. 5). Likewise, social marketing also termed as “the adaptation and adoption of commercial marketing activities, institutions and processes as a means to induce behavioural change in a targeted audience on a temporary or permanent basis to achieve a social goal” (Dann, 2010, p. 151). Generally, the quoted sentences explained that social marketing is the marketing applications used to accomplish socially desirable goals, rather than commercial profit or achieving particular organisational goal.

On the other hand, it is aptly captured on the saying that “social marketing is the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programmes designed to influence the voluntary behaviour of target audiences in order to improve their personal welfare and that of their society” (Andreasen, 1995, p. 110). This explanation was argued that the term of “voluntary” was inconsistent in the individual
behavioural change. Given that, the definition was further extended and revised as: “social marketing is the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programmes designed to influence the voluntary or involuntary behaviour of target audiences in order to improve the welfare of individuals and society”.

To our best knowledge, social marketing focuses in both enhancing desirable social change and countering undesirable social change. Little knowing on the undesirable side, social change can be occurred from the negative or devastating effects. Due to the changes of economy and technology such as the case of drug abuse and hazardous chemical usage in Australia and United States, it became detriment to the entire society’s wellbeing (Hughes, Bolar, & Kennison, 2016; Pilgrim, Dorward, & Drummer, 2017; Stewart, Cao, Hsu, Artigiani, & Wish, 2017; H. Zhang et al., 2017).

In essence, social marketing encapsulates the marketing techniques and practices in pursuit of social good rather than commercial gain. Social marketing distinguishes itself from the marketing mainstream with its own “marketplace”. This could be illustrated that social marketers need to understand who is their target audience and which society category they should target per se. Reflecting this point, it is a necessity for social marketing to parallel with marketing literacy as well as proper usage of marketing tools in social marketing campaigns. Subsequently, behavioural change position could be enhanced and eventually, achieves desirable social good (Cates, Diehl, Crandell, & Coyne-Beasley, 2014; Cherrier & Gurrieri, 2014; Nolan & Varey, 2014).

History of Social Marketing and Its Development

Back to the origins of social marketing, it was developed and established from public education campaigns for its primary main purpose of social change in 1930s. Kotler and Roberto (1989) reported that governments had been trying to educate and influence the society towards health related interventions and early disease preventions. In 1940s, social marketing concept was developed comprehensively and finally was applied in United States in anti-smoking campaigns, cardiovascular disease, HIV/AIDS campaigns, illicit drugs abuse and many more. Never cease evolving, social marketing was more intensively applied particularly in developing countries during 1970s. In the ensuing years, social marketing has been constituted progressively and focused more on public health related campaigns such as obesity, breastfeeding, healthy diet intake and injury preventions.
Today, throughout all the effort exerted, social marketing has been featured prominently among academia and society (Domegan et al., 2016; Krutkowski, 2017; Kubacki et al., 2015; Schmidt, 2013). Given that, social marketing researches exhibited robust evidence in the success influence of health related behavioural change (Anda & Temmen, 2014; Duane et al., 2016; Gregory-Smith, Wells, Manika, & Graham, 2015; Hall, 2016; Haq, Cambridge, & Owen, 2013).

In the case of public health aspect, retrospective and prospective researches suppressed that social conditions are the influential factors in influencing overall public health and the individual’s health. Hence, understanding in depth of social marketing and behavioural change is necessary for the social good for both individuals and the community.

**Social Marketing in Health and Wellbeing**

Most recently, majority parts of the globe are characterised by the economic turbulence and drastic social change such as employment redundancy, high living standards and hectic lifestyles. Give that, these situations directly influence citizens’ income and governments’ cost reduction on funding to non-governmental organisations (NGO), public health associations and subsequently, affects social well-being in the society.

Against these backdrops, public health experts expressed that the consequences of social upheaval have entitled the increase of health related issues in the society. For instance, due to the workload and the sedentary living styles, many researches revealed the decline in the exercising frequency and early disease precautions (Leyk, Witzki, Willi, Rohde, & Ruther, 2015; Mannion, Muller, Rolli, Tamcan, & Elfering, 2015; Mcguire, Seib, & Anderson, 2016). These outcomes showed significant rise of diseases and cancer morbidity rates globally. Consequently, challenges showed to occur for social change practitioners to assume and predict the attitudes and behaviour of the individuals.

As noted above, social change practitioners might not be expert in communicating and transferring the information regarding behavioural change in an effective way. Being the major contribution to the behavioural change in current society, social marketing is able to narrow the gap by integrating and facilitating social change through many methods such as developing social marketing campaigns, particularly in creating awareness and adopting into a new desired behaviour (Lindgreen & Di Benedetto, 2017; Salo, 2017). Best social marketing does not mean the best social marketing programs or campaigns, but the best use of marketing techniques to achieve the desired goals through these programs.
Viewed in this light and it becomes clearer that, social marketing is considered a success only if, the target audiences “buy” the message, say aware of importance of disease prevention. As such, social marketers need to position the benefits of early precaution to the target audiences; demonstrate to them on how they can adopt this new behaviour without undue effort; and show them the favourable outcomes of the behaviour adoption.

In contrast, misinterpretation of social marketing primary goals and inappropriate application of marketing techniques have been constraining its effectiveness in shackling away from the traditional marketing silo. In other words, scholars’ studies showed few emphases on the conceptual framework regarding public health issues and little reports on the impact of the perceived severity of diseases (Kubacki et al., 2015; Domegan et al., 2016). Subsequently, many questions arouse with social marketing’s legitimacy and thus, misleading some of the social marketers to be confused with the concept and misuse marketing techniques.

In conclusion, social marketing is the key role in understanding the target audience’s behavioural change, positioning the health awareness in them and eventually, to achieve social good. Given that, the literature review below provides intensive insights to predict a person’s intention in adopting a health awareness behaviour.

2. Literature Review

2.1 Theory of Planned Behaviour

Recent published articles have been proposed that Theory of Planned Behaviour (TPB) is widely used in deriving the likelihood towards a person’s intended health related behaviour. Accordingly, it is evident that TPB is generally applied in the context of public health social marketing. The profound application of TPB has significantly contributed to the policy makers, non-governmental organisations (NGO), social marketers and academia through the social marketing approach in the society. Back to the root of this theory, TPB is the extension version of Theory of Reasoned Action (TRA), with the addition of third core factor, perceived behavioural control. The theory has been enhanced and renamed as the reasoned action approach by Ajzen and Fishbein (1985).

In order for public health social marketing to have better prediction towards the target audiences’ behaviour, it is crucial to identify the psychological determinants that influence a person’s in engaging a healthy behaviour. For clearer view point, TPB is used to explain the health related behaviour from the predictor (intention); and the intention is determined by three core constructs: attitude towards the behaviour (behavioural beliefs), subjective norms
(normative beliefs) and perceived behavioural control (control beliefs). In fact, voluminous social change scholars share a common belief that, the best prediction of a person’s health related behaviour is by understanding his/her intention from the core constructs towards the suggested behaviour (S. Kim, Kim, & Nam, 2017; Livi, Zeri, & Baroni, 2017; Röttger et al., 2017).

**Figure 1**
Social Marketing Behavioural Change Model (SMBCM)

Aligned with the scholars’ belief, Figure 1. above clearly illustrated the importance of predicting the intention in order to determine the development of a behaviour. As mentioned earlier, there are three core constructs that directly influence the behavioural intention of a person: attitude, subjective norms and perceived behavioural control.

TPB is well-known in the social marketing behavioural context to identify social cognitive factors that could influence a person’s intended behaviour. To further understand the first construct (attitude towards the behaviour), it explains that a person will more likely to perform a disease early diagnosis when he/she has a favourable “feelings/evaluation” towards the suggested behaviour and vice versa (H. Kim, Kim, & Nam, 2017; Mazloomymahmoodabad, Navabi, & Ahmadi, 2017; Rahmati-Najarkolaei et al., 2017). In this sense, effective social marketing approach is needed to alter the target audience’s existing perceptions and reposition a new favourable attitude (disease prevention awareness) that influences the person’s intention towards an early diagnosis behaviour (Esposito, van Bavel, Baranowski, & Duch-Brown, 2016; Mangla & Singla, 2017).

Secondly, subjective norms explain that a person is susceptible to the influence of external parties’ supports such as family members, friends and community. With the approval, agreement or support gained from the external parties, the person is more likely to carry out
the suggested behaviour. As such, the influencer’s opinion resides in the fact that it is the key role in strengthening a person in engaging an early precaution or dissuade him/her from unhealthy behaviour (Röttger et al., 2017). Likewise, advice or opinion from health experts in the health care industry significantly contribute to the impact of subjective norms towards a person’s behavioural change in going for disease prevention check-up (Shi, Wang, & Zhao, 2017; Thorlton, 2015). Thus, the more individual is adopting a healthy lifestyle, the more other people will try to emulate.

According to TPB, perceived behavioural control (control beliefs) represents a person’s perception on his/her self-ability to execute the healthy behaviour. Past experience of a person towards the adoption of an intended behaviour plays a significant part in shaping his/her control beliefs (Han & Hyun, 2017; Yadav & Pathak, 2017). In short, control beliefs relate to a person’s self-efficacy, the possible hurdles or obstacles, and the expectancy of success to engage into early diagnosis behaviour. Additionally, external resources or information in promoting the disease early precautions and the benefits accrued after adopting this favourable behaviour plays an influential factor as it is generally derived by observing the outcomes of others (AL-Dossary, 2017; Ho, Lwin, Yee, & Lee, 2017). Hence, a person will be motivated and more likely to overcome his/her perceived behavioural control when he/she believes that he/she possess reliable information regarding the specific disease diagnosis and, without undue effort to foster into this precaution behaviour.

2.2 Social Cognitive Theory

Social Cognitive Theory (SCT), the extension version of social learning theory, was developed by Bandura in 1977. It has been widely used to understand human’s behavioural change particularly in the health related field. By utilising SCT, human’s behaviour could be motivated and able to maintain the healthy habits. SCT shows the emphasis in maintaining a certain favourable behaviour as every newly cultivated behaviour faces the risk of reverting back if it is not properly practised. According to SCT (Figure 2), there are three main factors which are conducted as a reciprocal triadic determinism: person (cognition), behaviour and environment (Clark & Zimmerman, 2014; Ko, Turner-McGrievy, & Campbell, 2014; Wallin et al., 2018).
In the personal factors, self-efficacy is illustrated as an individual’s ability to overcome his/her self-belief and perform the early prevention behaviour. To strengthen self-efficacy, it can be influenced by four determinants: performance accomplishments (social modelling), vicarious experience (mastery experience), verbal persuasion and physiological states.

As for behavioural factors, an individual will be motivated by outcome expectations if he/she perceives that a similar reward (able to prevent a disease from happening) will be derived by imitating other party’s behaviour. Environmental factors (family members’ supports/convenience during the process to go for check-up) can also either motivate an individual to go for disease early diagnosis or hindering him/her from engaging into this suggested behaviour. Furthermore, SCT takes account of an individual’s past experience as it acts as an influential component that could influence his/her motivations, reinforcements and expectations to execute into early precaution behaviour. Generally, SCT takes into the consideration of social influence towards healthy behaviour including both internal and external social reinforcement in the process of adopting and maintaining a healthy habit (Ahn et al., 2016; Naslund et al., 2017; Scullin, Le, & Shelton, 2017).

Given that, to be motivated and execute the disease early diagnosis behaviour, a person needs to have the knowledge about the benefits accrued from the intended behaviour. In addition, his/her goal (wants to stay healthy) needs to be parallel with the outcome expectations (able to prevent a specific disease) as this alignment will synergise an increase in that person’s self-
efficacy and thus, more likely to perform this healthy behaviour (Lee, Jeong, Ko, Park, & Ko, 2016; Lough, Pharr, & Geurin, 2016; Zechner, Gill, Zechner, & Gill, 2016).

As it has been acknowledged that health related social marketing’s goal is to create, promote and maintain healthy behaviour in the society, SCT is the major contribution in all these factors as it provides intensive understanding in human behavioural change (Paech & Lippke, 2017; Patterson, Umstattd Meyer, Beaujean, & Bowden, 2014; Smith, 2016).

2.3 Protection Motivation Theory

Protection Motivation Theory (PMT) was originally developed by R. W. Rogers in 1975. This theory was based on the fear arousal or fear appeal from the behavioural learning theory. However, in 1983, Rogers further modified and revised it in the form of more persuasive communication. As such, PMT encapsulates that physical, psychological and social threats will stimulate the people’s responses to protect themselves.

Today, PMT is frequently applied in the health issues to understand the responses of the people involved. There are two main appraisals in PMT: threat appraisal and coping appraisal. Based on PMT, threat appraisal comprises perceived severity and perceived vulnerability (Bui, Mullan, & McCaffery, 2013; Ghahremani, Faryabi, & Kaveh, 2014; Williams, Rasmussen, Kleczkowski, Maharaj, & Cairns, 2015). Perceived severity can be illustrated as the possible seriousness if an event occurs. With perceived severity, social marketers or health expertise can explain to the target audience on the possible negative impact from the preventive diseases. Similarly, perceived vulnerability refers to probability of someone to get a certain disease if the person does not adopt the early diagnosis behaviour.

One the other hand, coping appraisal encompasses response efficacy and self-efficacy. To explain further, response efficacy is the effectiveness in preventing a disease on a person after adopting a healthy behaviour (early precaution behaviour). As for self-efficacy, it states a person’s ability and belief to overcome his/her own control and thus, performs the suggested behaviour. Mindful of all, PMT is mainly applied in social marketing health related context as this theory motivates a person to execute healthy behaviour and explains the effectiveness in preventing the threat of a diagnosed illness (Devlin & Dillard, 2016; Menard, Bott, & Crossler, 2017; L. Zhang et al., 2015).
2.4 Health Belief Model

Health belief model (HBM) was developed by U.S. public health service departments in 1950s to investigate the reasons of an individual does or does not leap into action on disease prevention. During 1970s, HBM became one of the first among behavioural science theories and it is widely applied in the health related researches nowadays.

Overall, HBM refers to an individual’s perceptions towards the perceived risks concerning a disease, the benefits over barriers for taking prevention and the influential stimulations of leaping into action (Y. J. Kim & Yoon, 2017; Lynch & Jackson, 2018; Siddiqui, Ghazal, Bibi, Ahmed, & Sajjad, 2016). To further support this model, the core constructs are (1) perceived severity, (2) perceived susceptibility, (3) perceived benefits, (4) perceived barriers, (5) cues to action and (6) self-efficacy.

Perceived severity (perceived seriousness) refers to an individual’s belief towards the impact of the severity from a disease such as affecting his/her routine life or work. Reflecting this view point, HBM posits that if a person perceives the possible disease is getting worse, and it might affect his/her physical activities or emotions stability; Also, supported by PMT above, saying that if a health specialist advises the person regarding the possible seriousness of the preventive disease, he/she most likely will engage into the early diagnosis behaviour to reduce its severity.

As for perceived susceptibility (perceived vulnerability), it is interpreted as the risk of developing a disease on a person. If the person perceives that he/she is susceptible to a particular disease, that person will highly likely prompt to action to reduce the risk of developing the disease and vice versa (Das E.M., 2014; Lipman & Burt, 2017; Salari & Filus, 2017; Wang, Wu, & Lau, 2016).

In HBM, perceived benefits act as one of the main proximal contributors to the health behaviour change. This can be explained from the perspective of an individual’s value appraisal in adopting into suggested behaviour. Given that, if the individual sees the efficacy of benefits accrued from the recommended prevention behaviour, he/she most likely will carry out this behaviour.

On the other hand, perceived barriers are the attitudes conceived in preventing a person from adopting or pursuing a desirable healthy behaviour such as going for a body check-up or disease screening. Therefore, if the perceived barriers outweigh perceived benefits, it will cease the person from performing the healthy habit. Based on HBM, cues to action is
necessary in leading or triggering a person to leap into action. When a person feels discomfort, pain (internal perspective) or supported by his/her friends and family members (external perspective), he/she is prompted to execute the related disease diagnosis. As being the most well-known among health behaviour theories, HMB is used in a wide range of health issue context and illness diagnosis programmes.

2.5 Model of Communication

Communication is essential in transmitting information to the receiver (target audience), particular in health related social marketing. The Model of Communication (MOC) plays an integral role in providing the right public health message to the right target audience to share the same understanding in order to motivate the receiver to engage a healthy behaviour. Thus, social marketers and social change practitioners need to understand in detail about the communication process to reduce the noise.

MOC flow starts with a source (sender, a person/group), trying to go through the entire communication process to reach to the receiver (Dobele, Fry, Rundle-Thiele, & Fry, 2017; Lim & Ashing-Giwa, 2013). A source can be a social marketer trying to communicate with the target audience about the benefits gained by going for regular body check-up.

During the communication process, social marketers need to encoded the message (coding process) through pictures, words or symbols, representing the same intended message and deliver to the target audience. Early experimental studies have shown that a more persuasive coded message such as the benefits obtained from early disease precaution is more likely to encourage the target audience to carry out the intended healthy behaviour.

It is a crucial and challenging process for social marketer to select an appropriate communications channel (transmission media) because the coded message might reach to the wrong target audience (Dobele et al., 2017; Guidotti, 2013). Given that, effective coding process (encoding) is necessary to ensure the health intention message is delivered and decoded in the exact same meaning as intended by the target audience.

During the decoding process, if the receiver does not decode the intended message exactly the same as what it supposed to be, noise begins. According to MOC, noise is interpreted as a distortion that hinders and reduces the accuracy of the communication. With noise exists, health related social marketing campaigns might face challenges in positioning the healthy ideas or concepts into the target audience. To further clarify, common noise that occurs in social marketing is inappropriate marketing tools and techniques are applied during health
campaigns. Furthermore, cultural barriers and differences among nations, social believes and myths highly influence the message encoded from the social marketing campaigns as well. In addition, as the campaigns target a wide range of audience, it is inevitable that certain individuals misinterpret the information.

Subsequently, it is important for social marketers to select an appropriate channel that suits the encoded message with minimal noise. To ensure the effectiveness of social marketing campaigns, social marketers have to conduct market survey regularly to understand if there is any occurrence of healthy behavioural change among the target audience. As such, feedback from the survey will be sent back to justify the communications channel selection as well as previous coded message (to motivate/adopt early diagnosis behaviour).

3. Conclusion and Discussion

Without doubt, to provide the opportunities of behavioural change and successfully hold a social marketing health related campaign, Theory of Planned Behaviour, Social Cognitive Theory, Protection Motivation Theory, Health Belief Model and Model of Communication is the critical first step to understand in depth on social change. However, challenges in social marketing are the limited researches along with the untapped potential of social marketing especially in the academic field. The theories above have their strengths in explaining the human behavioural change yet, has limited evolution on conceptual framework.

Thus, social marketing legitimacy should be further established so that it can be implemented in the society and eventually, becomes the major contribution to the marketing mainstream applications. To achieve this goal, a progressive approach is a necessity for social marketing to transform in this current stage. Borrowing more theories, building up more conceptual frameworks with the integration of interpretive structural modelling (ISM) is the next step to attain a deepening social marketing approach on health related issues.
References


https://doi.org/10.1016/j.indmarman.2017.09.009


the social cognitive theory to understand physical activity among dialysis patients. Rehabilitation Psychology, 59(3), 278–288. https://doi.org/10.1037/a0037002


