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SCHOOL OF BUSINESS

**ROLE OF SOCIAL MARKETING IN PUBLIC HEALTH: REVIEW OF THE
LITERATURE**

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DECLARATION

This independent conceptual study paper is my original work and has not been submitted in any other university or institution.

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This independent conceptual study paper in marketing has been submitted for examination with my approval as university supervisor.

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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
CBOs	Community Based Organizations
CDC	Centres for Disease Control
HBM	Health Belief Model
MDGs	Millennium Development Goals
NGOs	Non Governmental Organizations
USDA	United States Department of Agriculture
USDHHS	United States Department of Health and Human Services
SCT	Social Cognitive Theory
TRA	Theory of Reasoned Action
WHO	World Health Organization
WIC	Women, Infants and Children

CHAPTER ONE

INTRODUCTION

1.1 Background

Contemporary societies face a vast number of economic and social problems (needs), which are both extremely complex and diverse. Such problems include the acquired immuno-deficiency syndrome (AIDS), overpopulation, drug abuse, mistreatment of females, use of tobacco product, and behaviours that increase chances of heart disease (Laczniak & Murphy, 1993; Andreasen, 1995); rising crime rate, diverse weather conditions arising from global warming, narcotics, rising levels of poverty and unemployment (Brenkert, 2002).

Various organizations including international organizations such as United Nations, non-governmental organizations (NGOs), community based organizations (CBOs), governments, religious institutions and voluntary associations are tackling the problems using a variety of techniques. In 2001, recognizing the need to assist impoverished nations to resolve these challenges, UN member states adopted Millennium Development Goals (MDGs) as the targets to spur development by improving social and economic conditions in the world's poorest countries. These were derived from earlier international development targets, and were officially established at the Millennium Summit in 2000, where all world leaders present, adopted the United Nations Millennium Declaration. These goals are eradicate extreme poverty and hunger; achieve universal primary education ; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HTV/AIDS, malaria and other diseases; ensure environmental sustainability and; develop a Global Partnership for Development (UNDP,2008)

Out of the eight goals, goals 4-7 focus on public health issues as a socio-economic indicator. Public health is concerned with interventions aimed at prevention of diseases through surveillance, preventing those diseases that have occurred from reoccurring and promotion of health behaviour which is the main focus of goals 4-7 of the MDGs. Various strategies are being utilized by governments and other organizations to achieve

these goals. In the area of health for examples, many professionals and community members have been utilizing communication mechanisms to alleviate the effect of the incurable diseases and to encourage members of the society to develop positive behaviours that would enable them not to contract the diseases (Gner & Bryant, 2005).

In the recent past however, health professionals have realised that the traditional methods of providing information about the benefits and disadvantages of a particular behaviour are ineffective in influencing behaviour of people positively (McDermott, 2000). This has required them to seek other approaches and therefore marketing have been seen to offer a variety of strategies that the society can use to handle these issues. Marketing has evolved over time from the sale of product in its period of discovery, conceptualization, and integration stages of marketing development. Its period of development and reappraisal has led to addition of services which has led to the concepts of micro and macro marketing. The period of reconceptualization gave rise to marketing of social goods which has ushered *in a* new tool of social marketing that can be utilized to achieve social objectives.

The purpose of this paper is to review literature on the concept of public health, social marketing, its application, and its theoretical bases. The paper will also review empirical literature on the application of social marketing in public health and develop a conceptual framework for future research study.

1.2 Concept of public Health

World Health Organization (WHO, 2006) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Winslow (1920) defines public health as the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals. Public Health focuses on health interventions aimed at prevention rather than treatment of diseases, through surveillance of cases and the promotion of healthy behaviour. For instance, hand washing, vaccination programmes and distribution of condoms are examples of public

health measures. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood or as big as an entire county. Public health professionals try to prevent problems from happening or re-occurring through implementing educational programs, developing policies, administering services and conducting research. It is also a field that is concerned with limiting health disparities and ensuring there is health care equity, quality and accessibility. Public health is typically divided into epidemiology, biostatistics and health services. Environmental, social, behavioral and, occupational health are other important subfields (Wilkinson and Marmot, 2003).

Newer methods are being sought by health practitioners and academicians to deal with the challenges occurring in the society especially those that are related to public health. Among such methods, tools and strategies is social marketing. McDermott (2000) indicated that the critical difference between planning approaches in social marketing and health education is a persistent focus on consumers emphasized in social marketing approach. Though this customer-centered approach to health education is not new, McDermott states that the health practitioners rarely used it within other approaches. The following sections review literature on social marketing, its development, what hinders its growth and the process of social marketing.

1.3 Concept of marketing and social marketing

The concept of marketing has changed and evolved over time. Different scholars have defined marketing for example, Kotler, Armstrong, Wong and Saunders (2008) defines marketing as the process by which companies determine what products or services may be of interest to customers, and the strategy to use in sales, communications and business development. It is an integrated process through which companies create value for customers and build strong customer relationships in order to capture value from customers in return. The American Marketing Association (AMA, 2009) defines marketing as an activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large.

According to many researchers, the scope of marketing is unquestionably broad including such diverse subject areas as consumer behaviour, pricing, channels of distribution, marketing research, societal issues in marketing, retailing, wholesaling, social responsibility of marketing, international marketing, commodity marketing and physical distribution (Hunt, 1976). In a presentation at the 1972 Fall Conference of the American Marketing Association, Kotler (1969) made some observations concerning the desirability of classifying marketing phenomena using the concepts of micro, macro, normative, and positive. The schema proposed that all marketing phenomena, issues, problems, models, theories, and research can be categorized using the three categorical dichotomies of (1) profit sector/non-profit sector, (2) micro/macro, and (3) positive/normative (Hunt 1976). This categorization formed the basis of new dimensions of marketing such as social marketing and marketing came to be seen as a mechanism of meeting the needs and alleviating problems of the society whether a segment or the whole.

To other scholars however, the idea of expanding the application of marketing to social causes was abhorrent. For instance, Luck (1974) objected on the grounds that replacing a tangible product with an idea or bundle of values threatened the economic exchange concept. Despite these concerns, marketing concept was redefined to include marketing of ideas and the consideration of its ethical implications. The expansion of the marketing concept combined with a shift in public health policy towards disease prevention, paved way for the development of social marketing. During the 1960s, commercial marketing technologies began to be applied to health education campaigns in developing countries (Ling, Franklin, Lindsteadt and Peterson 1992; Manoff 1985).

In academia, interest in social marketing has become very strong in the last three decades. Numerous perspectives have been proposed to examine the concept of social marketing and its application in various parts of the society. Kotler and Zaltman (1971) defined social marketing as the design, implementation and control of programmes calculated to influence the acceptability of social ideas by considering marketing mix variables. Andreasen (1994) criticizes these early attempts to define and justify social marketing,

which he argues caused confusion and suggests that social marketing is the adaptation of commercial marketing technologies to programmes designed to influence voluntary behaviour of target audiences so as to improve their personal welfare and that of the society.

The Department of Health and Human Services (1999) viewed social marketing as an approach to strategic planning that places consumers at the core of data collection, programme deployment and programme delivery. Thackeray and Nieger (2000) view social marketing as a planning framework that is theory driven and consumer oriented that focuses on the use of commercial marketing methods to influence voluntary behaviour change among specific target audience. Smith (2000) defines social marketing as a process for influencing human behaviour on a large scale. Byes (2005), however asserts that social marketing is not: dissemination of information, education and advertising thus, communication is not equal to behaviour change.

Social marketing is the systematic application of marketing along with other concepts and techniques to achieve specific behavioural goals for social good (Clive, 2006). Integrating the views of other researchers, National Social Marketing Centre (2007) views social marketing as an adaptable approach increasingly being used to achieve and sustain behaviour goals in a range of social issues. These perspectives on one hand have enriched the understanding of the complexity of the challenges facing the society in the 21st century but on the other hand they have created substantial confusion and ambiguity on what social marketing means. Despite these loose ends, the definitions indicate that social marketing discipline is on its growth stage.

1.4 Growth of Social Marketing

During the 1950s and early 1960s, marketing academics considered the potential and limitations of applying marketing to new arenas such as the political or social. For instance, in 1951, Weibe asked the question "can brotherhood be sold like soap?" and suggested that the more a social change campaign mimicked that of a commercial marketing campaign, the greater the likelihood of its success. The 1970's and 1980's

saw the growth period to this philosophy and a dramatically steep rise in its acceptance. Early applications were in the service marketing areas like education, health care, recreation, transportation, libraries and the arts and product sales like contraceptive social marketing (Andreasen & Kotler, 2007).

Brown (1986) argues that social marketing is a natural outgrowth of several developments in and out of marketing including increased demand for marketing services by non-business organizations. In the late 1980's this non-profit marketing idea extended into new organizational environments such as government agencies. The period also saw the beginning of social marketing as it is known today, which saw texts by Manoff appear in 1985 and by Kotler and Roberto in 1989. The 1980s also saw a number of non-academic publications appearing that summarized experiences from practicing non-profit marketers. The most significant development during this recent growth period according to Andreasen (2002) has been the migration of social marketing from its initial close identification with marketing of products involved in social change such as condoms and pills, to a broader conception of its potential areas of application.

The last decade of the twentieth century saw four important developments in the field of social marketing. First, there was a significant acceleration in the growth of social marketing where it is applied in major international and domestic behaviour change programmes. This emanated from a recognition by social marketers, both scholars and practitioners, that the fundamental objective of social marketing is not promoting ideas as suggested by Kotler and Zaltman (1971) but influencing behaviour (Andreasen 1994). It is also recognized that, though products are often involved in behaviour change processes, social marketing can apply to purely behavioural challenges such as keeping girls in school in developing countries. The second major change in the 1990s was the growing attention being paid to the international dimensions of non-profit marketing. This was as a result of three forces: first, many governments who were the primary source of social support for their citizens were now cutting back and leaving non-profit organizations to shoulder the burden. Second, many international social agencies such as the World Bank and the U.S. Agency for International Development (USAID) were

relying on local and international non-profit organizations to carry out their projects. Finally there was an emergence of many new countries which increased the interest in non-profits and what they might do to replace programs of defunct socialist states (Andreasen & Kotler, 2007).

The third major change was the growth in importance of corporate involvement in the non-profit sector. As non profit organizations found themselves in greater need of outside support, they turned to private sector partnerships for assistance. The fourth major development was the growth of concern about the ethics of the non-profit field. Presently, social marketing field is gradually developing significant foundation of conceptual and theoretical literature which will facilitate its growth. This is reflected in the growing number of rigorous studies appearing on such venues as Journal of Public Policy and Marketing, Social Marketing Quarterly, Journal of Marketing, Journal of Health Education, among others. Though social marketing discipline is growing, it is faced with various barriers that act as a hindrance.

1.5 Barriers that hinder the growth of social marketing

Gray-Felder and Deanne (1999) argue that the field of social marketing has a poor brand positioning, lacks clarity and is perceived as having several undesirable traits. Further, the field's image is fuzzy because of existing different definitions of social marketing which conflict in fundamental ways and, the discipline practice is perceived to be manipulative and non community based. Andreasen (2002) argues that social marketing was at risk of not meeting its full potential because of several barriers that are in part problems of perception and absence of clear understanding of what social marketing is about and its role as an approach to social change.

In addition, Andreasen (2002) asserts that social marketing has achieved significant acceptance among practitioners at the operations level of implementing organizations and within consulting community to which they turn for help, but lacks adequate appreciation at the top management levels of most organizations. At the same time, leaders of too many non-profit organizations and major government agencies are largely unaware either

of social marketing or its potential for organizing and implementing social change programmes. Because of this inadequate level of appreciation, otherwise promising campaigns are often unable to use social marketing approaches or, when they do, find themselves inadequately funded. Further to this, failure to have adequate documentation and publicity of social marketing successes is also another barrier to its growth. Any social change approach gains favour to the extent that it can document its effectiveness and, particularly, its superiority to alternatives.

Andreasen (2002) further states that social marketing lacks academic stature which is measured by the extent to which it: is taught on a regular basis at major universities; leads to specific career options; is supported by a significant base of conceptual and theoretical material and; is an accepted research study area. To him, social marketing is taught only rarely as a full academic course, more often it is taught in one or two class sessions in marketing, communications or public health courses but the theoretical and conceptual materials are on the rise. Even with these barriers, the domain of marketing focuses on both group and individual behaviours as outlined in the next section.

1.6 Domain of social marketing

The domain of social marketing can be illustrated using the taxonomy of social behaviour change programmes highlighted by Andreasen and Kotler (2007) shown in Table 1. The taxonomy defines all the areas that need to be covered when designing social marketing programmes.

Table 1: Taxonomy of Behaviour Change Programmes

One time behaviour	Low involvement	High involvement
<ul style="list-style-type: none"> Individual 	Donating money to charity; registering to vote; signing for Medicaid	Donating blood
<ul style="list-style-type: none"> Group 	Voting for a change in a state constitution	Voting out restrictive membership rules in a club
Continuing behaviour		
<ul style="list-style-type: none"> Individual 	Not smoking in elevators	Stopping smoking or drug intake Practicing family planning
<ul style="list-style-type: none"> Group 	Driving 55 mph Driving on the right side of the road	Supporting the concept of an all-volunteer army

Source: Andreasen and Kotler, Marketing for Non-profit organizations, 2007.

Table 1 indicates that social marketing programmes target both individuals and groups' one-time or continuing behaviour. According to Andreasen and Kotler (2007), social marketing programmes work best for behaviours in which members of the society have low involvement or feel they have nothing to lose. Social marketing programmes can also focus on high involvement behaviours though these are more difficult to change. When designing social marketing programmes, several elements have to be considered.

1.7 Elements of Social Marketing

MacFadyen, Stead and Hastings (1999) felt that long-term planning approach and moving beyond the individual consumer are the elements of social marketing. Byes (2005), Grier and Bryant (2005) consider the key features of social marketing to include: Exchange theory, consumer orientation, data driven decisions and competition. Exchange theory states that individuals' exchange something of value in return and reminds social

marketers that they must offer benefits that the consumers truly value; recognize that consumers often pay intangible costs such as time and; acknowledge that every one involved in the exchange, including intermediaries must receive valued benefits for their efforts. Consumer orientation element represents a commitment to provide consumers with satisfying exchanges that result in long-term, trusting relationships. This element indicates that emphasis should be put on understanding consumers in terms of their knowledge, attitudes and beliefs along the social context in which they live and work.

Data driven decisions as social marketing element puts emphasis on social marketers carrying out research so as to identify consumer needs, understand their perceptions, explore how products can be positioned and the promotional strategy to utilize. For social marketing programmes to be successful effective consumer segmentation should be carried out and social marketers should target the most receptive audiences. Competition in social marketing refers to the behavioural options that compete with the recommended behaviour. It requires social marketers to understand the factors that impact on people and that compete for their attention and time (Grier & Bryant, 2005).

Separately, Gner and Bryant (2005) add two more elements of audience segmentation and continuous monitoring and revision. Audience segmentation involves differentiating populations into subgroups or segments of people who share needs, wants, lifestyles, behaviour and values that make them likely to respond similarly to an offering. Continuous monitoring and revision involves assessing the effectiveness of the programme implementation to determine if it is worthy of being sustained and to identify activities that require midcourse revision.

Weinreich (2006) explains elements of social marketing to include: social products, price, place, place, promotion, publics, partnerships, policy and purse strings. Social products embrace tangible physical goods such as condoms, services including medical examination, practices such as breast feeding and intangible ideas such as environmental conservation. For a social marketing product to be successful, it must provide a solution to problems that consumers consider important, *offer* them a benefit they truly value; be

compatible with existing values, past experiences and needs of target audience; be easy to use, available to be tried initially on a limited basis, visible to others and perceived as superior to existing product. Social marketers should be willing to modify the offer and to monitor changes in consumer needs and modify the product as needed and constantly monitor the performance to achieve the main objectives.

In social marketing price refers to what the consumer must do or surrender in order to obtain the social product. It can be monetary, intangibles such as time and effort or embarrassment and disapproval. When the value to be gained exceeds the cost the customer will be willing to buy the product and vice versa. In setting the price, particularly for physical products, such as contraceptives, social marketers must balance quality and affordability. Place relates to strategies employed to ensure that the product reaches the consumer. For physical/tangible products, it refers to distribution systems, for intangible products, it refers to decisions about channels through which consumers are reached with information or training. It also includes decisions to ensure accessibility of the offering and quality of the service delivery. Promotion aims at creating and sustaining demand for the product. It is achieved through integrated marketing communication which encompasses advertising, public relations, promotion, media advocacy, personal selling and entertainment vehicles. This 'P' should be used or chosen depending on the target audience and the objectives to be achieved.

The other Ps of social marketing include: publics, partnerships, policy and purse strings. Publics refer to both internal and external groups involved in the programme. The external publics include the target audience, secondary audiences, policy makers and gatekeepers, while internal publics are those who are involved in some way with either approval or implementation of the programme. Partnerships are based on the understanding that social issues cannot be handled by one agency or group. Organizations need to team up to resolve them. Policy focuses on creating and sustaining an environment that support change so as to enable social marketing programmes to motivate individual behaviour change: Purse strings refer to situations where most implementing organizations develop social marketing programmes guided by conditions stipulated by funding agencies such as foundations, governments or donors. These

conditions define what goods and services to offer, the distribution and promotion mix to adopt without any flexibility. Social marketing elements are a clear indication that designing and implementation of social marketing activities requires a conscious planning and implementation process for the programmes to be successful.

1.8 Social marketing process

Andreasen (1995) describes strategic social marketing as an ongoing process of a cyclical nature. Andreasen's process comprises six stages that can be viewed as a cyclical series of interactions with the target audience(s). The six steps include: listening in order to gain a deep understanding of the target audience; planning which involves translating gathered information into a choice of focal behaviours, segments to emphasize or ignore, and initial crafting of the 4Ps of marketing; structuring which comprises of establishment of internal management structures as well as development of alliances and partnerships that inevitably will be needed to make a programme effective; pre-testing which requires social marketers to revisit the chosen target audiences to evaluate the feasibility of the proposed strategy and tactics and; implementing and monitoring.

McKenzie-Mohr and Smith (1999) have combined community organization theories and social marketing principles into a "Community-Based Prevention Marketing" model which comprises of four steps namely; uncovering barriers to behaviors, and then based upon this information, selecting which behaviour to promote; designing a program to overcome the barriers to the selected behaviour; piloting the program; and then evaluating it once it is broadly implemented.

Grier and Bryant (2005) asserts that social marketing is a continuous, iterative process that can be described as consisting of six major steps or tasks including initial planning which involves gathering relevant information to help identify preliminary behavioural objectives, target markets and recognize potential behavioural determinants and strategies; formative research which is conducted to segment audiences and determine those factors that must be addressed to bring about behaviour change; strategy development which involves the preparation of a realistic marketing plan comprising of

specific, measurable objectives and a step-by-step work plan that will guide the development, implementation and tracking of the project. Monitoring and evaluation activities continue throughout the programme implementation to identify any necessary program revisions, midcourse corrections as well as to understand program effectiveness.

The highlighted components of social marketing and the process of social marketing is a clear indication that social marketing can be applied in various areas of the society. The following section indicates the factors that favour application of social marketing in public health.

1.9 Factors that favour application of social marketing in public health

As practitioners gain more experience in working for health-promotive changes in populations, the shortcoming of classic educational approaches especially group-based models in stimulating changes in behaviour have become apparent. These have emanated from three areas. First, the limited reach of individual counseling and small group programming; second, the low penetration of individual or group-based health education methods in many segments of the population and; third, the overwhelming nature of the task to develop programmes that will effect changes in populations given the limited resources that are usually available and the lack of appropriate technology development (Wilkinson & Marmot, 2003).

Newer methods are being sought by practitioners and academicians. Among them is social marketing. Citing why new methods and approaches to public health were necessary, McDermott (2000) indicated that the critical difference between planning approaches in social marketing and health education is a persistent focus on consumers emphasized in social marketing approach. Though this customer-centered approach to health education is not new, McDermott states that the health practitioners rarely used it within other approaches. In addition, Weinreich (2006) argues that the health communications field has been rapidly changing over the past two decades. It has evolved from a one-dimensional reliance on public service announcements to a more sophisticated approach which draws from successful techniques used by commercial

marketers, termed as "social marketing." Rather than dictating the way that information is to be conveyed from the top-down, public health professionals are learning to listen to the needs and desires of the target audience themselves, and building the programme from there. This focus on the "consumer" involves in-depth research and constant re-evaluation of every aspect of the programme. According to him, research and evaluation together form the very cornerstone of the social marketing process.

Further, Leveton, Mrazek, and Stoto(1996) state that social marketing is based on the fundamental principle that its practitioners must be aware of and responsive to the needs, preferences, and lifestyles of the consumer audience. Too often, health educators limit their needs assessments to demographic and epidemiological data and create "top-down" (practitioner-driven) interventions in isolation, with relatively little or no input from prospective consumers (Thackeray & Neiger, 2000). Yet, to facilitate individual or community-based change, health education alone is insufficient, and marketing concepts must be applied with a stronger consumer orientation (Novelli, 1997). Even with these factors that favour application of social marketing in public health, effective application of social marketing is limited by various ethical challenges.

1.10 Ethical Challenges in the Application of Social Marketing

Brenkert (2002) contends that challenges of social marketing originate from three areas. First there are those that are linked to the ultimate ends of social marketing which are welfare exchanges. Social marketing focuses on influencing people's behaviour, away from ways of acting or lifestyles that are designated as contributing to a social problem, toward other ways of acting and lifestyles that will improve these people's well being. This attempt to change people's behaviour may also involve modifications in their attitudes, values, norms, ideas and those they live or associate with. In most circumstance, people want to continue with the learnt behaviours instead of learning new ones. Second, the analysis of social problems gives rise to another group of ethical challenges. Through the theories of behaviour change it uses to understand marketing exchange, it may unwittingly substitute-a marketing rationale for relevant moral rationale called for by the social problems it addresses.

Third, social marketers seek to bring about social change through marketing techniques, not through the usual techniques of social and political discourse. The people they seek to aid in the change process are not given a voice in the sense of being allowed to participate in decision making on the issues affecting them. This raises ethical questions about the effects of social marketing on self-determination and democracy. The well being of the individual and the society is not simply subjectively identified by the individuals involved but is subject to determination through processes of social argumentation and justification.

In contrast, Gner and Bryant (2005) asserts that challenges of effective application of social marketing especially in public health emanate from four sources, first, misconceptions and other barriers to diffusion, that is many practitioners in public health for example view social marketing as a method of designing communication campaigns rather than developing comprehensive interventions that integrate the full marketing mix. In addition, social marketing is seen to blame the victims and to be manipulative. This is because it focuses on individual behaviour rather than the underlying environmental and social causes. Second, formative research and evaluation have had little emphasis on consumer segmentation and evaluation of social marketing programmes research to assess their effectiveness. Third, there is lack of well defined theoretical underpinnings emanating from social marketing dependency on commercial marketing and human behaviour models. This has been a limitation to its growth and development. Fourth, for any area to grow and mature as a discipline its practitioners must pay careful attention to ethical standards and practice. This has taken some duration of time

In conclusion, the preceding chapter provides background of the study and reviewed literature on the concept of public health, concept of social marketing, its components, , barriers that hinder growth of social marketing, domain of social marketing, process of social marketing, factors that favour application of social marketing in public health and, ethical challenges in the application of social marketing. The following chapter will focus on the theoretical foundation of social marketing.

CHAPTER TWO

THEORETICAL FOUNDATION OF SOCIAL MARKETING

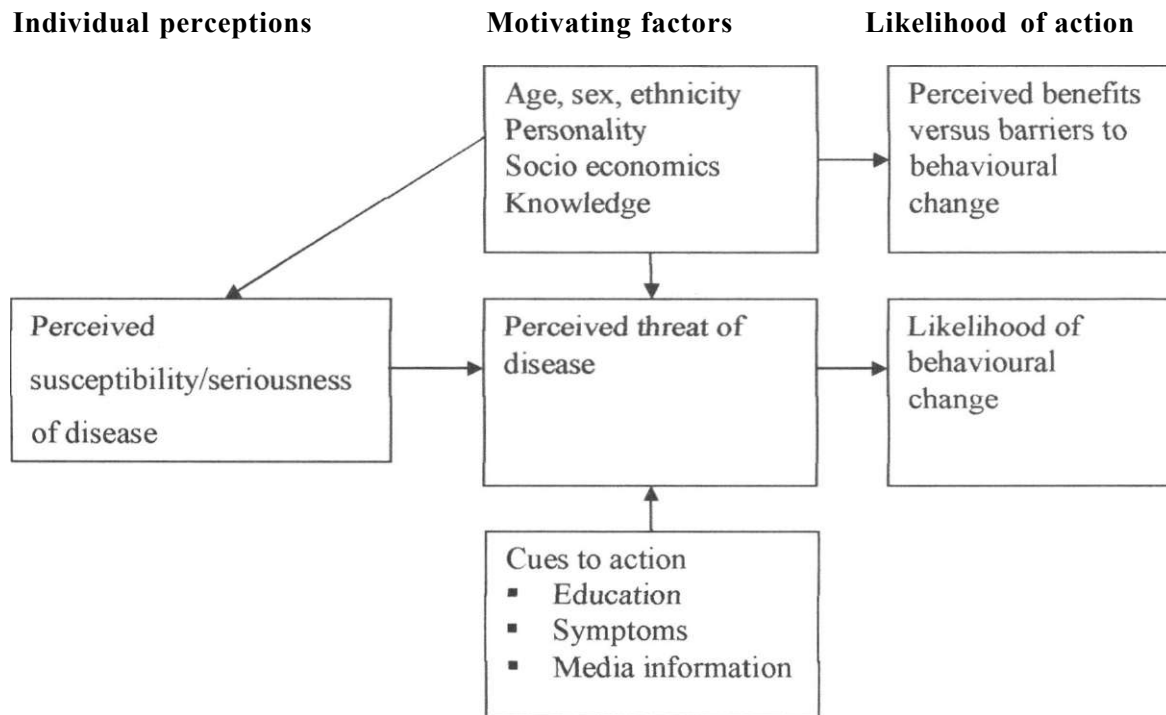
2.1 Introduction

Meischke (1994) asserts that social marketing theory is a combination of theoretical perspectives and a set of marketing techniques. The theory utilizes the concept of market segmentation, consumer research, idea configuration, communication, facilitation, incentives and exchange theory to maximize target group response. In contrast, Sutton, Balch and lefebvre (1995) argue that social marketing has its basic foundation on theories of change which are referred to as transtheoretical models. It has borrowed heavily from human behaviour theories, such as information processing model, social learning theory, stages of change, models of decisions making. Theories of Social marketing allow human beings to look at the social context of behaviour and offer a cogent theoretical rationale for use of social media to address social issues. Some of the theories that contribute to social marketing theory in public health are discussed in the following section.

2.2 The Health Belief Model (HBM)

Rosenstock, Strecher and Becker (1994) describe HBM as a psychological model that attempts to explain and predict health behaviours by focusing on the attitudes and beliefs of individuals. It was developed as an effort to explain the lack of public participation in health screening and prevention programs such as a free and conveniently located tuberculosis screening project. The key variables of the HBM include perceived threat which emphasizes communicating information about the risks and the severity of these risks; perceived benefits; perceived barriers or the potential negative consequences that may result from taking a particular health actions; cues to action or environment that motivate people to take action; self efficacy or individual's belief in being able to successfully execute the behaviour required to produce the desired outcomes and; other variables such as diverse demographic, sociopsychological and structural variables that affect an individual's perceptions. -This can be illustrated using the conceptual framework shown in Figure 1.

Figure 1: Conceptual Model of HBM



Source: Glanz et al, 2002, p. 52

HBM has been used to explore a variety of health behaviours in diverse populations such as studies that attempt to explain and predict individual participation in programmes for high blood pressure screening, smoking cessation, seatbelt usage, exercise, nutrition, breast self-examination and, sexual risk behaviours. Out of these studies, perceived barriers have been identified as the most influential variable for predicting and explaining health-related behaviours (Janz and Becker, 1984). Others include perceived benefits and perceived susceptibility, with perceived severity identified as the least significant variable. 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 programmes, especially in price and placement decisions (Lefebvre, 2000).

Various limitations have been attributed to HBM such as: most HBM-based research to date has incorporated only selected components of the HBM, thereby not testing the usefulness of the model as a whole; as a psychological model it does not take into consideration other factors such as environmental or economic factors, that may influence health behaviour and; the model does not incorporate the influence of social norms and peer influences on people's decisions regarding their health behaviour.

2.3 Stages of Change Theory

This was developed in 1982 to compare smokers in therapy and self-changers along a behaviour change continuum. Although this model was being applied in social marketing programmes in the early 1990's to increase physical activity levels of community residents (Marcus, Banspach, Lefebvre, Rossi, Carleton & Abams, 1992), its incorporation by Andreasen (1995) as the theoretical model for Marketing Social Change no doubt has influenced its adoption by many social marketing practitioners. The stages of change model aimed at tailoring therapy to a person's needs at his/her particular point in the change process. As a result, the four original components of the stages of change theory of pre-contemplation, contemplation, action and maintenance were identified and presented as a linear process of change. Since then a fifth stage of preparation for action has been incorporated into the theory as well as ten processes that help predict and motivate individual movement across stages. Currently the stages are not considered to be linear; rather, they are components of a cyclical process that varies for each individual (Prochaska, DiClemente and Norcross 1992).

Precontemplation stage indicates that an individual has the problem whether he or she recognizes it or not and has no intention of changing. The processes that are involved in this stage include raising consciousness through information and knowledge, role playing, and environmental re-evaluation. In contemplation stage, the individual recognizes the problem and is seriously thinking about change and the processes involved include self re-evaluation. Preparation for action stage indicates that the individual recognizes the problem and intends to change the behaviour and some behaviour change efforts may be reported. The processes involved are self-liberation where an individual

develops commitment or belief in his ability to change. At the action stage, the individual has enacted consistent behaviour change and processes involved include reinforcement management, helpful relationships such as social support, and stimulus control. In the maintenance stage the individual maintain new behaviour.

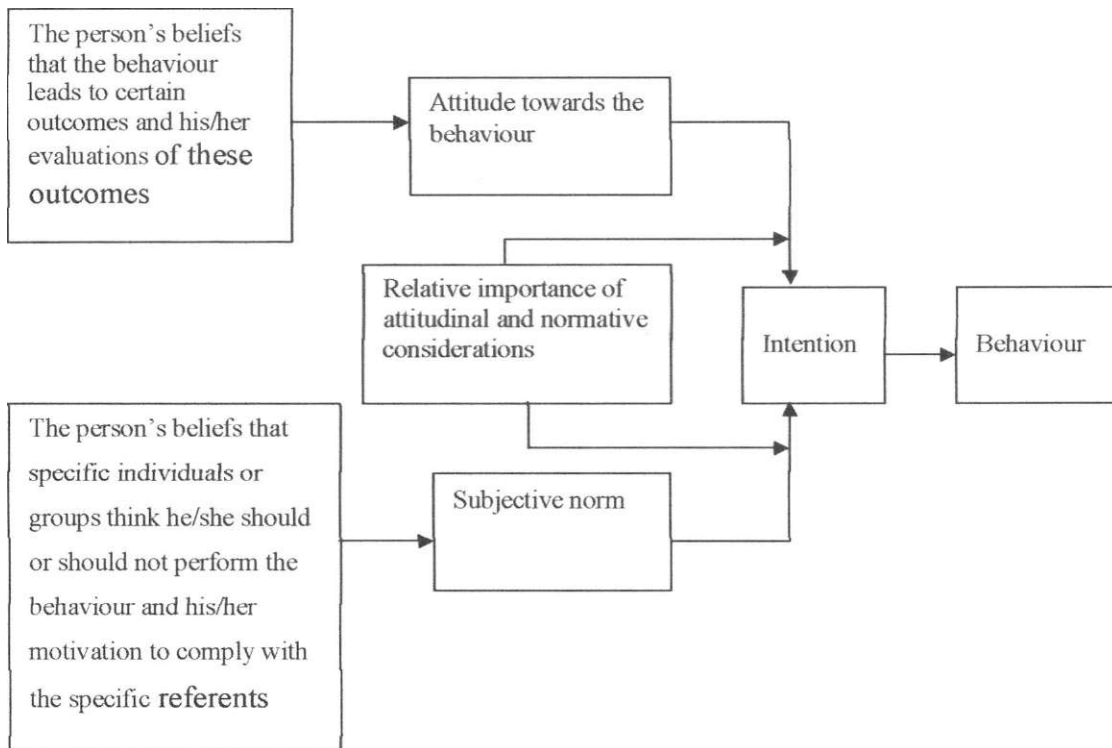
This theory has been applied in a variety of studies in U.S.A such as smoking cessation, weight control efforts, mammography screening and recently it has been applied in research on sexual behaviours and HIV/AIDS. Preliminary results from these studies support the stages of change theory as a method for characterizing individuals along a change continuum and offer a method for evaluating programme by measuring individual change. Studies have also examined the usefulness of merging aspects of other theories into the stages of change. These additional components are often applied in an effort to clarify how individuals move across stages.

Despite these positive aspects of the model, Stages of change theory has been identified to have several limitations including its focus on the individual without assessing the role that structural and environmental issues may have on a person's ability to enact behaviour change. In addition, since the stages of change presents a descriptive rather than a causative explanation of behaviour, the relationship between stages is not always clear. Finally each of the stages may not be suitable for characterizing every population (Posner and Higuera, 1995).

2.4 Theory of Reason Action (TRA)

The theory provides a construct that links individual beliefs, attitudes, intentions and behaviour (Fishbein, Middlestadt and Hitchcock, 1994). The variables of the theory according to Fishbein et al (1994) include behaviour, intention and norms. These can be illustrated by Figure 2 below.

Figure 2: Conceptual Framework of TRA



Source: Ajzen, I., & Fishbein, M. (1980) Understanding Attitudes and Predicting Social Behavior. New Jersey: Prentice-Hall, Inc.

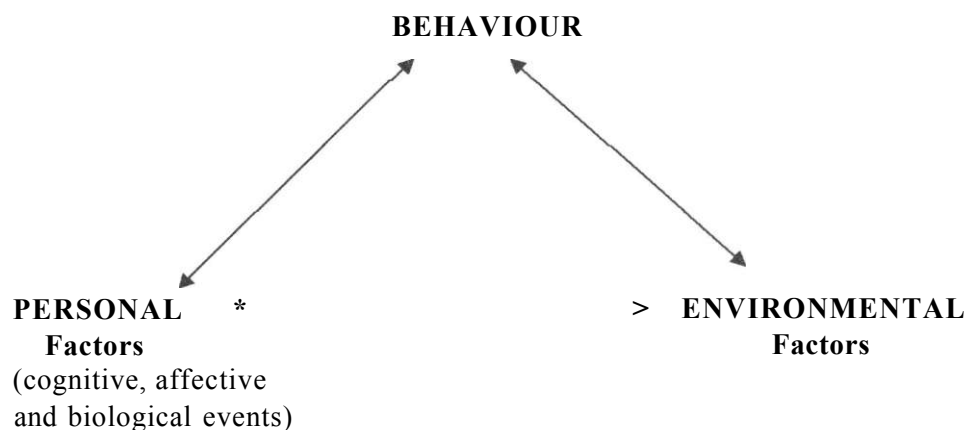
Some of the limitations of TRA include the inability of the theory, due to its individualistic approach, to consider the role of environmental and structural issues and the linearity of the theory components (Kippax and Crawford, 1993). Social marketers often employ TRA though it is most often implicit and incomplete. Subjective norms and referents, for instance, are often the focus of social marketing programmes such as teen narcotics 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 behaviour itself. One exception was the "5 A Day for Better Health" programme (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. These insights helped the programme

planners to design and develop materials that could counter these negative attitudes as they fashioned the image of the programme.

2.5 Social Cognitive Theory (SCT)

SCT is viewed as a more comprehensive effort to explain human behaviour (Baranowski, Perry & Parcel, 1997). This explains behaviour in terms of reciprocal determinism in which behaviour, cognition, interpersonal and environmental factors operate as interacting determinants of each other. This is illustrated as shown in Figure 3.

Figure 3: Conceptual Model for SCT



Source; Pajares (2002). Overview of social cognitive theory and of self-efficacy. 12-8-04. From <http://M\w.emoiy.edu/EDUCATION/mjp/effhtml>.

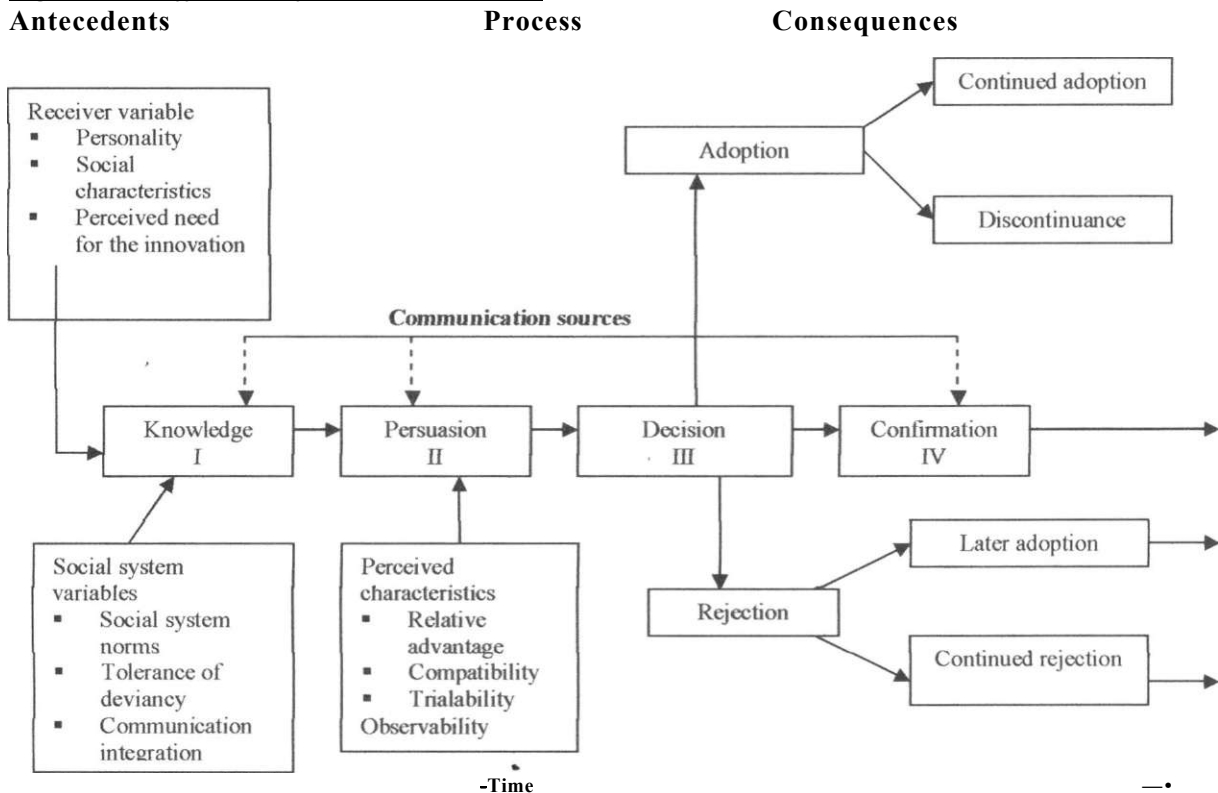
In contrast to the previous theoretical models, SCT explicitly recognizes that behaviour is not determined by just intrinsic factors, as an individual is a product of their environment. It asserts that individuals have influence on what they do, their personal characteristics, how they respond to their environment and, what their environment is. Changes in any of these three factors are hypothesized to render changes in the others. SCT views the environment as not just one that reinforces or punishes behaviour, but also provides a milieu where one can watch the actions of others and learn the consequences of those behaviour. Other core components of SCT include: Self-efficacy, outcome expectation,

the value placed on the consequences of the behaviour, emotional coping strategies, enactive learning, rule learning and, self-regulatory capability. SCT give social marketers a strong theoretical base from which to launch environmental interventions that complement individually-focused ones (Lefebvre, Olander & Levine, 1999)

2.6 Diffusion of Innovations Model

Diffusion of innovation theory predicts that media as well as interpersonal contacts provide information and influence opinion and judgment. Studying how innovation occurs, Rogers (1971; 1993; 1995) argued that it consists of four stages, invention, diffusion (or communication) through the social system, time and consequences. The information flows through networks. The nature of networks and the roles opinion leaders play in them determine the likelihood that the innovation will be adopted. This is clearly illustrated by Figure 4 below.

Figure 4: Diffusion of Innovation Model



Source: Rogers (1971; 1993; 1995)

From: <http://www.utwenle.nl/.diffusion>

Innovation diffusion research has attempted to explain the variables that influence how and why users adopt a new information medium, such as the Internet. Opinion leaders exert influence on audience behavior via their personal contact, but additional intermediaries called change agents and gatekeepers are also included in the process of diffusion. This is an important model for people who are attempting to influence the behaviour of large groups of people. In their review of diffusion of innovations research and its application to social marketing programmes, Kotler and Roberto (1989) pointed out that there are different types of adopters in every target audience that have unique motivations for adopting a new behaviour. These five adopter segments are: (1) Innovator (2) early adopter (3) early majority (4) late and (5) laggard. In other work, Rogers (1995) has gone into great detail as to how these five segments differ with respect to demographics, communication patterns and other variables. Concluding the discussion on theories of social marketing, Lefebvre et al (1995), stated that social marketing is not an alternative to individual behaviour change strategies, but a process to increase the prevalence of specific behaviour among target audiences. They also recognized that social change is an enormous undertaking and it requires insights from each and every theory and model available.

This chapter has focused on the theories that guide planning and implementation of social marketing programmes in public health. Five theories were identified, including HBM, SCT, TRA, Stages of Change Theory and Diffusion of Innovation Model. The following chapter will focus on the empirical literature on social marketing.

CHAPTER THREE

EMPIRICAL LITERATURE ON SOCIAL MARKETING

3.1 Introduction

Social marketing has widely been utilized to deal with situations which are socially critical to target audience. The subject area in which social marketing has its deepest market penetration is health care and more specifically in public health. The following section reviews literature on its application in various areas of public health.

3.2 Application of Social Marketing in Public Health

Social marketing, the use of marketing to design and implement programmes to promote socially beneficial behaviour change, has grown in popularity and usage within the public health community. Its roots as a practice began with family planning application in the 1960s (Harvey 1999; Manoff, 1975). Notable early developments took place in Australia. These included the Victoria Cancer Council developing its anti-tobacco campaign "Quit" (1988), and "SunSmart" (1988), its campaign against skin cancer which had the slogan *Slip! Slop! Slap!* (Vichealth, 2008).

Frankenberger and Sukhdial (1994) for instance, in their empirical research on segmenting teens for AIDS preventive behaviour identified three main aspects which facilitate social marketing to achieve its behaviour communication objectives. These are: psychographic characteristics, behavioural characteristics and social and situational factors. They also indicated that social marketing cannot be effective unless it is addressed to the right problem. The researchers concluded that for social marketing activities to succeed in helping teen in adopting AIDS preventive, message and media characteristics should be considered when designing the marketing communication programmes. Though the aspects identified by Frankenberger and Sukhdial (1994) go a long way in shaping and modeling people's behaviour in the society, the challenge that was not addressed by the research is how to ensure that they are all integrated in the social marketing programmes and if they are, how effective would they make social marketing programmes. In addition the researchers also left out the evaluation of the

programmes which would have given a clear indication of the role of social marketing in the programmes.

Jones, Marshall and Bergman (1996) in their empirical research to check out whether marketing activities contributed towards increasing immunization for the children in various states concluded that it had a positive impact on the actions that parents took towards immunization and this increased the number of children immunized. However, in their research it is not possible to attribute specific dollars to specific number of doses. They indicated that research is required to identify factors that underlie the observed increase in the number of immunizations over time. Just like in the cases of other social marketing activities, behaviour change objective are influenced by a variety of factors and it makes it difficult to identify specifically what had the impact on the behaviour change, whether social marketing programme or other environmental forces.

A number of large-scale social marketing programmes were conducted in community settings in which community organization theories played a role in programme development and implementation. Some examples include the Stanford Five-City Project (Farquhar, Maccoby & Solomon, 1984) and the Pawtucket Heart Health Programme (Lefebvre, Lasater, Carleton & Peterson, 1987). McKee (1992) discusses several different programmes 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 programmes.

Peattie, Peatte and Clarke (2001) in their empirical research brought into focus an important aspect of a holistic approach to the promotion of sun safety within public policy. This encompassed a much wider range of initiatives in combating skin cancer rather than continued emphasis on raising awareness of the risks and protective behaviour through health education which was common with other health programmes. They also emphasized on the need to offer clear information to the members of the society which should be backed up with practical changes. They concluded that 'more education, more awareness' might seem like the obvious answer to improving sun safety, but experience

suggests that high level of awareness cannot create behavioural change unless the many barriers to changing behaviour are better understood and overcome which is achieved through social marketing strategy. From their research they indicated that social marketing programmes in health should be designed from a holistic approach so as to achieve the set social objectives.

Social Marketing National Excellence Collaborative (2003) reviewed several cases where social marketing has been applied in public health. One such case is Sacramento PMI where community members aimed at reducing HIV risk. This emanated from scientists in the early 1990s estimating that the numbers of HTV infections were stabilizing in some age groups of Americans, but rising in people under 25 year of age. A social marketing programme was developed capturing all the elements of social marketing of formative research, target audiences, target behaviour, products, price, place, promotion, monitoring and evaluation. This was found to be effective as many youths opted for protective behaviour.

In a second case of changing traditions where the focus was to prevent illness associated with chitterlings, a programme was developed to help African Americans to change how they prepared Chitterlings so as to prevent diseases. This programme utilized grand mothers as the main tool to communicate the new methods since preparation of chitterlings was a tradition passed from one generation to another. The case demonstrated the practical wisdom of applying social marketing strategies to health challenges. In a third case of street vendors and food safety, Alameda County Public Health department wanted the street vendors to meet the required health and safety standards. A social marketing programme was developed where community health teams worked in partnership with local communities and vendors to assess and meet the needs of each neighbourhood while ensuring the delivery of mandated services. The vendors changed their behaviour because the county offered centralized food preparation center and the food vending machines were prepared by a specific manufacturer appointed by the county. In a fourth case, a social marketing approach was used to breast cancer screening for Florida women. This project used a social marketing approach to increase

the number of uninsured and underinsured women aged 50 and older using low-cost breast cancer screening services at their local health department. A strong emphasis on formative research helped identify and segment target audiences, tailor behaviour objectives for women in each category, and take into account the beliefs, values and behavior of women in each target group.

In the Road Crew project, social marketing was used to develop a new product to compete with a dangerous brand, "I can drive myself home, even though I've had too much to drink. In an effort to curb alcohol-related automobile crashes, this programme targeted 21-34 year old men who drive themselves home after an evening of drinking in rural Wisconsin, Texas. The programme designers created a ride service that transported men from their homes to the bars, between bars, and back home again allowing them to enjoy their evening without risk of driving while intoxicated. The programme was labeled a success (Rothschild, Mastin, Karsten & Miller, 2003).

In recent years, the Centers for Disease Control and Prevention (CDC), the U S Department of Agriculture (USDA), the U S Department of Health and Human Services (USDHHS), and other governmental and non-profit organizations have used social marketing to increase fruit and vegetable consumption, to promote breastfeeding, decrease fat consumption, promote physical activity and, influence a wide variety of other preventive health behaviours. State and local communities are using social marketing to increase utilization of the Supplemental Food and Nutrition Programme for Women, Infants, and Children (WIC), prenatal care, low cost mammograms and other health services (Grier & Bryant, 2005).

WorkSafe Victoria, a state-run Occupational Health and Safety organization in Australia has used social marketing as a driver in its attempts to reduce the social and human impact of workplace safety failings. In 2006, it ran 'Homecomings', a popular campaign that was later adopted in New South Wales, Queensland and Western Australia (Reed Business Information, 2008). Sources from the Population Service International resources indicate that social marketing has become an effective way of motivating low-

income and high-risk people to adopt healthy behaviour, including the use of needed health products and services (PSI resources, 2009).

Though Social marketing is being applied in every area of public, it is very difficult to single out projects and cases where we can conclude that 100% of the results have emanated from social marketing activities alone. In addition, because of the cost implication of majority of social marketing activities, there is no defined way of sustaining these programmes so that results can be measured in the long run since, the budget for most public health activities originate from donors and government agencies that can only fund projects up to a certain limits. This has made social marketing not to be continuously used in the area of public health and other sectors in the society. To resolve this, the gaps that exist in the literature and the focus of future research discussed in the following section should be addressed

CHAPTER FOUR

CRITICAL EVALUATION OF LITERATURE AND CONCEPTUAL FRAMEWORK

4.1 Evaluation of literature and knowledge gaps summary

Out of the reviewed literature, it is clear that social marketing is a discipline that is in its growth phase and has room for future development. The literature reviewed provides guidelines on what social marketing is, highlights the elements of social marketing and the steps in social marketing process. In addition it has also focused on behavioural theories upon which social marketing programmes focusing on public health are based. It is also eminent from the literature that social marketing application is on the rise in various sectors of the society such as public health even with its existing ethical challenges.

Though social marketing has been applied as a strategy to handle societal problems in public health such as breast cancer screening, tobacco smoking cessation, the literature available does not provide clear indication when social marketing is applicable, where it is applicable and the role that it plays in the performance of social resources such as NGOs and CBOs. Further, no literature exists on evaluation of the effectiveness of social marketing interventions and the factors that would make social marketing programmes successful leaving a knowledge gap.

The definitions given by the scholars on social marketing are also not agreed upon bringing confusion in what social marketing can do. To fill in this gap, the current author suggests that social marketing be defined as "a process which uses marketing techniques to influence the key concepts of an individual, that is, value systems, beliefs, attitudes and perception so as to achieve a voluntary desirable behavioural goal that brings social good to both the individual and groups within a society". In addition, the literature available has not provided a unified decision on the elements of social marketing which has created disparity in the design and implementation of social marketing with some authors

emphasizing the 8Ps while others emphasis consumer research, segmentation and orientation.

Further, in the literature, social marketing has been labeled as manipulative since it does not consider the thoughts and ideas of the target audience. No literature has been documented to support this claim necessitating future research. In addition, the last decade has seen a paradigm shift in commercial marketing, from transactional to relationship marketing. This would have a dramatic implication on social marketing and its programmes. However, little has been written on what relationship marketing's role would be in social marketing leaving a gap that future research needs to address. At the same time, there is need to research on creating social marketing brands and how well they can be marketed to the target audience.

The theoretical foundation of social marketing, though rich has not been integrated and there is no clear indication on how to develop a workable framework that would make social objectives to be achieved more easily and effectively using social marketing. Much of this problem originate from the perception and attitudes that many would-be clients have that social marketing programmes are meant to help and not to satisfy a need and the people carrying out such activities have been funded to do so unlike commercial marketing where each coin has to be accounted for in terms of results. Thus, since behaviour change is influenced by various factors, future research should focus on all the factors identified in the theoretical framework and their combined impact on behaviour should be evaluated. An integrated framework should also be developed to guide social marketing programme planners.

In the empirical literature on social marketing, much literature has focused on the 4Ps of marketing leaving out other key elements such as audience research and segmentation, partnership, purse strings, and policy. This leaves a major gap in understanding the role that these elements would play in making social marketing programmes effective. Further research is needed in this area, especially focusing on continuity and sustainability of the social marketing programmes which would fill in the gap of understanding the role

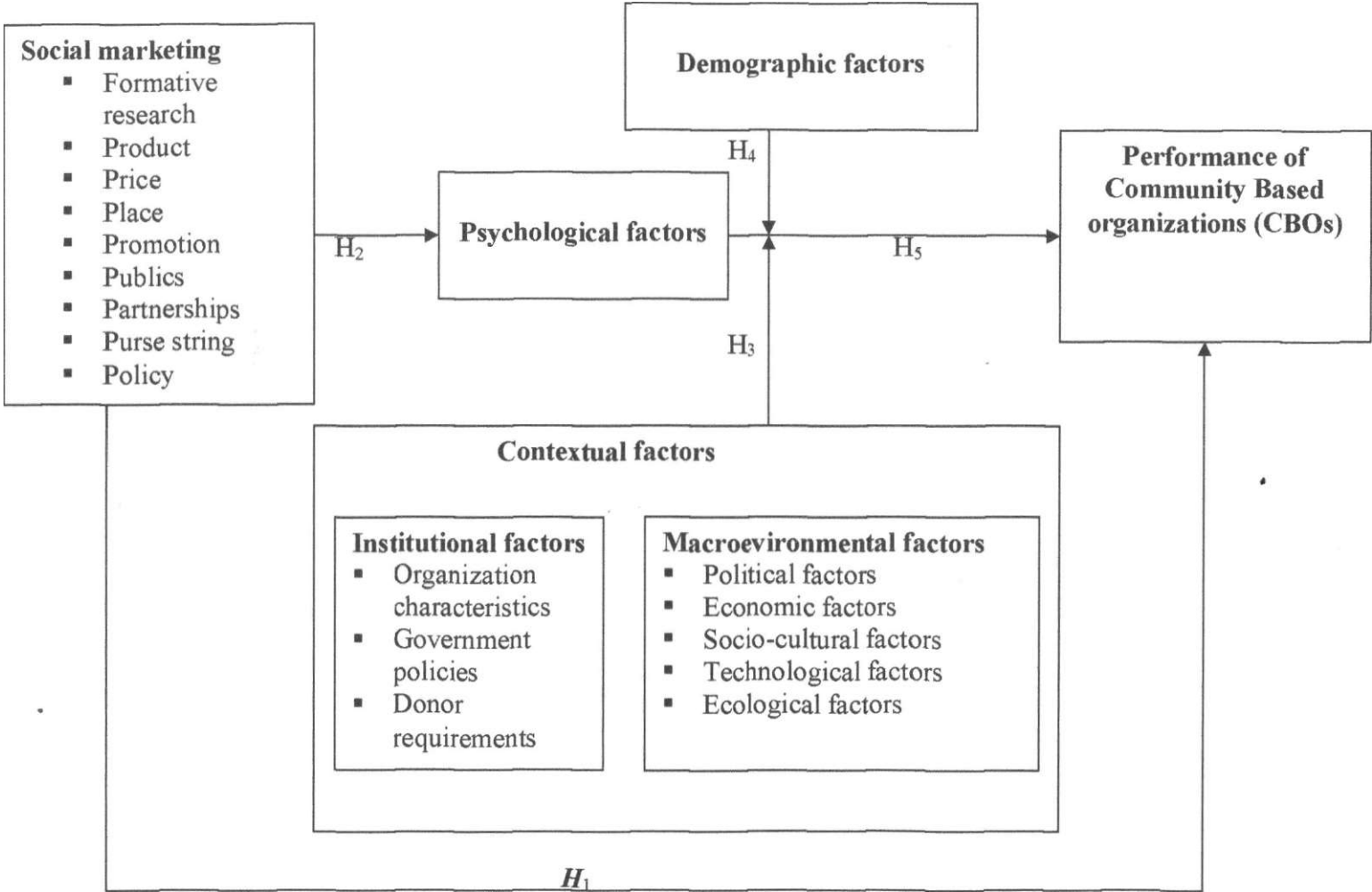
played by the highlighted elements of social marketing. Further, in the literature, a holistic approach is recommended when designing social marketing programmes dealing with youths. However, this approach is not clearly described with the most important aspects being highlighted. Further, majority of the researchers utilized focus groups to collect data which at times does not yield full information especially if the area is sensitive such as HIV/AIDS because the members of the focus group fear stigmatization. This leaves a gap on how other data collection methods can be utilized together with focus groups to get more accurate data.

Future research would also need to focus on input-output analysis of social marketing programmes where social marketing programmes would be evaluated based on the inputs. There is also need to evaluate the role and the impact of social marketing on the performance of NGOs and CBOs. This is an urgent area in research because these two forms of organizations have become key instruments in provision and distribution of social goods and are important stakeholders in achieving the MDGs. To carry out this research, the author suggests the conceptual framework illustrated in Figure 5.

4.2 Conceptual framework

Various knowledge gaps have been identified in the reviewed literature. To fill in some of these gaps, the author proposes to carry out a further research on the role and the impact of social marketing on the performance of community based organizations in Kenya. This will fill in gap of the role and the impact of social marketing in achieving social objectives pursued by CBOs. The intended study can be conceptualized as shown in Figure 5.

Figure 5: Conceptual Framework



Source: Author

The schematic diagram represented by Figure 5, shows the relationship between five variables of the intended study. These are social marketing, demographic factors, psychological factors, contextual factors and performance of community based organizations. Social marketing is the independent variable while CBO's performance is the dependent variable.

4.2.1 Social marketing

This is the systematic application of marketing, along with other concepts and techniques, to achieve specific behavioral goals for a social good. Social marketing can be applied to promote merit goods, or to make a society avoid demerit goods and thus to promote society's well being as a whole. It has eight (8) Ps, namely: product, price, place, promotion, purse strings, partnerships, publics and policy.

4.2.2 Demographic factors

These are individual characteristics that have an influence on the behaviour of that person. In the proposed study, demographic factors include age, gender, occupation and status. The study proposes that demographic factors impact on the relationship between social marketing and CBOs performance. They will act as both moderating and independent variables.

4.2.3 Psychological factors

Psychological factors relate to the mental process involved in knowing, learning and understanding things. These precede response/behaviour and constitute inputs into person's thinking, perception, problem solving and information processing. Psychological factors include learning, knowledge and perception. The study proposes that psychological factors impact on the direct relationship between social marketing and CBOs performance. They will act as both intervening and independent variables.

4.2.4 Contextual factors

These are environmental aspects that impact on an organizations performance. In the proposed studies, these are of two types, situational such as organizational characteristics

and macroenvironmental factors such as sociocultural and economic factors. The study proposes that contextual factors affect the relationship between social marketing and CBOs performance. They will act as moderating and independent variables.

4.2.5 Community based organizations performance.

Community-Based Organizations are described as civil society non-profit groups that operate within a single local community to tackle issues that are pertinent to that community. Often however, such activities cross the border of communities. Like other nonprofits, community organizations are often run on a voluntary basis and are self funding. CBOs performance comprises the actual output or results of an organization as measured against its intended outputs (or goals and objectives).

4.3 Conceptual hypotheses

The proposed study will be guided by the following five hypotheses.

- Hi There is a relationship between social marketing and CBO's performance.
- H_z The strength of the relationship between social marketing and CBO's performance is influenced by psychological factors
- H₃ The relationship between social marketing and CBO's performance is affected by contextual factors.
- H_> The strength of the relationship between social marketing and CBO's performance is influenced by demographic factors.
- H₅ The joint effect of contextual factors, demographic factors and psychological factors on the relationship between social marketing and CBOs performance is greater than the effect of each variable.

4.4 Conclusions

In conclusion, for developing countries to achieve the MDGs, substantial work needs to be carried out by each stakeholder using various tools and strategies. The literature reviewed provides substantial information on the field of social marketing as a tool being utilized especially in public health. Specifically it has provided information on what the concept of social marketing refers to, growth and domain of social marketing, barriers hindering its growth, elements of social marketing, and fields in the society where social marketing has been applied. In addition, theoretical foundations of social marketing were reviewed which provided clear information on some of the factors and considerations that need to be put in the mind when designing social marketing programmes such as cognitive factors, environmental factors, structural factors and personal characteristics. Empirical research was reviewed which clearly indicated the usefulness of social marketing in designing and implementing public health programmes for small communities, large counties and entire countries. However, various knowledge gaps were identified which requires attention. The author summarized the knowledge gaps and contributed on the definition of social marketing.

4.5 Recommendations

Out of the reviewed literature, the author recommends that substantial research that will guide further development of social marketing be carried out especially to remove the confusion existing on the definition of social marketing and its key components. Further more documentation should be done on evaluated social marketing programmes indicating successes, failures and the challenges in implementation. In addition, research should be carried out and documented on how to make social marketing programmes interactive and participative so as to remove the thought of them being manipulative. Research should also focus on the role of social marketing in achieving the social change objectives for NGOs and CBOs. Further, more scholars should put effort on designing frameworks that can be utilized to develop sustainable and successful social marketing programmes to achieve social goals.

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