



Marketing social marketing theory to practitioners

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Abstract

Social marketing (SM) literature stresses the importance of a strong theoretical foundation for successful communication and campaign building. SM theories accumulate massive amounts of evidence about human behaviour and how to change it, however, only a small percentage of SM campaigns advocating changes in behaviour such as quitting smoking, losing weight, and avoiding texting while driving currently rely on findings from previous research, theories or models. This indicates a need for more dynamic knowledge translation between academics and practitioners and more actionable guidelines for practitioners on how to find and use prior relevant research, theories and models, and make use of them in their work. We argue for the practicality and usefulness of theory at all the stages of SM campaign development. Our method relies on mapping past research, SM theory literature and practical illustrations onto the recommended components of the effective SM campaign. We explain why theory is important and discuss how the appropriate theory for a given SM context and audience can guide in setting communication and campaign objectives, segmentation and targeting, and Product, Price, Promotion, and Place strategies. Our analysis is followed by general recommendations for practitioners on how to make the best use of research findings, theories, and models. We also provide recommendations for researchers on how to make theoretical knowledge more accessible and promote dialogue with practitioners. Our goal is to encourage more SM initiatives grounded in research, theory, and models.

Keywords Social marketing · Research · Theory · Models · Practitioners

1 Introduction/background

“There is nothing as practical as a good theory” (Kurt Lewin, 1890–1947)

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Our motivation for this paper came from an observation that most of the media and online campaigns do not report use of any theory or theoretical models. For example, a recent study found that out of 143 interventions with some formative research conducted, about 77% did not report use of theories or models (Truong and Dang 2017), and those who did relied mostly on the well-known theories. This is all despite the emphasis social marketing (SM) literature puts on having a strong theoretical foundation for campaign building (French 2013; Noar 2006). However, how to do it remains less obvious. Our experience with SM practitioners and graduate and undergraduate students also demonstrates a need for actionable guidelines regarding theory selection and use. Indeed, Manikam and Russell-Bennett (2016) state that “To date there has been no research that proposes how this should be done – only that theory should be used” (page 19). The gap between the vast amounts of knowledge stored in the academia in SM theories and what practitioners are familiar with and ready to use may lead to new perspectives to consider.

In this paper we attempt to make a step in bridging this gap. Researchers and practitioners started noticing a distance between the two and began stronger collaborations and knowledge translation. Manikam and Russell-Bennett (2016) introduced a four stage SM theory-based approach for designing SM interventions that incorporates information search, evaluation of past interventions and theories, theory selection, and use of selected theory and past interventions to design a new intervention. We are following the lead of these researchers to further explore the nuances of matching theory with application. It is important to note that most of the published academic research either focuses on a particular theory, a specific context, or both – which provides limited guidance outside that specific context. Practitioners have often been required to act in the contexts for which academic literature has yet to accumulate, for example, texting and driving, vaping, or cyber-bullying. Hence the need for a more generalized approach that will allow practitioners to follow common steps in developing initiatives for whatever the context might be and to identify the most appropriate theory.

In this paper we use the recommended components of the effective SM campaign, such as segmentation, targeting, objectives setting, and the four Ps, to help map SM theory literature, past research, and practical illustrations. By doing this, we show the practicality and usefulness of research, theory and theoretical models at all the stages of SM campaign development. Our analysis results in recommendations for practitioners on how to select and use theories and recommendations for researchers on how to make theory knowledge more accessible. The aim of this paper is to encourage more SM initiatives grounded in theory.

2 Multiple roles for theory

2.1 Why practitioners should use theory

Practitioners identify a social phenomenon that needs change, such as prevalence of smoking in the population, and design communications and other interventions aimed at tackling this particular behaviour. However, they might soon discover that their interventions are not as effective as they expected, the behaviour is very resistant to change, and thus better tools are needed. This is where findings from previous research,

theory, and theoretical models can help. We should note that the terms theory, models, and results of specific research studies are used interchangeably or complementary in social marketing literature, and we follow such usage in this paper. Lefebvre (2000) explains that although there are models that ascend to theory status (i.e., stages of change model), SM are in general model-based.

The role of SM theories is to relate human behaviours and responses to influences and contexts. Although theories are often perceived as “academic”, it is precisely because theories are based on scientific methods and rigorous testing through application to multiple contexts and situations, that they can significantly improve SM practice (Brennan et al. 2014). A theory is a fact-based structured system of concepts that describe, simplify, explain and predict a phenomenon (Brennan et al. 2014). Theories capture what we know about a phenomenon, break it into factors and explain how the factors work and are related (Rundle-Thiele et al. 2017). Often theories explain which psychological constructs need to be changed before behaviour can change (Michie and Prestwich 2010).

We take smoking cessation as a context and present in Table 1 examples of how some of the most popular theories and models identify what needs to be addressed so that the behaviour change is more likely. In the second column, we use Brennan et al.’ (2014) typology of SM theories, depending on which factors they focus on changing.

Scientific theories and models, such as those presented in Table 1, may seem complicated, but they can be more easily grasped if we note that humans in general are theory-makers: we make connections between different components in phenomena around us and formulate generalizations. However, without a formal hypothesis, rigorous testing, and multiple controlled observations, most of these theories remain non-scientific and can be classified as just naïve theories. Whether they are true or false, such theories guide us in everyday life (Wegener and Petty 1998). Even if we do not realize it, we use intuitive, naïve theories when we predict how certain events could unfold and what could change that course of events. For example, parents could observe that their child does not like broccoli unless it is covered in cheese sauce, or wouldn’t eat apples unless they are sliced into fun shapes, and thus create and start acting on the theory that “if you want to make a child eat an unappealing food – make it more appealing in taste or change its appearance to be perceived as more fun.”

In the same vein, we find that most students and beginning practitioners who do not have a strong theoretical background, when asked to design an intervention to change a behaviour, intuitively know that they need to change something else, often unobservable, first. For example, when asked to design a social ad with the purpose to change smoking habits, many suggest providing information to smokers about the negative consequences of nicotine, thus trying to change the smokers’ beliefs, or providing scary statistics, thus attempting to change the smokers’ emotions. Such intuitions are a good start as they connect interventions to some underlying psychological mechanisms like beliefs and emotions, however, interventions that rely on intuitions and naïve theories may not often lead to effective results. In fact, at times they may even have unintended effects and produce a “boomerang effect” such as an increase in the dangerous behaviour, instead of a decrease (Cho and Salmon 2007).

In the examples above, telling smokers about the dangers of nicotine might not produce any change in belief or in the behaviour – after all, most smokers continue the habit despite knowing the consequences. As well, invoking the emotion of fear (by

Table 1 Examples of SM popular theories used in smoking cessation campaigns and their behaviour change agents

Theory	Bremman et al. (2014) classification	What needs to change before the behavioural change is possible
<p>The Theory of Planned Behaviour (TPB) (Ajzen 1991). According to the TPB, behaviour is determined by the intention to behave in a certain manner, the intention, in turn, is influenced by the attitude toward the behaviour (its evaluation), subjective norm (how significant others view it), and perceived behavioural control or self-efficacy (if the individual feels he/she can adopt the recommended behaviour).</p>	Cognitive / rational economic model (changing beliefs)	An intention to quit smoking is possible if a smoker changes the attitude (beliefs and feelings) toward smoking, experiences peer pressure to quit or realizes that not smoking is the norm, and believes that he/she is capable of quitting (high self-efficacy).
<p>Hierarchy of Effects (HOE) (McGuire 1984) models used in SM, posit that raising awareness has to lead first to understanding, then to attitude change, changes in self-efficacy, perceived outcome expectations, and all these elements collectively will finally lead to change in behaviour.</p>	Behavioural model	The intended target should be exposed enough times to the anti-smoking campaign to be aware of it, pay attention and correctly interpret the message, experience attitude change, realize that quitting is desirable and possible, and envision the benefits that will happen if quitting.
<p>The Extended Parallel Processing Model (EPPM) (Witte 1992, 1998) predicts that in reaction to a fear appeal of the severity of the issue to which individuals find themselves susceptible (think that they are vulnerable to it), people can respond either by danger control (taking an action that is known to lower the risks), or fear control (resorting to maladaptive behaviours that are not effective in protecting them from danger but reduce the experienced fear). Maladaptive behaviours, such as anger or avoidance, are most common when individuals lack self-efficacy (they do not believe that they can carry out the needed action).</p>	Affective/emotional model (changing feelings)	Any time a fear appeal is used (like scary statistics of the dangers of smoking) that an individual might perceive as relevant – a solution should be provided and encouragement that individuals could adopt it – in order to steer them to take the danger control path instead of the fear control one. As well, individuals should know that adopting the recommendations will eventually lead to the desired outcome (high response efficacy) of smoking reduction or cessation.
<p>The Transtheoretical Model of Change (TTM) also called the stages of change model (Prochaska et al. 1994) identifies five stages reflecting the level of readiness of an individual to change (precontemplation</p>	Multi-theory model	It will depend on the stage of the target population. For example, to help those who are certain they want to quit smoking and are ready to take the first steps (they are in the preparation stage), advice could be

Table 1 (continued)

Theory	Bremman et al. (2014) classification What needs to change before the behavioural change is possible
<p>or denial, contemplation or ambivalence, preparation, action, maintenance). It suggests that for individuals found in one of the earlier stages of change, the objective should be to help them move to the next stage through relevant information and encouragement to realize the negative consequences of the status quo. It further provides advice on what recommendations are relevant in each stage and how the person can be helped to move from stage to another toward achieving his/her objectives.</p>	<p>given on how to reduce everyday smoking, handle stress, and replace smoking with more healthful substitutes; focus is on the action plan that seems doable and on further outweighing the benefits of the new behaviour over its perceived costs (Prochaska et al. 2007).</p>

addressing severity of the issue and the audience's vulnerability to it), if not done under the right conditions, might be counter-productive. Indeed, although fear can help trigger realization that a behaviour change is needed, it was shown that when is too excessive and/or when is not followed by specific easy to adopt recommendations, people do not know what to do to avert the threat, so many simply control their fear through denial or engaging in maladaptive behaviour, such as avoidance and anger (Leventhal et al. 1965). Another situation is possible – when a solution is known, but people do not act on it because they do not feel they have the ability to carry out the needed action; it is said that they have low perceived control over the situation, or low self-efficacy. In fact, making people believe that the proposed actions are within their ability and control is so important that many theories and theoretical models such as TTM and EPPM include self-efficacy as one of the crucial components. However, students of SM or beginning practitioners seldom realize the importance of self-efficacy and similar unobservable constructs. Therefore, in order to trigger behaviour change in most cases, practitioners could benefit from a deeper understanding of such psychological mechanisms as information processing, perception, learning, memory, beliefs, attitudes, susceptibility to social influences, and the role of distinct emotions, including fear, guilt, embarrassment, and shame, to name a few. Indeed, consumer insights can be suggested by theories such as EPPM by asking questions like “why do people smoke?” “what do they think are the benefits of smoking?”, “why do they start to smoke?” “what influences people to continue to smoke?” “when do people smoke?”, “what are the costs of quitting smoking and how can they be alleviated”, “are people aware of the immediate and long term health benefits of quitting smoking?”, “do they believe they can follow the action plan” etc. Findings from research studies help solidify the understanding of the multi-faceted approaches needed in behaviour change. Exercises like this could be used in brainstorming sessions or focus groups and they could make practitioners realize and question their implicit assumption(s), better appreciate the role of theory, and avoid missing information from their communication campaigns proven helpful in changing behaviours.

We can see that such implicit assumptions that practitioners have could interfere with their ability to see the barriers to change that people experience. To take another example, overspending constitutes a great challenge for financial planners and governments. This behaviour is highly resistant to change and it shares many characteristics with addictions (Grubman et al. 2011). For this reason, financial planners and designers of SM campaigns may feel powerless in changing a difficult set of habits. It might be difficult to appreciate why people might struggle with overspending. One can make, without realizing it, several significant assumptions, for example, that consumers living paycheck-to-paycheck should understand that they have an overspending problem, they should be prepared and ready to change for the better, and that once a change has been made, it should be easily sustained (Grubman et al. 2011). But such assumptions are not supported by evidence. TTM or the stages of change model shows that most people are unaware of the need for change; they are in the denial stage named precontemplation. Others vacillate between reasons to change and reasons to stay the same; they are in the ambivalence / contemplation stage. Others are preparing to change (preparation), yet others are already acting to bring about the change (action). Individuals that have been working toward changing for a while are in a maintenance stage, whereas many individuals relapse. All these individuals are obviously different in terms

of their readiness to change. Work on TTM by Prochaska et al. (1994) and Grubman et al. (2011), among others, can help financial planners and designers of SM campaigns since they describe each group, tell them how to identify in which stage each individual fits, and provide advice on what to tell and what not to tell individuals found in different stages of change. This theory acknowledges therefore that individuals respond better to information appropriate to their readiness to change stage and treating all people the same makes it likely to discourage most from engaging in beneficial behaviour change. TTM simplifies the process of segmentation (Dietrich et al. 2017). It shows practitioners the source of their frustration and provides them with a targeting tool ready for implementation.

When practitioners develop and implement a campaign without a theoretical underpinning, they cannot be sure what will happen and what to expect. For example, if an individual that overspends on a regular basis is advised to make a budget and manages to stick with it for a couple of months, could it be expected that he/she is on track and won't overspend again? TTM shows that relapse is common, therefore a financial planner and/or a designer of a financial wellbeing campaign should expect relapse, incorporate it into the communication, and proactively propose ways to avoid relapse or, if relapse had happened, of getting back on track. Therefore, tested theories can significantly minimize uncertainty by explaining the factors that affect behaviours of the target audience and predicting their possible responses (Truong and Dang 2017). Theories can deliver consumer insights to inform the development of a campaign from the early planning stages and serve as frameworks that help build effective SM strategies (Rundle-Thiele et al. 2017). Using theory has been compared to "standing on the shoulders of giants" versus reinventing the wheel (Manikam and Russell-Bennett 2016). Reliance on theory, systematic research, and evaluation make SM campaigns and communications (more) effective. Equally, because the effort is not wasted on ineffective tactics and is directed toward the approaches whose effectiveness is supported by evidence, the use of theory makes the use of funds more efficient, saving money and time, and helps justify the expense to the public and private donors.

2.2 Finding appropriate theories for the SM context, consumer insights, and segmentation

Starting from what is known about a particular audience from academic literature and practice can help identify appropriate theories that address those "consumer insights", or specific needs/biases/ and preferences (French 2013; Manikam and Russell-Bennett 2016). Academic studies and theory can also guide in segmentation of the audience based on their behaviour or propensity to respond (Rundle-Thiele et al. 2017). However, finding the appropriate theory for the SM context is not always easy. The number of available theories could be overwhelming, and practitioners could benefit from consulting books that summarize theories, models, and their application to SM (see for example, Brennan et al. 2014; Noar 2006; Sixsmith et al. 2014). Often theories applied in similar contexts or in the same context are chosen. For example, in the case of the overspending client, Grubman et al. (2011) argued that TTM was successfully used extensively in a variety of situations similar to overspending including smoking cessation, weight loss, and stress management; as well, experts in consumer credit counseling have been using it with good success (see for example, Kerkmann 1998;

Xiao et al. 2001, 2004a, b). Recently, Cismaru and Wuth (2019) analyzed messages from 21 financial wellbeing initiatives according to TTM.

Although models which are similar to TTM can be successfully used in different contexts, often differing models need to be used in the same context when targeting different audiences who might have different roles in a particular situation. Therefore, additional insights are needed and explored here. Indeed, addressing complex issues such as cyber-bullying involves acknowledging that bullying in general is possible because several people play different roles: the victim, the perpetrator, and the passive bystander(s). Theoretical models could help better understand the needs of the particular group and develop appropriate objectives and strategies to target each. For example, TTM may be an appropriate theory to use with victims. Victims of bullying can be found in either of the stages, based on whether or not they realize that they follow the patterns of thinking, feeling, and behaviour common to most victims and whether or not they are planning to change their behaviour in order to stop playing this role. Interventions can be designed to address the needs of this group in recognizing that they do not need to suffer in silence, that the situation, although caused by someone else, is not beyond personal control. Effective strategies of fighting victimization by countering negative and shameful thoughts that they somehow deserved to be bullied, and reporting the incidents to appropriate adults should be suggested (Evers et al. 2007). Help-seeking should be presented as an action that might be challenging at first and thus could be practiced, that it should not be seen as a negative, reactive and weak response, but as a tested and ordinary way of using a support system of friends and others to deal with a stressful situation (Spears et al. 2017).

The perpetrators (bullies) can be targeted using the General Aggression Model (Kowalski et al. 2014) and the Nudge Theory (Spears et al. 2017). The General Aggression Model (GAM) (Bushman and Anderson 2002) helps to understand that aggression is based on the activation in bullies of aggression-related backgrounds and knowledge structures (beliefs, memories of past events, and behavioural scripts). People who are aggressive might themselves feel victimized; they tend to interpret ambiguous actions of others as intentional and hostile. Certain agitated, anxious or otherwise modified (e.g. by drugs) internal states might lead to distorted perceptions of how hostile a social situation is. Young people, usually middle schoolers, who do not have sufficient cognitive or emotional resources to deal with the situation often engage in impulsive and automatic responses and engage in sending cyberbullying messages rather than taking more thoughtful and controlled responses (Kowalski et al. 2014). Such consumer insights based on GAM suggest interventions that can target young people by teaching them to appraise a situation more thoroughly and react less maladaptively. GAM also provides understanding of which situational factors might exacerbate the situation, such as perceived anonymity online that makes middle schoolers behave out of character; but there are also factors that improve the situation, such as perceived support, parental involvement or even a threat of punishment, and positive school climate.

According to Nudge Theory (Thaler and Sunstein 2008; Spears et al. 2017), another theory that can be used with bullies, nudges alter people's behaviour without directly forbidding any behaviours or telling people what to do. Nudges work by timely interrupting an automatic behaviour, by reminders of social norms, and through "choice architecture" (how and when options are presented). To discourage cyberbullies, a

common norm of belonging, support, and respect can be reinforced through reminders and online communications of peers showing disapproval if the norm is violated – these measures can serve as nudges toward the desired behaviour. Social platforms such as Instagram are starting to use artificial intelligence to implement gentle nudges against cyber-bullying. Nudges take a form of delaying posts that contain potentially offensive material and showing warning messages that point out that the typed words seem too aggressive – that gives senders a much needed pause to rethink what they post (Steinmetz 2019).

Finally, the cyber-bullying passive bystanders that include peers, teachers, and parents can be targeted using the Bystander Intervention Model (Latané and Darley 1970). The interventions include measures to increase moral engagement, empathy and perspective taking in peers, and raising awareness of the bullying dynamics and signs, and knowledge of effective practical solutions in parents and teachers. For example, cybervictimization is minimized with parental control of technology, parental discussions of their children's whereabouts in general, and online behaviour in particular (Spears et al. 2017).

A downstream approach of targeting individual behaviour is just part of what SM is about and theories could guide identification of the important layers of stakeholders to target (Donovan and Vlasis 2005). In the context of cyber-bullying, for example, the Ecological Systems Theory (Bronfenbrenner 1979) describes individual behaviour as happening within and being influenced by multiple environmental systems, moving from the individual, through interpersonal and community levels, to the social institutions and state, which could draw attention to the need to consider school authorities, media, especially since it is where the cyber-bullying takes place, and legislation that impacts school safety and treatment of vulnerable groups such as LGBT youth (Brennan et al. 2014; Espelage 2014).

2.3 Theory use for setting SM campaign objectives and developing the 4Ps strategies

Having clear objectives when designing an initiative is crucial as they serve as benchmarks throughout the stages of systematic planning, development, implementation, and evaluation. Theory can guide the planning process and identify appropriate goals.

Any intermediate objectives should support the ultimate goal of changing behaviours. For example, according to several Hierarchy of Effects (HOE, McGuire 1984) models used in SM, there are cascading cognitive effects that follow a SM campaign or communication, such as raising awareness has to lead to understanding, attitude change, changes in self-efficacy, perceived outcome expectations, and finally, change in behaviour. In the context of weight management, for the change to happen, there should be awareness of the campaign in the targeted population, understanding of the intended message, positive attitudes toward the promoted types of physical activity and dietary modifications, self-efficacy perceptions that the suggested measures could be achieved if one wanted to, and that they would bring the desired results in physical and mental well-being (for example, Bauman et al. 2008; Craig et al. 2009). The *Stop Sugar-coating it, Georgia* initiative can serve as an example of an ineffective campaign as its objective seems to be limited to creating awareness of childhood obesity among

parents, at the expense of the other effects proposed by HOE, while awareness touches upon only the first step of HOE (Barry et al. 2014). The ads also received significant criticism for failing to incorporate several of the elements proposed by SM theories. Critics saw the initiative's use of negative messages and imagery as stigmatizing obese children, and shaming their parents as counterproductive. In addition to alienating the main audience, no solution to the problem of obesity was provided and thus neither changes in self-efficacy nor expectations of positive outcomes could be created (Barry et al. 2014). Overall the initiative's focus on the negative emotion of shame and on awareness only to the exclusion of other processes, possibly led to a boomerang effect (Cho and Salmon 2007) of the audience becoming defensive and rejecting the message.

In a SM context, campaign developers should follow the SM mix of the 4Ps. They should be very clear about the Product, or the value offering that they are proposing to the public, the target population needs, and the Price, or the incurred costs for the target group to adopt the recommendations, and barriers to overcome. They should also brainstorm about Channel selection, which in SM can refer to both Promotion and Place (or distribution) decisions. Having an appropriate message based on theory is a prerequisite for an effective campaign.

Lefebvre (2000) and Winett (1995) examined the 4Ps, and argued that various theories might be most appropriate for thinking through each component as follows: for Product, Diffusion theory and Stages of Change; for Price, Behaviour Analysis and Social Cognitive Theory; for Promotion, Theory or Reasoned Action, the Health Belief Model, the Protection Motivation Theory (the basis for EPPM), the Social Cognitive Theory, and the Behaviour Analysis; whereas for Place, Public Health and Ecological theories. We illustrate an interaction between a selected theory and the 4Ps strategies next.

Consider the example of an initiative by the Government of Canada (2019a) attempting to persuade more people to get a flu shot. The broad objective is to convince more individuals to get the flu vaccine. In the context of the 4Ps, the need is avoiding the negative possibility of getting sick, having to be hospitalized, or even dying. The Product is the actual shot or vaccine; Price (or consumer perceived costs) is the effort of finding the clinic, the time spent to go there and wait, the price of the vaccine, and the pain and/or other side effects of the vaccine. Promotion may consist of the message "Everyone 6 months and older should get the flu shot" and use a fear appeal. The campaign informs people that the condition can be severe (severity from EPPM), especially for people at risk of complications from the flu such as seniors, people with underlying conditions or compromised immune systems, children, pregnant women, and caregivers. In terms of Place, the website informs individuals where to get the shot, that clinics are available not only in hospitals, but also in many other places such as pharmacies, malls, workplaces, and universities, making it easier for people and addressing therefore perceived costs and self-efficacy from EPPM. Not only the treatment distribution is easy, finding information about it is also easy. In terms of Promotion, every year the campaign informs the population through websites, posters, or e-mails about the dates, hours, and places where free immunization takes place. The flu shots are promoted as safe and the website states that "most people have no side effects from the flu shot". The individuals only need to show up with their health card to receive the vaccine. By having clinics close to where people live and work, and providing safe shots free of charge and with little or no waiting time, the initiative further reduces perceived costs posited by EPPM to significantly influence behaviour

change. The website also describes how the shot is effective in protecting against the flu and flu-related complications, addressing therefore response efficacy from EPPM. This is an example of a highly successful initiative that is supported by a theoretical model such as EPPM and addresses significant factors posited by theory to lead to behaviour change such as perceived severity, vulnerability, self- and response efficacy in the context of the 4Ps. The success of the initiative can be illustrated by the fact that in the 2016/2017 season, 36% of adults 18 and older and 69% seniors (aged 65 and older) received the flu shot, resulting in an almost 5% increase in immunization for seniors over the previous season (Government of Canada 2019b).

Unfortunately, it is quite often that campaigns do not have the expected results, mainly due to the fact that they are not based on research and theory and their messages are missing important components. Several reviews of SM initiatives in a variety of contexts, according to EPPM, show that most communications cover really well the threat part of the message, convincing people that the issue is serious and it can happen to them; however, most could improve their effectiveness by better addressing the coping part, where individuals are provided with specific, easy to follow advice of how to change their behaviour, reassurance that they are capable of following the recommendations, and information that shows how the adoption of the specific behaviour will lead to the desired outcome. For example, a review of anti-texting while driving campaigns shows that, according to EPPM, most of the initiatives attempt to increase the perceived vulnerability of the audience and severity of the negative effects of texting while driving by providing statistics of accidents and testimonials of victims or victims' surviving relatives (Cismaru 2014). However, a few campaigns provide easy to follow recommendations like "place the phone where you can't get it", "turn the notifications off", and even fewer campaigns present success stories about how following a particular recommendation leads to the desired outcome and emphasizing that each person can make a difference, addressing response and self-efficacy. Indeed, many campaigns fail to include the coping elements shown by research to be essential in leading to behaviour change (Cismaru 2014; Cismaru and Nimegeers 2017; Witte 1992, 1998).

In addition to providing the right and complete message needed to trigger behaviour change (Promotion), the message also has to be placed in channels widely viewed by the target audience. Where the interventions and services are accessed is equally important. Use of the Internet (online channel) makes sense not only because of its widespread availability, but its use can be justified and improved with theory. For example, TTM has been applied to online anti-depression campaigns; the model is suitable as multiple online pages can direct viewers found at different stages of change to the information appropriate for their particular stage allowing for tailored communication (Levit et al. 2016). Similarly, the integrated ABC (Appeal, Belonging, Commitment) framework (Kamal et al. 2012) that combines elements of the Health Belief Model, Social Cognitive Theory and TTM has been successfully used in the context of an interactive cellphone dating game inculcating anti-violence norms (Manikam and Russell-Bennett 2016). The selected target for the campaign was young men between 10 and 15 years old as potential domestic violence perpetrators. Consumer insights helped identify their preference for digital tools and entertaining game-oriented approach, thus the perceived value to the user and appeal of the cellphone game, importance of social bonds, social identity and comparison. Belonging was emphasized

in the sharing nature of the game; it connected players to the online community and friends could be invited for a challenge; winners announced to the community. Self-efficacy was encouraged through earning badges, seeing how far one has moved through the challenges, and learning the “lady’s man” skills through continuation and commitment to the game. The model was found to be a good fit as it focuses on ease of use, convenience, and barriers of young populations at risk.

3 Conclusions and recommendations

Often SM practitioners are either not aware of the importance of theory in SM campaign development, have no time or sufficient other resources to conduct an extensive review of the literature or prior interventions, or find that the obtained information has a limited use. In this paper we show that use of theory could be very helpful and even crucial at every stage of the systematic planning and development and it has a role in every element of the campaign: accumulating insights about the audience, segmenting and targeting the audience, setting objectives, and designing the SM mix strategies.

3.1 Recommendations for practitioners

The most important advice for practitioners is to make use of academic research, theories, models, and lessons learned from past interventions to guide a new intervention. For practitioners who have no previous experience with academic research, it might be helpful to seek help from active users of research. For example, some practitioners find universities that seek community involvement and engage in collaboration with researchers from psychology, marketing, kinesiology and health studies, and communications departments. Many university libraries have researchers on staff who would show how to use academic research tools. As well, many faculty teaching classes such as Research Methods accept “client” practitioners that need some research done and presented in the form of students’ projects. Such collaborations provide students with real life experiences and at the same time, provide practitioners with research conducted on a topic of interest. Even undergraduate students with guidance do a good job in summarizing the literature and conducting exploratory studies such as observations, surveys, focus groups, and personal interviews.

Whether practitioners choose to collaborate with researchers or not, below are some steps that may help them make better use of theory and research:

1. Use online resources to conduct keyword search in order to find SM literature on theories and frameworks for the specific context at hand, if it exists. If not, search for a similar context. For example, if searching for “driving under the influence of drugs” does not produce many results, “drunk driving” could be the context to search and to learn from. A list of possible keywords to try one by one with the context of interest could include “theory,” “theoretical framework,” “model,” “prevention programs,” or “prevention campaigns.” Search on Google, Google scholar, but also in the academic databases such as ABI Inform or PsychInfo, Web

of Science, and JSTOR if possible. Journals such as *Social Marketing Quarterly* and the *Journal of Social Marketing* can be searched for relevant articles. Most universities have subscriptions to academic databases and student researchers and academic faculty can help with this. Manikam and Russell-Bennett (2016) illustrate the information search process for theories to use in the domestic violence context.

2. Identify and review existing initiatives for the context, problem, and desired objective and learn from them, especially those with a strong theoretical foundation and formal evaluation. Searching for “evaluation” and/or “re-research” on the initiative website will often clarify the resources used, if the initiative is based on extensive research, and if it has a strong theoretical foundation. Comprehensive, large scale SM initiatives developed or sponsored by governmental agencies have often sufficient resources that allow them to make good use of research and theory and test their interventions. Examples of such initiatives that provided numerous studies and evaluation reports on-line, include *Money-Minded* by the Australia and New Zealand Banking Group Limited (ANZ), (<http://www.moneyminded.com.au/>), *MoneySmart* by the Australian Securities and Investments Commission (<https://www.moneysmart.gov.au/>), and *the Chin Family*, by the Investor Education Centre in Hong Kong (<https://www.thechinfamily.hk/web/iec/en/>). Cismaru and Wuth (2019) illustrate how to review information and SM initiatives using financial well-being as a case point.
3. Review existing initiatives to see if the same population groups have been targeted. Keep in mind that different theories might be required for each segment (Lotenberg et al. 2011).
4. Narrow down which theories may be appropriate for your context and your target. Journal special issues, meta-analyses, and systematic reviews are particularly informative. For example, Witte and Allen (2000) meta-analyzed the effectiveness of fear appeal by looking at multiple public health campaigns in which it was used.
5. Use theory and the literature in general to understand your target audience and to draw insights about the influences on their behaviour. Be specific when setting objectives. Remember that any intermediate psychological objective should support the ultimate goal of changing behaviours.
6. Still using the selected theory, design strategy for the 4Ps of SM.
7. Pretest your campaign components using the same theoretical framework. A pretest precedes the large scale intervention and uses a smaller slice of the target audience to see the ability of the campaign elements to produce the results in the intended direction. Many mistakes could be caught at this stage.
8. Implement the campaign.
9. Conduct evaluation of the target group, comparing its behaviour to the set objectives. Share your evaluation report and include your choice of theory to help build theoretical knowledge.
10. Consider attending workshops and/or conferences on a specific topic including SM to share your experience with other practitioners and academic researchers. Examples include the *World Social Marketing Conference* and the *American Psychological Association Annual Convention*.

3.2 Recommendations for researchers

1. When they address the practical implications of their studies, SM researchers should be more aware of their audience, who might not have time, motivation, or background to follow the whole study. A practical implications section that can be read like a stand-alone document might work best.
2. SM researchers should also understand that practitioners are not as well versed in academic language, and use simpler terms. It is likely that a big barrier in using theory, theoretical models, and findings from prior research on a larger scale is the language used. In order for research and theory to be more often adopted and implemented, it is imperative that the writing becomes more easily understandable. Grubman et al. (2011) do a great job in writing for practitioners in plain language.
3. SM researchers might follow the lead of colleagues from other disciplines, such as the Family Physicians Inquiries Network (FPIN) in the medical science field that disseminate their academic research results in outlets specifically targeting practitioners. FPIN receives specific inquiries from physicians (“what is the most effective treatment for...” or “does it work?”) and through a collaborative effort, provide high-quality peer-reviewed and evidence-based conclusions, complete with literature references, in a short (usually 2 page long) format.
4. More countries and more researchers from the academic world started disseminating their research to a wider audience, through the media, especially using outlets such as *The Conversation Canada* (<http://theconversation.com/ca>). This is an independent online source from the academic and research community to the public. They employ professional editors who work directly with researchers, helping them tell their research stories in plain language, so the public hears from experts in ways that are easy to read and understand. Such outlets that exist also in Australia and elsewhere help researchers move their research beyond academic journals and into headlines to be read by more interested readers, including practitioners.
5. Researchers should consider visiting non-for-profit organizations such as *Rescue* <https://rescueagency.com/> and learning from practitioners and inviting them to their conferences.

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