The Integration of Behavioural Change Models in Social Marketing Programs in Public Health

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ABSTRACT The aim of the paper is to provide a conceptual theoretical framework of the integration of the theories and models of behavioural change in the marketing mix of the social marketing programs applied in public health. A second purpose is to highlight the benefits of social marketing over alternative techniques used in programs that are designed to influence health behaviour. The research is a conceptual one, that uses both theoretical (through examination of theories and concepts) and applied approaches (through examination of particular cases and examples). In the specialized literature there are presented multiple models/theories of behavioural change, but their specific application in the marketing mix of the social marketing programs is insufficiently described. The need to use these theories in the public health sector arises from the extended application of social marketing in this field and the specificity of the domain. Eight main theories of behaviour change were studied according to their purpose, variables (possibility of segmentation) and limits. Accordingly, the study presents how these theories can be integrated in the process of social marketing implementation in defining the marketing mix strategy. In this regard, it is important to underline the advantages of using social marketing (in contrast to alternative techniques like PRECEDE/PROCEED or the ecological models), namely: it is based on consumer orientation, uses marketing research, creates attractive exchanges, considers competition, uses the marketing mix, ensures management of the processes. In addition, some elements of the alternative techniques can be taken over in the application of social marketing. Social marketing is a very useful practical tool, but it needs a well-grounded theoretical support in order to gain ground in front of other similar theories. This paper tends to enhance the theoretical tools available for researchers and practitioners.

KEYWORDS: Social marketing; Health promotion; Behavior change; Theories; Models

JEL CLASSIFICATION: M31, I12

1. Introduction

The aim of the paper is to provide a conceptual theoretical framework of the integration of the theories and models of behavioural change through the marketing mix in the social marketing programs applied in public health. In recent years, the interest in social marketing has increased, especially issues related to public health, prevention, environment, community development and welfare (Chichirez and Purcarea, 2018). Many key social marketing applications have occurred in various fields of health promotion. Social marketing can optimise public health by facilitating relationship-building with consumers and making their lives healthier (Aras, 2011). This explains the specific interest for social marketing applied in public health. A second purpose of this work is to highlight the benefits of social marketing over alternative techniques used in programs that are designed to influence health behaviour. In this regard, was conducted a review of the literature and some practical examples were analysed. The resulted framework is represented by the levels of

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integrating planning tools and behaviour change theories in a social marketing program, including the basics of using theories in establishing the marketing mix.

In the specialised literature there are presented multiple models/theories of behavioural change, but their specific application in the marketing mix of the social marketing programs is insufficiently described. Moreover, the need to use these theories in the public health sector arises from the extended application of social marketing in this field and the specificity of the domain. This paper analyses eight main behaviour change theories: the Health Belief Model; the Theory of Reasoned Action/Theory of Planned Behaviour; the Transtheoretical Model; the Precaution Adoption Process Model; the Health Locus of Control; the Social Learning Theory; the Social Cognitive Theory; the Diffusion of Innovations Theory. In order to understand the possibilities of integrating these theories it is important to determine their: purpose, the variables that can be useful in the segmentation process and the limitations.

This paper presents in which way social marketing can integrate the behaviour change theories in the basic marketing mix: Product, Price, Place, Promotion. At the same time, the importance of using social marketing as a technique for planning and implementing behavioural change programs in health is highlighted and are presented the advantages of using social marketing rather than other models.

2. Theoretical background

There are a variety of methods and theories orientated towards behavioural change of the target audience that can be used in health promotion programs. In order to make the right choice, it is necessary to know in depth the possibilities offered by each one, but also the possible shortcomings. In the specialised literature we find multiple models of behavioural change, the most analysed and most used being:
- The Health Belief Model
- Theory of Reasoned Action/Theory of Planned Behaviour
- Transtheoretical Model
- Precaution Adoption Process Model
- Health Locus of Control
- Social Learning Theory
- Social Cognitive Theory
- Diffusion of Innovations Theory

In order to understand these theories and how they can be applied (especially in the field of social marketing), we present in Table 1 a brief description according to their purpose, audience segmentation possibilities and limitations.

Theories are fundamental in designing behaviour change interventions, because they specify key constructs and relationships and the underlying scientific explanations of the processes of change and link behaviour change to constructs in a systematic way (Michie and Johnston, 2012). Some of these theories proved their effectiveness in a particular context. For example, in a study were analysed the effects of applying social marketing theory and the Health Belief Model in promoting cervical cancer screening among targeted women in Sisaket Province, Thailand. The activities lasted 8 weeks and included: trainings, knocking the door activities, meetings, discussions, distribution of promotional materials etc. According to the results, after the program implementation there increased the perception of severity of cervical cancer, the perception of practice in the prevention of cervical cancer and the perception of obstacles in cervical cancer screening in the target audience (Wichachai et al, 2016). Another study, using the Health Belief Model in social marketing, that collected data from 250 respondents in Accra, found that among the constructs of the HBM, perceived susceptibility, perceived barriers, cues to action and self-efficacy are statistically significant in explaining people's behaviour towards cholera prevention (Tweneboah-Koduah, Atsu and Odoom, 2019). It is important to mention that the Health Belief Model (HBM) is the most well-known and commonly used psychological model to explain and predict health behaviours, ranging from preventing tobacco usage to breast cancer (Nayna and Joe, 2018; Chin and Mansori, 2018), and that is a reason to implement it in the social marketing process.
Table 1. The essence of behavioural change theories according to purpose, audience segmentation possibilities and limitations

| Model/Theory | Purpose | Segmentation | Limits |
|--------------|---------|--------------|--------|
| The Health Belief Model (HBM) | Overcoming personal barriers in adopting preventive behaviour | The perceived susceptibility (of experiencing the risk of illness); perceived severity (consequences of an illness); perceived benefits (effectiveness of recommended behaviour in reducing risk); costs or barriers in adopting behaviour; motivations for action; self-efficacy (self-confidence in the ability to act) | Does not take into account demographic variables, personality factors and the emotional component of the behaviour. The variables are not operationalised and the relationships between them are not specified. |
| Theory of Reasoned Action/ Theory of Planned Behaviour (TRA/TPB) | Developing healthy behaviour based on personal intention. | Behavioural intention; attitude; belief in behaviour; evaluation of consequences of behaviour; subjective norms; normative beliefs; motivation to comply; perceived control over behaviour; control of beliefs; perceived power. | Does not take into account demographic variables and personality; the definition of the construct “the perception of the control over the behaviour” is ambiguous and creates problems in the measurement of the variable. |
| Transtheoretical Model (TTM) | It tends to influence current behaviour, on an individual level. | The behaviour change stage (pre-contemplation, contemplation, preparation, action, maintenance); change processes; decision-making balance; self-efficacy; temptation. | It focuses on the individual, regardless of the influence of the structural or environmental factors that influence the behaviour. It does not produce significant preventative effects, especially in the case of preventing substance abuse in children and adolescents. |
| Precaution Adoption Process Model (PAPM) | Intended for people who have reached the decision to act, with a focus on cautious adoption. | Unconscious (does not know, has not heard, does not have an opinion on ...); not involved (heard about..., forms an opinion); undecided (formed opinion, but is not acted yet); decided not to act; decided to act; take action; maintain. | Refers to precautions, but not to risky behaviour. It does not intend to explain the full range of health behaviours. It should be used in conjunction with other models as it does not have variables for each step. |
| Health-Related Measure of Locus of Control (HLC) | Determining a subtle link between an individual’s inner world and health-related behaviours. | The belief that the individual can control his or her own health; the belief that individual health is under the control of other people; the belief that individual health is influenced by chance or fate. | Deviation from social learning theory: the value attributed to health was not taken into account in predictions. The theory is too narrow for complex explanations. |
| Social Learning Theory (SLT) | Development of changes at the societal level. | Attention; retention; behavioural reproduction skills; motivation. | Does not provide explanations for all behaviours. |
| Social-Cognitive Theory (self-efficacy) (SCT) | Learning behaviour through the continuous interaction of individuals, behaviour and the environment. | Psychological determinants of behaviour; observational learning; the environmental determinants of behaviour; self-efficacy; moral detachment. | Because it is a vast theory, it has not been sufficiently tested. |
| Diffusion of Innovations Theory (DIT) | Design the intervention according to the perception on the innovation related to behaviour: knowledge, persuasion, decision, implementation, confirmation. | Innovators; early adopters; early majority; late majority; laggards. | An implicit assumption is that a certain innovation will be disseminated and adopted by all members of a target group and will not be reinvented or rejected. |

(Source: Developed by authors based on: Fishbein and Yzer, 2003; Gielen and Sleet, 2003; Bandura, 1971; Glanz, Rimer and Viswanath, 2008; Sahin, 2006; Şcoala Națională de Sănătate Publică și Management, 2006)
Theory of Planned Behaviour (TPB) is widely used in deriving the likelihood towards a person’s intended health related behaviour, and it is generally applied in the context of public health social marketing (Chin and Mansori, 2018). Though, this theory has been the dominant theoretical approach to guide research on health-related behaviour for the past three decades is subject to different critics and seems that has lost its utility. Even if it have proposed new explanatory measures (i.e., intention and subjective norm), new research designs, and contributed to the development of knowledge, now “what is needed is theoretical development testing new falsifiable hypotheses to explain behavioural phenomena” (Sniehotta, Presseau and Araújo-Soares, 2014).

The Transtheoretic Model (TTM) aims at adopting healthy behaviour or giving up a bad behaviour and it was originally designed for the treatment of the drugs and alcohol, but then it has been checked and on other behavioural patterns in education and health (Chichirez and Purcarea, 2018). For example, a paper that combines the Transtheoretical Model (the five stages of change) and the fundamental principles of social marketing, such as consumer orientation, targeting, value creation and exchange through 4Ps (product, place, promotion, and price), explains how it can be applied to mental e-health, in the context of developing anti-depression campaigns (Levit, Cismaru and Zederayko, 2016). Even if it is one of the most widely used theory, according to Davis et al. (2015) Transtheoretical Model has been criticised and its results being questioned in different reviews. Some disadvantages of a certain model can be compensated by another one - if the TTM lacks the specificity to identify hard-core smokers, a stage-based behaviour change model which includes ‘no intent to quit’ as a distinct stage, like the Precaution Adoption Process Model (PAPM), may be useful in this regard (Buchanan, Magee and Kelly, 2019).

Social Cognitive Theory provides intensive understanding in human behavioural change and has major contribution in achieving health related social marketing’s goal: to create, promote and maintain healthy behaviour in the society (Chin and Mansori, 2018). It is also presented as the most important behavioural change, based on the principles of social learning (Chichirez and Purcarea, 2018), that begins to reconcile the conflicts between the individual and collective view (Hastings and Saren, 2003). Lien and Jiang (2016) launched an appeal to health professionals to implement, besides conventional educational strategies, innovative strategies for diabetes care considering patients’ needs. In this regard they mention the Diffusion of Innovation Theory that emphasises applying social marketing techniques and social networking as communication channels to rapidly disseminate an innovation.

Developers of health promotion programs should identify the model/theory that best fits the situation and behaviour to be influenced to ensure the success of the program. According to Winett (apud Akhtar and Bhattach, 2015) some theories seem to fit a certain element of the marketing mix: Diffusion Theory and Stages of Change for Product; Social Cognitive Theory for Price; Theory of Reasoned Action, Health Belief Model, Social Cognitive Theory, for Promotion; and Public health and ecological for Place. Promotion seems to receive the most part of the attention, that is a good reason to develop the connection with the other elements too. However, the complexity of health behaviour makes it necessary to use a mix of methods (without abuse). For example, according to an integrated theoretical model based on the concepts of three theories: The Health Belief Model, the Social-Cognitive Theory, the Theory of Reasoned Action, a behaviour is more likely to be implemented if the person has a strong intention, has the necessary skills and there are no environmental constraints. Separately these theories identify a limited number of variables that serve as determinants for a certain behaviour (Fishbein and Yzer, 2003).

To provide a framework for integrating theories, there are tools for process planning such as: the PRECEDE-PROCEED model, the Ecological models, the social marketing (Glanz, Rimer and Viswanath, 2008, p. 29).

The PRECEDE-PROCEED model, frequently used by specialists in the field of health promotion, offers a structure for the systematic application of theoretical concepts regarding the planning and evaluation of behavioural change programs. It comprises 8 phases: (1) social assessment; (2) epidemiological, behavioural and environmental assessment; (3) educational and ecological assessment; (4) administrative and policy assessment; (5) implementation; (6) process evaluation; (7) impact assessment; (8) evaluation of results (Whatnall, Patterson, and Hutchesson, 2019).

Another framework for integrating theories is represented by the Ecological models, which are based on four principles (Glanz, Rimer and Viswanath, 2008, p. 466):
- There are multiple influences on specific behaviours, including factors at the intrapersonal, interpersonal, organisational, community, physical, environmental, political levels.
- Influences interact in the context of these levels.
- Ecological models must be oriented on a specific behaviour and identify the potential influences at each level.
- Staged interventions should be most effective in changing behaviours.

The prevailing idea in ecological models is that favourable environments and policies must be created that make healthy behaviours convenient, attractive and economical, after which the target audience must be motivated and educated to adopt them.

Without disregarding the PRECEDE-PROCEED model or the Ecological models, we continue to emphasise the advantages of social marketing, which is a process of applying marketing principles and techniques in "creating, communicating and providing value in order to influence the behaviours of the target audience that to benefit both the society and the target audience " (Kotler, Lee and Rothschild, 2006). Social marketing applies marketing techniques to induce, encourage and promote social change as a whole, rather than just providing ideas or information; otherwise education and promotion would be sufficient to solve the problem (Da Silva and Mazzon, 2016, p. 2). According to Ling et al (1992) of the strengths of the approach of social marketing in public health are: knowing the audience, systematic use of qualitative methods, detailed monitoring, strategic use of media, realistic expectations, aspiration to high standards, price recognition.

Social marketing can use concepts from the PRECEDE-PROCEED model, especially at the pre-implementation stage. Thus, the formative research of social marketing could be structured in several stages: social evaluation; epidemiological, behavioural and environmental assessment; educational and ecological evaluation; administrative and policy evaluation. On the other hand, ecological models can also be easily integrated into the context of social marketing, contributing to long-term behavioural changes, solving public health problems that are apparently difficult to solve (Daniel, Bernhardt and Eroğlu, 2009). This fact can be achieved by taking into account the modification of the behaviour in stages and taking into account the intrinsic and extrinsic factors of influence of the individual's way of acting. For example, in the article Developing Social Marketing Plan for Health Promotion, we find a social marketing plan structured on three levels: diagnosis, benefits and social change, the marketing mix (Da Silva and Mazzon, 2016, p. 5).

Social marketing is an effective framework for integrating behaviour change theories. Thackeray and Neiger (2000) argue that this integration can be achieved in four areas: planning, understanding consumer behaviour, guiding formative research and evaluating results. In an article signed by Fraze, Rivera-Trudeau and Mcelroy (2007), it is described how the Innovation Diffusion Theory and the Social-Cognitive Theory were implemented in a social marketing program on HIV prevention, carried out by the primary care doctors. Thus, Theory of diffusion of innovation has helped to determine the groups that influence the target audience, to identify the way in which the adoption of innovation by the physician can be facilitated. The social-cognitive theory pointed to finding ways to simplify the targeted behaviour by supporting the working environment in which the communication between doctor and patient took place, with the provision of necessary tools and materials.

3. Approach

The research is a conceptual one, that uses both theoretical (through examination of theories and concepts) and applied approaches (through examination of particular cases). At the first stage, were analysed eight theories of health behaviour, according to three characteristics: scope, the segmentation opportunities, and limits. Subsequently, were analysed three instruments of planning health change programs: the PRECEDE-PROCEED, ecological models and social marketing. After highlighting the advantages of using social marketing in developing programs to influence health behaviour - were presented the levels of integrating into social marketing some elements of the PRECEDE-PROCEED model, and the ecological models, and also the theories of behaviour change. Finally, it was analysed how can the eight theories of behaviour change be integrated in the social marketing process, through the marketing mix.
4. Findings

Making a synthesis of the particularities highlighted by several authors (Lefebvre and Flora, 1988; Andreasen, 2002; Cheng, Kotler and Lee, 2011), we identified the following strengths of social marketing compared to other methods of implementing behavioural change (such as the PRECEDE-PROCEED model, the Ecological models):

- The consumer is placed in the centre of attention - this means that the interventions are designed by having in mind the consumer's wants and needs (not only the priorities of a society as a whole), and afterwards the results are evaluated including by measuring the impact on his/her behaviour.

- Uses the research of the target group at different stages: audience segmentation, elaboration and pre-testing of intervention materials, program evaluation and so on - other planning tools usually focus on environmental research or on particular knowledge and attitudes of the target audience collected at the beginning (and sometimes and the ending) of a project without taking into account other important variables like lifestyle, behaviour, values, opinions regarding promotional messages, materials and channels.

- It proposes attractive exchanges for the audience, which make possible the voluntary change - social marketing is about making people choose the best solution for them, it focuses on convincing not on coercion.

- Identifies and appropriately addresses competition to deliver a more competitive product - by identifying direct and indirect competition we can address it properly and offer products, healthy behaviour, that seem/are more attractive than an unhealthy one.

- It generates changes in the behaviour of the target audience, beneficial both to the audience and the society. By using a complex of methods, social marketing focuses on behaviour change and goes beyond just informing, in contrast to communication or health education.

- It utilises all the marketing mix components (the basic 4 P’s: Product, Price, Placement, Promotion). For example, in communication programmes the accent is placed priority on promotion. In social marketing is developed a product policy that includes usually the desired behaviour, is evaluated the price (financial, psychological, time etc.), is defined the placement policy (where is possible to practice the desired behaviour and where can be found the necessary information), is planned a promotion strategy (selecting promotion techniques and channels).

- Manages programs properly through planning, control, monitoring, implementation and evaluation - social marketing is not just a tactical tool, it comprises a strategic vision.

Thus, social marketing can be the main (general) process planning tool within a program of influencing health behaviours, some elements (as presented below) can be taken from additional tools (such as the PRECEDE-PROCEED model and the ecological models), and subsequently the theories of behavioural change (single or in combination) will be integrated in the process. The levels of integration of these elements are presented in Figure 1. For example, by selecting social marketing as a general processing tool (Level 1) in a program developed for teenagers to adopt a healthy diet (based on fruits and vegetables and less/no fast-food), the developers will use the main techniques of this concept: consumer orientation (making the program being interesting and attractive to young people); research (formative, pretesting and final); segmentation (dividing the teenagers in more homogeneous groups); exchange theory (presenting to the target groups what are they going to gain by adopting a healthy diet in contrast to consuming fast-food); competition analysis (who are the competitors and how can we compete with the messages they promote); marketing mix: determine the product (ex. healthy diet, cooking courses, mobile app for healthy eating), the price (the price of the fruits and vegetables in schools, the psychological price of reducing fast-food consumption), the place (places were teenagers may eat healthy and where the promotional messages can reach them), the promotion (selecting the appropriate messages and channels to reach the target audience); process management and evaluation.

Further are to be decided which elements can be taken from the PRECEDE-PROCEED and the ecological models (Level 2). For the above mentioned program will be important to implement the following steps of the PRECEDE-PROCEED model into the research stage of the social marketing
program: (1) social evaluation (is there a trend of healthy eating in the society as a hole?); (2) epidemiological, behavioural and environmental assessment (besides knowing the lifestyles and behaviours of the young people it is important to determine the impact of unhealthy eating on their health and to know the existing environmental opportunities or impediments of adopting a healthy diet); (3) educational and ecological evaluation (what do teenagers already know about healthy/unhealthy eating); (4) administrative and policy evaluation (in which way the current legislative frame supports healthy eating). By using the concept proposed by the ecological models, it will be necessary to identify the potential influences at each of the following levels: intrapersonal (ex.: unwilling to adopt a healthy diet or to reduce fast-food consumption), interpersonal (the joy of eating fast-food with friends, the power of the influencers), organisational (no healthy food available in schools), community (the tradition of eating outside and not cooking at home), physical (a long distance to the healthy eating points), environmental (short breaks for lunch), political levels (allowing fast-food commercialisation in/nearby schools).

As a final step, it will be decided which theory/theories fit best the specific of the program (Level 3). For example, Transtheoretical Model (TTM) can be used to segment the audience according to the behaviour change stage (pre-contemplation, contemplation, preparation, action, maintenance). The Diffusion of Innovation Theory (DIT) will be used to promote/implement the products established in the marketing mix (especially the mobile app for healthy eating). In this way, social marketing can embrace the specific of other planning tools and integrate the necessary behavioural change theories.

| Level 1: General process planning tool | Level 2: Additional process planning tools | Level 3: Behavioural change theories |
|--------------------------------------|------------------------------------------|-------------------------------------|
| SOCIAL MARKETING                     | PRECEDE-PROCEED                           | ECOLOGICAL MODELS                   |
|                                      | HBM                                       | HLC                                 |
|                                      | TRA/TPB                                   | SLT                                 |
|                                      | TTM                                       | SCT                                 |
|                                      | PAPM                                      | DIT                                 |

Figure 1. Levels of integrating planning tools and behavioural change theories into social marketing
(Source: Developed by the authors)

In addition to the process of determining the purpose and segmenting the audience, the theories of behavioural change also prove to be useful in establishing the mixed marketing strategy. In Table 2 we present how the main theories described above can be integrated in social marketing according to product, price, placement and promotion.

An example that fits the Health belief model is presented by The national cancer control program for 2016-2025 of the Republic of Moldova, where the cervical cancer vaccination and screening represents the product (preventive behaviour regarding health), these simple procedures that bring you the ease of having the situation under control emphasise the price (reduction of perceived costs), making the vaccination and screening available though the family doctor is about placement (ensuring access to preventive services), informative leaflets and articles in mass media are implemented for the promotion (information, promoting awareness). Another example is the The national Caravan We support parents, we encourage breastfeeding, organised by the Ministry of Health in partnership with international organisations, that can be used to describe the Social-cognitive theory. The information campaign was carried out in August 2019, in 9 localities of the Republic of Moldova. Here the product is represented by the mastery practice - development of breastfeeding skills, the social modelling by presenting example of moms who breastfeed, and the improvement of the mental and emotional state of the breastfeeding mom by encouraging fathers to participate and support them in this process.
| Theory                                   | Product                                                                 | Price                                             | Placement                                      | Promotion                                                                 |
|------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------|
| The Health Belief Model                  | Preventive behaviour regarding health.                                   | Reduction of perceived costs (tangible and psychological). | Ensuring access to preventive services.     | Strategies for activating the action through information, promoting awareness. |
| Theory of Reasoned Action/T theory of Planned Behaviour | Advantages and disadvantages of adopting health-related behaviour.         | Changing beliefs about the consequences of an action. | Ensuring the availability of the tools for the planned change. | Change of perception regarding subjective norms. |
| Transtheoretical Mode                    | Self Reassessment, reevaluation of the environment, personal release, social release, stimulus control. | Counter-conditioning, reward.                     | Helpful inter-human relations.               | Change motivation to meet subjective norms.                               |
| Precaution Adoption Process Model        | Informative materials for raising awareness.                            | Increasing the risk perceived for unconsciousness and materials. | Ensuring access to precautionary adoption. | Informing at the steps (1) Unconscious and (2) Not involved. Convincing at: (3) Undecided and (4) Decided not to act. Reminding at: (5) Decided not to act, (6) Acting (7) Maintaining. Highlighting the personal role in health control. |
| Health-Related Measure of Locus of Control | Information about potential preventable health problems.               | Giving up the idea of creating partnerships with the representatives of the religious cults to gain control over one's own health. | Disseminating information on prevention. | |
| Social Learning Theory                  | Creating behavioural models.                                             | Giving up some individual pleasures for the common good. | Identifying opinion leaders and the right models. | Promoting behavioural models of Highlighting the reasons and forming the desire to adopt the behaviour. |
| Social-cognitive theory (self-efficacy)  | Mastery practice skills for applying desired efforts.                    | Self-efficacy for non-compliance.                  | Providing favourable interaction environments. | Verbal persuasion Identification of the observer with the model.          |
| Diffusion of Innovations Theory          | (1) The relative advantage of innovation, behaviour and social influences related products that encourage or necessary for its adoption. | The costs involved Access to innovative behaviour of a certain behaviour. | Explaining the benefits of a simple and accessible way. | Encouraging recommendations from users / opinion leaders. |

(Source: adapted after Daniel, Bernhardt and Eroğlu, 2009; Fraze, Rivera-Trudeau and Mcelroy, 2007; Gielen and Sleet, 2003; Ling et al., 1992; SNSPM, 2006)
In this case, price is about self-efficacy (the effort to learn how to breastfeed correctly); placement refers to providing favourable interaction environments, especially by emphasising the role of the members of the society who have to welcome breastfeeding and this was achieved by organising the open air meetings. In the context of the Social-cognitive theory promotion is realised via verbal persuasion and identification of the observer with the model. In this regard, was promoted the idea that breastfeeding is about the emotional connection with the child, more than just food.

Although, the health promotion activities described earlier can fit a certain theory, in practice they have not used a social marketing approach. By combining some of the behaviour change theories with social marketing as a planning tool can be achieved better results.

As far as we can see, depending on the situation, a certain theory may seem more useful than another or the need to combine them may appear. The contribution of theories on behaviour in the development of social marketing is unquestionable, they "allow professionals to measure, analyse and evaluate problems that cause individuals to make health decisions" (Cheng, Kotler and Lee, 2011, p. 3). By combining some theories the marketing mix will appear to be more complex, and will use a varied set of tools. For example, by combining the Health-related Measure of Locus of Control, Social-Cognitive Theory and the Diffusion of Innovations Theory, the product policy will include: information about potential preventable health problems, some mastery practice and social modelling, the relative advantage of innovation; while the placement will refer to: creating partnerships with the representatives of the religious cults to disseminate information on prevention; providing favourable interaction environments and assuring access to innovative behaviour and related products necessary for its adoption.

5. Conclusions

In this paper are highlighted the benefits of using social marketing in developing behavioural change programs in health, namely: consumer orientation, use of research, creating attractive exchanges, approaching competition, using the marketing mix, managing at all stages. In addition, in order to get a more complex planning tool some elements of the PRECEDE/PROCEED or the Ecological model can be taken over in the application of social marketing, which assumes a relatively flexible structure.

Studying the theories of behavioural change according to purpose, limits and segmentation variables, we presented how they can be integrated in the process of implementing social marketing in designing the basic marketing mix strategy. Thus, in addition to the usefulness in conducting research and carrying out the segmentation process, behavioural change theories also prove to be useful in grounding the Product, Price, Placement and Promotion policy within a social marketing program in the field of public health. All the results taken as a hole provide a theoretical framework, that is represented by the levels of integrating planning tools and behaviour change theories in a social marketing program, including the basics of using theories in establishing the marketing mix.

6. Research limitations and future research

The study does not analyse all the theories that can be integrated with the help of social marketing, other theories, especially those related to communication may represent future research opportunities. Social marketing is a very useful practical tool, but it needs a well-grounded theoretical support in order to gain ground in front of other similar theories. This paper tends to enhance the theoretical tools available for researchers and practitioners. Future research in this regard is essential in order to develop social marketing in public health.

References

[1] Andreasen, A.R. (2002). Marketing Social Marketing in the Social Change Marketplace. Journal of Public Policy & Marketing, 21 (1), pp. 3-13.
[2] Aras, R. (2011). Social marketing in healthcare. Australas Med J, 4(8), pp. 418–424. [online] Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3562881/#R10> [Accessed 18 January 2019].
[3] Bandura, A. (1971). Social Learning Theory. New York: General Learning Press.
Programs in Public Health, Savciuc, O. and Timotin, A. (2019). The Integration of Behavioural Change Models in Social Marketing and Consumer Behavior, 2(2), pp. 48-66.

Chin, J.H. and Mansori, S. (2018). Social Marketing and Public Health: A Literature Review. Journal of Marketing Management and Consumer Behavior, 31(6), pp. 331-335.

Da Silva, E. C. and Mazzaon, J.A. (2016). Developing Social Marketing Plan for Health Promotion, International Journal of Public Administration, 39(8), pp. 577-586.

Daniel, K. L., Bernhardt, J. M. and Eroğlu, D. (2009). Social Marketing and Health Communication: From People to Places. Am J Public Health, 99(12), pp. 2120–2122.

Davis, R., Campbell, R., Hilden, Z., Hobbs, L. and Michie, S. (2015). Theories of behaviour and behaviour change across the social and behavioural sciences: a scoping review. Journal Health Psychology Review, 9 (3), pp. 323-344.

Fraze, J. L., Rivera-Trudeau, M. and McElroy, L. (2007). Applying Behavioural Theories to a Social Marketing Campaign. Social Marketing Quarterly, XIII(1), pp. 2-14.

Gielen, A.C. and Sleet, D. (2003). Application of Behaviour-Change Theories and Methods to Injury Prevention, Epidemiologic Reviews, 25(1), pp. 65–76.

Glanz, K., Rimer, B. K. and Viswanath, K. eds. (2008). Health behaviour and health education: theory, research, and practice, 4th ed, San Francisco: Jossey-Bass.

Hastings, G. and Saren, M. (2003). The critical contribution of social marketing: theory and application. Marketing Theory, 3(3), pp. 305-322.

LeFevre, R. C. and Flora, J. A. (1988). Social marketing and public health intervention. Health Education Quarterly, 15(3), pp. 299-315.

Levit, T., Cismaru, M. and Zederayko, A. (2016). Application of the Transtheoretical Model and Social Marketing to Antidepressant Campaign Websites. Social Marketing Quarterly, 22(1), pp. 54-77.

Li, S.-Y. and Jiang, Y.-D. (2016). Integration of diffusion of innovation theory into diabetes care. Journal of Diabetes Investigation, 8(3), pp. 259-260.

Ling, J.C., Franklin, B.A.K., Lindsteadt, J.F. and Gearon, S.A.N. (1992). Social Marketing: Its Place In Public Health, Annu. Rev. Publ. Health, 13, pp. 341-362.

Michie, S. and Johnston, M. (2012). Theories and techniques of behaviour change: Developing a cumulative science of behaviour change, Health Psychology Review, 6(1), pp. 1-6.

Nayna, A. and Joe, L. (2018). Health Belief Model for Social Marketing of Breast Self-Examination-A Review of Literature, Asian Journal of Management, 9 (1), pp. 493-499.

Sahtin, I., (2006). Detailed Review of Rogers’ Diffusion of Innovations Theory and Educational Technology-Related Studies Based On Rogers’ Theory, The Turkish Online Journal of Educational Technology – TOJET, 5 (2), pp. 14-23.

Snihotta, F.F., Presseau, J. and Araújo-Soares, V. (2014). Time to retire the theory of planned behaviour. Health Psychology Review, 8(1), pp. 1-7.

Şcoala Națională de Sănătate Publică și Management (2006). Promovarea sănătății și educație pentru sănătate, București: Public H Press.

Thackeray, R. and Neiger, B.L. (2000). Establishing a Relationship between Behaviour Change Theory and Social Marketing: Implications for Health Education. Journal of Health Education, 31(6), pp. 331-335.

Tweneboah-Koduah, E. Y., Atsu, N. and Odoom, R. (2019). Using the health belief model in social marketing for cholera prevention. International Journal of Behavioural and Healthcare Research, 6 (3-4), pp. 183-199.

Whatnall, M., Patterson, A. and Hutchesson, M. (2019). A Brief Web-Based Nutrition Intervention for Young Adult University Students: Development and Evaluation Protocol Using the PRECEDE-PROCEED Model. JMIR Res Protoc, 8(3).

Wichachai, S., Songsereon, N., Akakul, T. and Kuasiri, C. (2016). Effects of Application of Social Marketing Theory and the Health Belief Model in Promoting Cervical Cancer Screening among Targeted Women in Sisaket Province, Thailand. Asian Pacific Journal of Cancer Prevention, 17, pp. 3505-3510.

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