



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

University of Wollongong
Research Online

SBS HDR Student Conference

2010

Sep 30th, 2:30 PM - 3:00 PM

Social Marketing

Geoffrey McLean
University of Wollongong

Follow this and additional works at: <http://ro.uow.edu.au/sbshdr>

McLean, Geoffrey, "Social Marketing" (2010). *SBS HDR Student Conference*. 16.
<http://ro.uow.edu.au/sbshdr/2010/papers/16>

Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library:
research-pubs@uow.edu.au

Description

This paper documents the output from a literature review of social marketing which will be used to formulate a research proposal that will serve as the basis of a DBA thesis. The intention was to evaluate the quality of literature from varying sources and to establish if there were research gaps. The research hypothesis for the thesis is that social marketing has the potential to influence crime reporting behaviour by the general public and thereby facilitate the development of more effective strategies to deal with the problem of criminal damage to property in the form of vandalism and graffiti.

Location

iC - SBS Teaching Facility

SYDNEY BUSINESS SCHOOL

HDR Conference 2010

Literature Review to Inform a Research Proposal for a DBA Thesis

Social Marketing

Prepared by

Geoffrey McLean

Table of Contents	Page
1.0 Introduction	3
2.0 Defining social marketing	3 - 4
3.0 Key principles and practices of social marketing	4 – 9
3.1 <i>Behaviour change focus</i>	4 – 5
3.1.1 <i>Consumer orientation approach</i>	5
3.1.2 <i>Exchange Concept</i>	5
3.2 <i>Overarching Principles</i>	5 - 8
3.2.1 <i>Customer Value (Use of the marketing mix)</i>	5 - 7
<i>Product (functional value)</i>	5 - 6
<i>Price (payment value)</i>	6
<i>Place (availability value)</i>	6
<i>Promotion (communication value)</i>	6 – 7
3.2.2 <i>Selectivity and concentration (market segmentation)</i>	7
3.2.3 <i>Differential Advantage. Competition</i>	7 - 8
3.3 <i>Defining Features</i>	8 – 9
3.3.1 <i>Use of market research</i>	8
3.3.2 <i>An integrated planning process</i>	8
3.3.3 <i>Monitoring and influencing environmental forces</i>	8 – 9
3.4 <i>Differentiation between social marketing and commercial marketing</i>	9
4.0 Social Marketing Successes	9
5.0 Challenges to be addressed in the effective use of social marketing	10
6.0 Conclusion	11
7.0 References	12-13

1.0 Introduction

This paper documents the output from a literature review of social marketing which will be used to formulate a research proposal that will serve as the basis of a DBA thesis. The intention was to evaluate the quality of literature from varying sources and to establish if there were research gaps.

The research hypothesis for the thesis is that social marketing has the potential to influence crime reporting behaviour by the general public and thereby facilitate the development of more effective strategies to deal with the problem of criminal damage to property in the form of vandalism and graffiti.

The paper begins with a narrative outlining the evolution of definitions of social marketing (section 2.0). This is followed by a section describing the key principles of “generic marketing and social marketing (Section 3.0). The effectiveness of social marketing is addressed, (Section 4.0). The challenges to the facilitation and possible solutions to the wider use of social marketing are discussed in the next section, (Section 5.0). The challenges to the effective use of social marketing are discussed in the next section, (Section 6.0). The last section (Section 7) is the conclusions derived from the review.

2.0 Defining social marketing

Social marketing, like “generic “marketing is theory based and is predicated on “other bodies of knowledge incorporating concepts from psychology, sociology, anthropology, and communications, (MacFadyen, et al. 1999: p.1).

The concept of social marketing evolved from an article authored by Wiebe in 1952 where he posed the question “Why brotherhood can’t be sold like soap?” (Wiebe, 1952: p. 679). Wiebe’s question implied that whilst the efforts of vendors of soap (and other commodities) were generally effective but efforts by the “vendors” of “social causes [often] were not”.

Kotler and Zaltman (1969, 1971) pointed to the mixed results being obtained from “social advertising”, and argued that a new approach was needed, this approach they termed as being “social marketing”. They concluded that “social advertising “, should be replaced with a “broader” marketing planning approach. Marketing should move beyond its traditional focus on economic transactions and include considerations of “...programs calculated to influence the acceptability of social ideas”... Also such elements as product planning, communication, distribution, and marketing research should be utilised in pursuit of social outcomes, (p.5).

Since then, social marketing has been the topic of (sometimes quite spirited) debate (e.g. Bartels, 1974; Graham 1993 and Luck; 1969, 1974); and discussion amongst academics and practitioners (e.g. Andreasen, 2002; MacFadyen et al. 1999; Smith, 1997; Walsh et al., 1993). Since 1971 a number of definitions for social marketing have been proposed but a common thread in most if not in all of them is the philosophy that social marketing involves the design and implementation of a “marketing mix” comprising: product, price, promotion and placement, and this mix is integral to achieve social outcomes, i.e. behavioural change.

This brings us to an adapted definition of social marketing of Andreasen’s, (1995) definition of social marketing devised by Donovan & Henley's (2003) as follows:

"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". Donovan & Henley (2003: p.6)

Further in framing this definition they have assumed that:

- The United Nations Universal Declaration of Human Rights is used as the baseline definition of the 'common good'.
- As well as focussing on individual behaviour change, its scope should be the "inclusion of changes to the social structure to enable people to reach their potential", (p.6).

Donovan (2005) expanded the second key point to the identification and targeting of: "Those in power to make structural changes that: remove barriers, give individuals the capacity and resources for change and facilitate the adoption of desired behaviours, i.e. upstream social marketing;

Donovan & Henley, (2005) and Andreasen, (2002) suggest that endeavouring to influence upstream decisions that impact on involuntary audience behaviours is not only appropriate, it is a legitimate use of social marketing. Donovan and Henley (2005) give as examples: achieving a reduction in smoking by persuading the government to enact legislation to ban the display and advertising of tobacco products and/or increase the price via duties. This upstream approach targeting legislators is likely to be much more effective than downstream approaches. Whilst the behaviour of the government is voluntary, the impact on the end users' consumption of tobacco is involuntary. Likewise, they argue that as part of an upstream social marketing approach, legislators could be lobbied to voluntarily enforce such substitutions in food as iodised salt, thereby achieving involuntarily behaviour changes by both food manufacturers and individuals.

3.0 Key principles and practices of social marketing

Andreasen (1995) Donovan & Owen (1994) cited in Donovan & Henley (2003: P.21) propose the following principles and practices of marketing apply to social marketing:

- Behaviour Change focus
 - Consumer orientation [approach]
 - Exchange concept
- Overarching principles
 - Consumer value (use of the marketing mix)
 - Selectivity and concentration (market segmentation)
 - Differential advantage (competition)
- Defining features
 - Use of market research
 - Integrated approach to implementation
 - Monitoring and influencing environmental forces

3.1 Behaviour change focus

As the foregoing describes the defining characteristic of social marketing includes the notion of achieving behavioural change in target audiences and that it is at the base of the design of any social marketing strategy and therefore any evaluation of outcomes. This means that all elements of the marketing mix need to facilitate an exchange process taking place, as this is fundamental to any/all marketing strategy (Kotler, et al: 2002; Brenkert, 2001; Andreasen 1994; Luck, 1969). Whilst communication elements in the marketing mix can create/induce favourable positive

attitudes towards behaviour the environment also has a critical role in the adoption of the behaviour and programmes should include strategies to remove those barriers, (Donovan, 2005).

3.1.1 Consumer orientation approach

Weininger, (2003) argues that too often the approach taken by public health practitioners is that they know what is best for the public. Contrast this with the consumer primacy approach (consumer orientation) which is the basis of many marketing concepts and is used by social marketing practitioners to achieve social change and obtain social benefits.

To utilise the marketing conceptual framework requires an understanding of the consumers or target audiences whose current behaviours are the focus of social marketing efforts (Grier & Bryant, 2005). As implied earlier a consumer orientation recognises that the consumer is central to, and an active participant in, the social marketing process, (MacFadyen, Stead & Hastings, 1999). Therefore, social marketers must be aware of, and responsive to, consumer needs and aspirations (Lefebvre & Flora, 1988).

3.1.2 Exchange Concept

Exchange is described as a core concept of marketing by Donovan & Henley (2003), and it refers to the “transmission of value between two or more parties in a transaction”. Alderson (1957, p.15) The concept is described as “Marketing is the exchange that takes place between the consumer and the supplier (cited in Andreasen 2005) The factor differentiating exchange from need satisfaction is that each party to the exchange gains and receives value. In addition each party perceives the offering has costs and therefore each must benefit, or at least perceive themselves to be no worse off, by the exchange, (Donovan & Henley 2003; Kotler & Andreasen, 1987). “Value is calculated by the ratio of perceived benefits to the costs and this determines choice between alternatives (Donovan & Henley, 2003 p.25).

Donovan & Henley (2003, p.26) suggest to utilise the exchange concept social marketers must:

- Offer something of value to target audiences.
- Recognise that resources (e.g. time, money, physical discomfort) must be outlaid by consumers in exchange for the promised benefits.
- Acknowledge that all exchange participants, including intermediaries, must receive something in return for their efforts

3.2. Overarching Principles

3.2.1 Customer Value (Use of the marketing mix)

Blending the 4 P's: product, price, promotion and place to provide customer value:

Product (functional value)

In social marketing, the “product” is the behavioural offer to the target audience that the campaign organisers would like them (i.e. 'consumers') to accept or adopt. The product can be an action (e.g. exercising more often) or tangible item, programme or service (e.g. needle exchange, condoms, an information service, help line or an idea, belief, attitude or value (Hastings, 2005). The product must be positioned, presented

and/or modified in such a way as to maximise benefits and minimise costs thereby delivering functional value to the consumer.

Functional value is delivered to the consumer by providing evidence of the benefits of the 'product'. For example, people who understand the benefits of early detection of changes in the bowel lining indicated by polyps or detecting blood in stools will be more likely to participate in a bowel cancer screening programme. Often participation in such screening programmes is not much fun -but they can bring health, social and financial benefits. To gain greater participation those benefits perceived as being important to the consumer need to be emphasised.

Price (payment value)

In social marketing, costs can involve sacrifices related to psychological wellbeing (e.g. increased anxiety), emotional, social (e.g. possibility of criticism or ostracism), economics (e.g. financial sacrifice), time or other "barriers to overcome", (Hastings, 2005).

An understanding of the price can be used to promote benefits for the consumer (e.g. the inconvenience of preparing a healthy meal can be rewarded with enjoyment and fun through the learning of new recipes and/or by involving family members; or financial benefits i.e. increased savings from not buying takeaways.

Place (availability value)

In social marketing this refers to the channels by which the change is promoted and comes from providing locations or channels (availability value) that provide opportunities for the consumer to try and practise the behaviour or to experience the service/product (Stead, 2005). When the product is a physical item, it must be easily obtainable by consumers. In terms of an intangible item such as crime reporting it must be 'socially available' i.e. supported within the consumer's social sphere. Wallack et al., (1993) pointed out that too often people have the motivation to change but lack the opportunity or ability to change, i.e. there is no availability value, (cited by Andreasen in Gundlach, Block and Wilkie, 2007). Wallack (1993) and others have argued that in such cases upstream social marketing was required to change the policies and practices that created barriers to people changing to desired behaviour.

Promotion (communication value)

Promotion describes the marketers' efforts to communicate the behavioural change or ideas to the target audience so that they are aware of the product and its benefit/s, its price and where it is available. The promotional mix can include an integrated programme of: advertising, publicity, public relations, sales promotions and sponsorships. Their purpose is to cultivate with the target audience positive attitudes and intentions regarding the product paving the way for behaviour change, i.e. deliver a perception of (communication) value to the target audience.

The evaluation of the promotional effort would be the extent to which the change is known and appreciated by the target audience, (Hastings, 2005: p. 72).

The marketing mix and their delivery of customer benefits are tied together by concept of there being a core product, augmented product and the actual product, Kotler (1988) cited in Andreasen, (1995). Andreasen (1995) gives the example of a campaign to promote physical activity. The core product may be a healthier and longer life through reduction in the risk of contracting cardiovascular disease, the

actual product may be an exercise programme, the augmented programme may be the provision of a crèche, discounted gym fees, well-appointed shower and changing facilities etc., (p.27). This concept provides insights into the means to compete more effectively against the competition.

3.2.2 Selectivity and concentration (market segmentation)

Market segmentation is one of the most important principles of marketing Kotler & Lee (2007). In social marketing, marketers segment their market, then evaluate the segments, then select market priorities and then tailor marketing strategies (including products, prices, promotions and placements) that are considered to be the most responsive to the needs of the different target audiences, (Andreasen, 2002; Donovan & Henley, 2003; Hastings, 2005; Kotler & Lee, 2009).

Andreasen (1995: p.190) suggests that 9 factors be ranked to evaluate market segments in order to prepare for decisions regarding selection of targets, being:

- need for intervention which is a function of :
 - segment size; how many people in the segment? What percentage of the population do they represent? ;
 - problem incidence; how many people in the segment are either engaged in the problem related behaviour or not engaged in the desired behaviour?
 - problem severity; the level of harm being caused by the level or seriousness of problem incidence;
 - defencelessness; to what extent can the people “take care of themselves” or the extent of the support required.
- reachability; Can the audience be identified readily and reached?
- general responsiveness (readiness to change). Is the segment “ready willing and able to change”?
- incremental costs; How do estimates of costs to reach and influence the segment compare with other segments?
- responsiveness to marketing mix; how responsive is this market likely to be to social marketing strategies (product, price, promotion and place)?; and,
- which segment brings the best match between organisational capabilities (mission, expertise and resources)?

Andreasen (2002) and Kotler & Lee, (2008) argue that segmentation of the target audience ensures maximum efficiency and effectiveness in the use of limited resources, and facilitates resource allocation in an “objective, systematic and cost effective manner (Kotler and Lee: 2008: p.131).

3.2.3 Differential Advantage. Competition

Competition in social marketing is viewed as those behaviours and related benefits that target audiences may prefer over the behaviours social marketers seek to promote; existing behavioural habits; organisations and individuals who counter or oppose the desired behaviour (for example in quit smoking campaigns – the Marlboro Man, (Kotler and Lee, 2008; MacFadyen, Stead & Hastings, 1999). Other social marketers and even public health practitioners may be in competition with each other to reach similar or related target audiences. This may lead to noise which interferes with the communication process, which making it even more difficult to reach target audiences.

The competition detailed above highlight the need for good assessment and also strategies to overcome/manage it. Moreover, social marketers and other public health practitioners should work collaboratively to ensure that their efforts effectively reaching their audiences.

McKenzie Mohr & Smith (1999) cited in Kotler and Lee (2008) recommend four non-mutually exclusive tactics to deal with competition.

1. "Increase the benefits of the target behaviour.
2. Decrease the barriers (and or costs) to the target behaviour;
3. Decrease the benefits of the competing behaviour(s).
4. Increase the barriers (and or costs of the competing behaviours"

3.3 Defining Features

3.3.1 Use of market research

Social marketing research is needed for the same reasons as in commercial marketing. All social marketing planners should use appropriate and adequately resourced evaluation(s) and monitoring processes. Information is needed to identify and understand consumer needs, wants, attitudes, perceptions and behaviours. Research also provides processes to test social marketing interventions (including new products); advertising and promotion; to gauge consumer satisfaction. Research facilitates the development of the most appropriate marketing mix to achieve marketing objectives.

Donovan & Henley (2003) provide a research framework of four types of evaluation of social marketing interventions that answer, "four key questions"

1. Formative research: What message strategies and materials would work best? In answering this question the social marketer will gain insights into the marketing environment, by obtaining an understanding of, the current behaviours, attitudes, perceptions, values, wants, needs and aspirations of consumers.
2. Efficacy research: Could the campaign actually make a difference if implemented under ideal conditions?" In answering this question, researchers can use "pre-test research" to test strategy elements before they are introduced to specific segments to establish if any "fine tuning" of possible approaches are required.
3. Process research: Was the campaign implemented as planned? Monitoring the campaign will provide insight into the impact of the campaign to see if changes to strategy are needed.
4. Outcome evaluation: What impact if any did the campaign have? The answer to this question provides useful information about potential successes and limitations associated with the campaign, with possible implications for future social marketing interventions.

3.3.1 An integrated planning process

The application of the marketing mix requires an integrated planning process to ensure maximum use and effectiveness of resources (Donovan & Henley, 2003). Social marketing outcomes are often being realised in the longer long term. This means that the approach that requires leadership and commitment. This requires persistence and long-term perspectives rather than short term one off campaigns

(MacFadyen et al, 1999). Hill, (2001) stated that in research he had conducted a strategic process and an overarching marketing plan were often lacking. He argued that long-term integrated planning is essential for major and complex public health issues.

3.3.2 Monitoring and influencing environmental forces

Social marketing must factor in the potential opportunities and risks associated with the environment. The types of environmental influences that impact on social marketing include (as identified by Donovan & Henley, 2003: PP. 38-41) Takes the form of research into political-legal factors, economic-demographic factors, social-cultural factors and finally, technological factors (PEST analysis). This provides the information needed to establish if upstream marketing efforts are required concurrently or prior to any social marketing effort downstream in order for interventions to be successful.

3.4 Differentiation between social marketing and commercial marketing

The selling of healthier behaviours and the selling of commercial products and services have much in common. However, there are also differences. Donovan & Henley (2005) identifies that the key difference as being: the underlying motivation. He argues that "the social marketer's goal relates to the wellbeing of the community, whereas for all others, the marketer's goal relates to the wellbeing of the marketer (e.g. sales and profits, members and donations, political representation".

Social marketing is often more complex than commercial and not-for-profit marketing. The issues are likely to be far more complex (e.g. reducing harmful gambling or smoking behaviours versus purchasing products such as a can of coke or a bike). The number and nature of relationships can be far more complex, e.g. buying shelf space in a supermarket compared to negotiating with politicians and Government agencies to bring about change or obtain funding; General Practitioners and service providers that deliver specific services; and, trying to get industry to restrict products that can contribute to harmful behaviours, particularly where it adversely affects their bottom line.

Social marketers strive to change the unhealthy or antisocial behaviours of a large percentage of the target audience. Product marketers are usually satisfied with small increases in market share.

It may take months or years for the health benefits offered in social marketing campaigns to result. Indeed, many of the benefits sold are preventative in nature, resulting in the absence of an event (e.g. the non-development of cardiovascular disease). Product marketers offer benefits that are realised immediately or soon after purchase of the product.

Social marketers usually attempt to achieve their goals with small budgets. In-kind services, volunteerism and donations of other resources may add to the available resources but the social marketer can seldom match the resources available to product marketers. As a corollary, product-marketing campaigns tend to be supported by more extensive formative and summative research and more professional and extensive communications with the consumer.

4.0 Social Marketing Successes

This section briefly describes the use of those social marketing campaigns to address public health issues which provide evidence of the potential of social marketing to solve other social issues. It is not intended as a systematic or exhaustive review of all social marketing efforts.

There are a number of studies demonstrating the success of social marketing approaches with population groups and across other social, environmental and public health areas.

- Donovan & Henley (2003) highlight the successes of social marketing campaigns to encourage immunisation (Immunise Australia Community Education Campaign), encourage exercise (Life! Be In It); The Freedom from Fear Campaign (1999) achieved a significant change to the way traditional domestic violence campaigns were approached. The campaign successfully targeted potential domestic violence perpetrators to seek voluntary assistance via help lines and counselling services.
- Grier & Bryant (2005) highlight such as the VERB™ programme (encouraging physical activity amongst young people), the Truth Campaign (reducing smoking among teenagers), the Road Crew Project (reducing alcohol-related car crashes) and the WIC campaign (increasing enrolments and improved customer and employee satisfaction with a special Supplemental Nutrition Program for Women, Infants and Children).
- Hastings (2007) gives details of social marketing successes in marketing strategies: to reduce UK prison numbers, to increase awareness of oral and bowel cancer, to reduce speeding and to review the effects of food promotion on children
- The Social Marketing Institute website www.socialmarketing.org/success describes a number of stories relating to social marketing campaigns including: stomach ulcer control, seat belt usage rates in North Carolina, youth smoking prevention in Florida, using rehydration to avoid infant mortality in Honduras, diabetes, breastfeeding, and HIV/AIDS.

5.0 Challenges to be addressed in the effective use of social marketing

The introduction of social marketing as a relatively new discipline has been met with its share of criticism and debate. A lack of definitional clarity and consensus is seen as a hindrance to the evolution of the discipline, (McDermott et al, 2005). Social marketing is often misconstrued as social advertising or health education, or seen as mass media campaigns. As mentioned previously, there has been too much of a focus on (social) advertising rather than an integrated marketing social mix. Consequently, it has been argued that there is an increased risk that social marketing can be misused and/or undervalued.

The application of social marketing requires competent and experienced practitioners. Pirani & Reizes (2005) suggest effective social marketing has been inhibited by a lack of understanding, inadequate training and poor utilisation of core components of social marketing.

Critics have challenged the notion of applying marketing concepts to social issues (e.g. Graham 1993, Hutton, J., 2001 and Luck; 1969, 1974).

Some critics argue that there is too much emphasis on downstream marketing which has an individual focus and contributes to a mentality of a 'blame the victim', Donovan & Henley (2003), Hastings, MacFadyen & Anderson, 2000). Smith, (1998).

There has been in the past a perception of an association between of propaganda and manipulation with social marketing. In order to dispel these perceptions, Grier & Bryant (2005) suggest social marketing campaigns need to:

- "Focus less on communication to inform people about public health products, {by putting an emphasis on an integrated marketing mix}.
- Involve consumers/communities as partners in the planning and implementation process.
- Have a consumer orientation..... (viewing consumers at the centre of everything you do, involving them as true partners) as the central tenet for public health organisations."(cited in Perese, et al, 2005).

6.0 Conclusion

Social marketing has evolved into much more than mass media or public education campaigns. Although they have similar goals, the key distinctions between social marketing and public health promotional efforts are: the strategic approach to the design and implementation of programmes and the integration of a marketing conceptual framework rather than just social advertising.

Whilst the concept of social marketing (i.e. the application of the marketing mix to social issues) is generally accepted, there is no universally accepted definition or description for how the principles of social marketing should be applied. For the purpose of this paper and research project the following definition of social marketing will provide guidance.

"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"

As well as focussing on individual behaviour change, [downstream marketing approach], its scope should [include] changes to the social structure [upstream marketing approach] to remove environmental barriers to behavioural change] to enable people to reach their potential", (Donovan & Henley, 2003: p.6).

The following principles and practices of marketing apply to social marketing:

- Behaviour Change focus
 - Consumer orientation [approach]
 - Exchange concept
- Overarching principles
 - Consumer value (use of the marketing mix)
 - Selectivity and concentration (market segmentation)
 - Differential advantage (competition)
- Defining features
 - Use of market research
 - Integrated approach to implementation
 - Monitoring and influencing environmental forces

References

- Andreasen, A. (1995). *Marketing social change: Changing behaviour to promote health, social development and the environment*. Jossey-Bass, San Francisco.
- Andreasen, A. & Kotler, P. (2008). *Strategic marketing for non-profit organisations*, 7th. edition. Pearson Education, Upper Saddle River, New Jersey.
- Carroll, T.E., & Van Veen, L. (2002). Public health social marketing: The Immunise Australia Program. *Social Marketing Quarterly*. VIII (1), 55-61.
- Cateora P., Sullivan Mort, G., D'Souza, C., Taghian, M., Weerawardena, J. & Graham, J. (2009). *International marketing*, McGraw-Hill, Sydney.
- Coyle, S.L., Boruch, R.F., and Turner, C.F. (Eds.) (1989). *Evaluating AIDS prevention programs*. Washington D.C.: National Academy Press.
- Donovan, R., & Henley, N. (2003). *Social marketing: Principles and practice*. Melbourne, Australia: IP Communications.
- Donovan, R. J. and Owen, N. (1994). Social marketing and population interventions. In R.K. Dishman (Ed.), *Advances in Exercise Science* (2nd ed.). Illinois:
- Gundlach, G., Block, L. & Wilkie, W., (eds). (2007). *Explorations of marketing in society*. Thomson Higher Education, Mason, OH.
- Hill, R. (2001). The marketing concept and health promotion: A survey and analysis of recent health promotion literature. *Social Marketing Quarterly*, 7, 29-53.
- Hastings, G. (2005). *Social marketing: why should the devil have all the best tunes*. Elsevier, Oxford
- Hutton, G. (2001). Narrowing the concept of marketing. In M. Ewing (ed.). *Social marketing*. Haworth Press. New York (5-24).
- Institute for Social Marketing, University of Stirling and Open University. Available at <http://www.ism.stir.ac.uk/about.htm>
- Kotler, P. & Lee, N., (2007). *Marketing in the public sector: a roadmap for improved performance*. Wharton School Publishing, Upper Saddle River, New Jersey.
- Kotler, P. & Lee, N., (2008). *Social marketing: influencing behaviors for good*. 3rd. edition. Sage Publications, Thousand Oaks, California.
- Kotler, P. & Lee, N. (2009). *Up and out of poverty: the social marketing solution*. Wharton School Publishing, Upper Saddle River, New Jersey
- Kotler, P. Levy, S. (1969). Broadening the concept of marketing. *Journal of Marketing*, 33, Jan., 10-15.
- Kotler, P. & Levy, S. (1969). A new form of marketing myopia: rejoinder to Professor Luck. *Journal of Marketing*, 88, July, 55.
- Kotler, P. Roberto, N. & Lee, N. (2002) *Social Marketing: Improving the quality of life*. 2nd edition. Sage Publications, Thousand Oaks, California
- Kotler, P. & Zaltman, G. (1971) Social marketing: an approach for planned social change. *Journal of Marketing*, 88, July, 3-15.
- Lazarfeld, P. & Merton, R. (1948). Mass Communication, popular taste and organized social action. In Marris, P. & Thornham (2002). *Media studies a reader*. New York University Press, New York,
- Lefebvre, R. (2000). Theories and models in social marketing. In P. Bloom & G. Gundlach (eds.) *Handbook of Marketing and Society*. Sage Publications, Thousand Oaks, California, 506-508.
- Luck, D. (1969). Broadening the concept of marketing too far. *Journal of Marketing*, 88, (July) 53-55.

- Luck, D. (1974). Social marketing: Confusion compounded. *Journal of Marketing*, 38, 70-72.
- MacFadyen, L., Stead, M., & Hastings, G. (1999). A synopsis of Social Marketing. Centre for social marketing. Centre for Social Marketing, University of Strathclyde, . Glasgow.
- McDermott, L., Stead, M., Hastings, G. (2005). What Is and What Is not Social Marketing: The Challenge of Reviewing the Evidence. *Journal of Marketing Management*, 21: 545-553.
- Novelli, W. (1996). SMQ centerpiece: An interview with William D. Novelli. *Social Marketing*, QIII: 27-50.
- Perese, L. Bellringer, M. & Abbott, M. (2005). Literature review to inform social marketing objectives and approaches and behaviour change indicators, to prevent and minimise gambling harm. Health Sponsorship Council, Wellington, NZ.
- Price, N. (2001). The performance of social marketing in reaching poor and vulnerable in AIDS control programmes. *Health Policy and Planning*, 16, 3,: 231-239.
- Smith, B. (1998). Forget messages...think about structural change first. *Social Marketing Quarterly*, 5 (3), 74-75.
- Smith, W.A. (1997). Social marketing: Beyond the nostalgia. In M.E. Goldberg, E.M. Fishbein & S.E. Middlestadt (Eds.), *Social marketing: theoretical and practical perspectives*. Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Walsh, D.C., Rudd, R.E., Moeykens, B.A., & Moloney, T.W. (1993). Social marketing for public health. *Health Affairs*, 12 (2), 104-119.
- Weininger, M.A. (2003). The challenge of social marketing: Can public health promotional efforts compete in the market. Texas: University of Texas, School of Public Health.
- Wiebe, G.D. (1952). Merchandising commodities and citizenship on television. *Public Opinion Quarterly*, 15, 4. Winter, (1951-1952) 679-691.