

Social marketing through the fog of smoking

A systematic review investigating Social Marketing feature use

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Abstract

This thesis presents the findings of a systematic literature review addressing the use of social marketing indicators within studies directed towards tobacco cessation that self-identifying as social marketing. Globally, smoking rates have seen a decline from 33% in 2000 to 24.9% in 2015 (WHO, 2019). Therefore, the topic of smoking interventions is often viewed as an example of successful social marketing. The review aims to identify the extent to which each social marketing indicator is used as well as the contexts in which these studies occur. Similar reviews have previously been undertaken in the contexts of healthy eating (Carins & Rundle-Thiele, 2014), alcohol consumption (Kubacki, Rundle-Thiele, Pang, & Buyucek, 2015), and tobacco cessation (Almestahiri et al., 2017). These reviews, however, utilize the benchmark criteria as an examination tool whereas this systematic review uses the indicators for social change, a framework proposed by Fry et al. in 2017 which addresses criticisms of the benchmark criteria's downstream focus.

This research was informed by a literature review identifying the history of smoking and interventions to combat it as well as definitions and developments of key social marketing features. Using a predefined systematic review methodology, 34 qualified articles were included within this review. These articles were then classified based on their social marketing orientation and then examined against each of the indicators for social change. The relevant findings relating to indicator use were then applied to identify areas for growth and improvement within the field of social marketing. The discussion concludes with a comparison between the benchmark criteria and the indicators for social change framework, highlighting the fact that the indicators for social change prove to be a more modern and relevant tool to aid the design and implementation of social marketing programmes. The value of this research lies in its identification of the need for a social marketing template to be consistently used within the planning of programmes in order to ensure that all social marketing features are applied, thereby potentially maximizing programme effectiveness. It also provides a foundation for future research focusing on the outcomes of social marketing studies and the correlation between these outcomes and their use of the social marketing indicators.

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List of Acronyms

ASH – Action on Smoking and Health

CDC – Centers for Disease Control and Prevention

DoH – Department of Health

NSMC – National Social Marketing Centre

SM – Social Marketing

WHO – World Health Organization

1 Introduction

This research undertakes a systematic literature review in order to identify and evaluate the current state of English language marketing literature relating to social marketing interventions that are undertaken to restrict the use of tobacco. It assesses the extent to which the included interventions apply and utilise key social marketing techniques and practices.

1.1 Introduction

Social marketing works to influence behaviour change to benefit individuals and society as a whole through the utilisation of principles derived from commercial marketing and the social sciences (National Social Marketing Centre, 2021). Social marketing has been proven to be a cost-effective tool that garners sustainable results in reaching behaviour change goals which has led to its rise in popularity within public health applications (NSMC, 2021; Grier & Bryant, 2005). However, in its early stages, the concept of social marketing was ambiguously defined which led to a lack of clarity regarding what actually constituted social marketing (Andreasen, 2002, 2003). This led to the proposition of new, more specific definitions (Andreasen, 1994; Smith, 2000) and eventually sets of criteria were proposed to clarify which practices, programmes, and interventions could be defined as social marketing (Andreasen, 2003).

One of the earliest templates for what constitutes social marketing, and most addressed within social marketing literature, is Andreasen's (2002) benchmark criteria which was later expanded on by French and Blair-Stevens in 2006 and then again by French and Russell-Bennett in 2015. Past reviews have investigated the extent to which social marketing interventions/programmes have applied these core social marketing concepts addressed by the benchmark criteria within policy areas such as healthy eating (Carins & Rundle-Thiele, 2014; Kubacki, Rundle-Thiele, Lahtinen, & Parkinson, 2015), physical activity (Kubacki, Rundle-Thiele, Lahtinen, & Parkinson, 2015), alcohol consumption (Kubacki, Rundle-Thiele, Pang, & Buyucek, 2015), and tobacco cessation (Almestahiri et al., 2017). However, in recent years, the social marketing field has begun to shift towards addressing behaviour change at the system level rather than solely at the individual level (Kennedy, 2017; Hall, 2014; Hall, 2016), which has led to the proposal of a new social marketing template, referred to as indicators for social change (Fry et al., 2017).

This research follows the processes used in previous reviews (Carins & Rundle-Thiele, 2014; Kubacki, Rundle-Thiele, Lahtinen, & Parkinson, 2015; Kubacki, Rundle-Thiele, Pang, & Buyucek, 2015; Almestahiri et al., 2017), but extends the understanding of social marketing by applying the indicators for social change framework to investigate the extent to which self-identified social marketing studies apply these indicators in the specific area of tobacco cessation.

1.2 Research Background

The restriction or cessation of tobacco use has long been the focus of many behaviour change interventions such as those emphasizing policy and tobacco control infrastructures (White & Bero, 2004), pre-surgery cessation to reduce post-surgery hospital stay (Lauridsen et al., 2010), and the provision of tobacco cessation support through quit aids (West et al., 2015). Whether it be legislation and policy implementation, educational campaigns, or social marketing programmes, since the negative effects of tobacco use came to light many attempts have been made to reduce its consumption (Action on Smoking and Health, 2017; Ball et al., 2017). While many interventions addressing tobacco consumption claim to be social marketing, Almestahiri et al. (2017), found that only one out of the 14 studies included in their review (de Gruchy & Coppel, 2008) utilised all of the core components of social marketing proposed within the benchmark criteria.

Beyond the claim that social marketing is an effective tool to achieve sustainable behaviour change, Cairns and Rundle-Thiele (2014) found that interventions containing higher use of social marketing features, reported increased success in reaching behaviour change goals. While past reviews have investigated feature use within a variety of health-related topics (Carins & Rundle-Thiele, 2014; Kubacki, Rundle-Thiele, Lahtinen, & Parkinson, 2015; Kubacki, Rundle-Thiele, Pang, & Buyucek, 2015; Almestahiri et al., 2017), none have been done utilising the newer indicators for social change framework. This presents the opportunity for a systematic review to be undertaken analysing the use of these proposed indicators which claim to allow for a “wider comprehension of what is social marketing” (Fry et al., 2017, p.127) and compare the results against a systematic review utilising the benchmark criteria. This is undertaken in the context of investigating tobacco related interventions.

1.3 Research Objectives

This research presents the findings from a systematic literature review assessing the use of the social marketing features outlined within the indicators for social change framework within self-identified social marketing studies on the topic of tobacco cessation.

This research aims to meet the following objective:

- Identify which social marketing indicators are contained within self-identified social marketing studies aimed towards tobacco cessation and the extent to which each indicator is used

The research also aims to address the following sub-objectives:

- Identify and discuss the context in which these studies occur
- Compare and contrast findings to those of similar reviews which utilise the benchmark criteria
- Identify the practical applicability of the indicators for social change framework in the design of social marketing programmes

1.4 Research Methodology

Systematic reviews are a well utilized research method in the behavioural, health, and social sciences (Petticrew & Roberts, 2006), and are increasingly being adopted in social marketing (Carins & Rundle-Thiele, 2014; Kubacki, Rundle-Thiele, Lahtinen, & Parkinson, 2015; Kubacki, Rundle-Thiele, Pang, & Buyucek, 2015; Almeshiri et al., 2017). These reviews investigate social marketing feature use within self-identified social marketing studies within a specific application in the same way this research does. These studies all follow the research methodology outlined by Carins and Rundle-Thiele (2014) which includes the creation of search key terms and exclusion criteria, the database search, the removal of duplicate records, the application of exclusion criteria and backwards/forwards searching. Therefore, this research will follow the same process.

Documents were obtained via the Scopus database and unqualified documents were removed. The remaining unique articles were then screened against the exclusion criteria. Backwards/forwards searching was then undertaken within the studies that cleared the exclusion criteria and the final set of articles was generated. These articles were then classified by social marketing orientation and examined against the indicators for social change framework proposed by Fry et al. (2017).

1.5 Thesis Outline

This thesis is comprised of six chapters. This first introductory chapter has presented a background to the research at hand and stated its goals and the method to be undertaken as well as briefly familiarizing the reader with its nature and topic.

The second chapter contains the literature review where key concepts relating to the research are presented and discussed. The field of social marketing and its usefulness is illustrated as well as the benchmark criteria, a tool that helps define the field through the identification of key features. The public health issue of tobacco use is also described as well as interventions that have been undertaken in order to reduce its prevalence. An explanation of the indicators for social change framework, which will be used within the systematic review, and key concepts relevant to it is then provided. The literature review then concludes with a discussion on instances when social marketing fails and the reasonings behind these failures.

Chapter three, methodology, begins by providing insight into the value of systematic reviews. It then communicates the processes which this research follows and the sources of included documents as well as the eligibility criteria.

The fourth chapter presents the findings of the systematic review and addresses not only the locations, years and publishers of included documents but also their inclusion of each social marketing 'indicator'. The ways in which each indicator was applied as well as its extent are also described within this chapter.

Chapter five, the discussion, synthesizes the findings and aims to practically apply them to the research questions. It addresses the applicability of the indicators for social change framework to social marketing programmes as well as highlighting areas for improvement within the field. Finally, the conclusion identifies the implications of this research as well as its limitations. This is then followed by suggestions for future avenues for research relating to the findings and discussion contained within this thesis.

2 Literature Review

This literature review aims to illustrate the ways in which social marketing can be used to address public health issues such as tobacco use. It also introduces two different frameworks presenting what are regarded as the essential features of social marketing programmes, the benchmark criteria (French & Blair-Stevens, 2006) and the indicators for social change framework (Fry et al., 2017). The benchmark criteria, within this literature review chapter, are used to describe and explain key social marketing features and communicate the importance of their use within effective social marketing interventions.

2.1 What is Social Marketing?

Social marketing was first established in the marketing literature in 1971 by Phillip Kotler and Gerald Zaltman. Their seminal work not only defined social marketing as a concept but also provided a planning system for social marketing campaigns (Kotler & Zaltman, 1971). They defined social marketing as “the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research” (Kotler & Zaltman, 1971, p. 5). Rather than solely advertising a product or service, social marketing works with the objective of creating positive behavioural change by using the needs of the consumer as a starting point (Kotler & Zaltman, 1971). Because of its effectiveness, social marketing has gained popularity in the public health sector (Grier & Bryant, 2005). For instance, organisations like the Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services have undertaken social marketing campaigns to promote physical activity and encourage healthier diets (Grier & Bryant, 2005).

A key difference between social marketing and other behaviour management methods lies in the use of the concept of exchange. According to Grier and Bryant (2005), social marketing attempts to change the environment surrounding a behaviour to make undertaking the healthy replacement behaviour more advantageous than its unhealthy counterpart. This is done through offering alternative choices designed to encourage voluntary exchange. Regulatory implementation, on the other hand, forces behaviour change by introducing penalties and punishment for lack of compliance, and education cultivates change by informing the target audience and often expects targeted individuals to make a sacrifice on behalf of society (Grier &

Bryant, 2005). While both legislation/regulation and education can both be effective tools to create change, they are often used in conjunction with social marketing practices where the attractiveness of the alternative healthy behaviour is enhanced (Grier & Bryant, 2005).

One way in which social marketing programmes may increase the attractiveness of the benefits accompanying behaviour change or reduce the costs is through the provision or improvement of support services or subsidization and increased access of support products (Firestone et al., 2016; Sherman et al., 2007). Common practices which fall within this scope include shifting from reactive telephone support to proactive support, nicotine replacement therapy, and the provision of face-to face group support rather than just written materials (West et al., 2015).

One example of a successfully executed social marketing campaign is The Road Crew project which attempted to reduce drunk driving-related crashes in rural Wisconsin. This intervention was fuelled by formative research illustrating that a key reason that men drove home from bars intoxicated even if offered a ride was that they were unwilling to leave their vehicle overnight at the bar (Grier & Bryant, 2005). In order to address this, a service was designed that drove individuals to, between, and from the bars which resulted in an estimated 17% decrease in alcohol related crashes within the relevant communities in its first year of operation (Rothschild et al., 2006; Grier & Bryant, 2005). Furthermore, within the year more than 17,000 rides were provided (Maibach et al., 2007). The concept of exchange was fully utilised within this programme as they identified the main cost associated with accepting a ride home instead of driving was that one had to leave their car at the bar overnight and this cost was mitigated by the provision of rides too and between bars instead of just to leave.

Within the concept of social marketing there are three types of approaches to behaviour change: downstream, midstream, and upstream. Downstream social marketing interventions address the individual and aim to influence behaviour change by directly targeting them and their ‘problematic’ behaviours (Wood, 2016). While downstream social marketers generally cannot influence the product (cigarettes or alcohol) or the behaviour itself (smoking or drinking), they influence the attractiveness of alternatives the value propositions and the concept of exchange (Truong, 2017). Examples of interventions of this nature are the construction and promotion of a physical activity program tailored to elderly people to combat issues related to aging and inactivity (van Esch et al., 2019) or the distribution of an interactive book, free of charge, to underprivileged

families in conjunction with a media campaign to promote constructive interactions with young children (Lagarde, 2015).

Midstream social marketing practices involves collaboration with influential people and groups such as community groups and other organisations (Lagarde, 2012; Russell-Bennett et al., 2013). These interventions attempt to utilise collaborations with these entities to influence social norms relating to the behaviour change goal (Luca et al., 2019). Midstream interventions go beyond just directly targeting the individual, but instead may also focus on influencing their peers, such as friends or family, to entice the desired behaviour change (Andreasen 2005; Dibb & Carrigan, 2013). An example of this type of intervention would be positioning alcohol distribution outlets as partners in a campaign to influence their compliance with the availability of alcohol to minors rather than positioning them as the problem (Kamin & Kokole, 2016).

Upstream social marketing efforts attempt to influence behaviour change through the introduction and enforcement of policy, legislation, and regulation (Almestahiri et al., 2017; Russell-Bennett et al., 2013). For example, an entity such as the CDC which works to reduce smoking rates campaigning alongside state lawmakers introducing legislation raising the tobacco purchase age would fall into the category of upstream practices due to the structural changes involved (Key & Czaplewski, 2017).

2.2 The Rise of Smoking Interventions

The cigarette industry saw a huge boom in the early 1900s and the proportion of tobacco consumed as cigarettes rose from a mere 27% in 1900 to 81% in 1952. Furthermore, 3.5% of all consumer spending in the US that year was on tobacco products (Brandt, 2007). Much of this was due to the marketing practices utilised by tobacco companies. They saw great success from associating their products with beauty, fashion, and the success and allure of celebrity figures (French et al., 2009). The leading brands during this time were Camel, Lucky Strike, and Chesterfield and tobacco companies poured millions into advertising on billboards, magazines, and the radio (Witkowski, 1991). Claims were made about health specialists finding no throat irritation due to smoking particular brands and Camel even ran a campaign claiming that more doctors smoked camel cigarettes than any other brand (Witkowski, 1991).

The anti-smoking movement slowly began following the discovery of a statistical correlation between smoking and cancer by German researchers in 1930 (Witkowski, 1991). The next 30 years

consisted of the publication of research illustrating the health risks of smoking and further investigations into the matter (ASH, 2017). During this period, legislation restricting purchasing age and tax increases was implemented in various locations around the world (ASH, 2017).

In 1945 New Zealand launched their first ever tobacco-related public health education advertisement campaign encouraging smokers to do so in moderation and not to start smoking before the age of 21 and by 1963 New Zealand had banned cigarette advertising on the radio and television (Cancer Control Council, n.d.). In the US, *Time Magazine* published an article in 1952 on the link between smoking and cancer which began to sway medical opinions as well as those of the public (Solow, 2001). Ten years later, in 1962, the Royal College of Physicians, based in the UK, published the report *Smoking and Health* outlining recommendations to combat the smoking epidemic and the US Surgeon General followed suit two years later with a similar report of their own (ASH, 2017; Pacheco, 2011). This latter report is usually regarded as marking the beginning of smoking interventions across the world. Campaigns aimed at educating the public of the health consequences of smoking, advertising restrictions and bans, tax increases, and policies to protect non-smokers from second-hand smoke slowly began to be implemented (ASH, 2017; Pacheco, 2011). The result was a relative decline in cigarette consumption within the US from 1964 to 1974, followed by a significant reduction in consumption each year from 1974 onwards as smoking interventions gained popularity and effectiveness (US Department of Health and Human Services, 2000).

In 1973 the Australian government mandated health warnings on all cigarette packs sold within the country and in 1976 they banned cigarette advertising on radio and television (Australian Government Department of Health, 2018). During this time, they also launched their first national anti-smoking campaign which ran from 1972 to 1975 and comprised of posters with anti-smoking messages (Bayly et al., 2021). Since the 1960s many countries have introduced legislation and regulation gradually increasing tobacco taxes, tightening restrictions on packaging and advertising, and the implementation of smoke free workplaces and other indoor areas (American Lung Association, 2020; Australian Government Department of Health, 2018; Bayly et al., 2021; CDC, 2020b; Cancer Control Council, n.d.; Government of Canada, 2012; Smokefree New Zealand, 2020; Tobacco in Australia, 2019). To this day regulations and legislation is still being implemented around the world to combat smoking rates, such as Australia's annual 12.5% excise increase on tobacco products from 2013 to 2020 and the United States introducing a federal

law increasing the minimum purchase age for tobacco to 21 years (Australian Government Department of Health, 2018; CDC, 2020a).

While smoking interventions were becoming more prevalent worldwide from the 1970s onward, the field of social marketing was also growing (Andreasen, 2003). Many smoking prevention and cessation programs began to experiment with applications of marketing techniques during this time (Walsh et al., 1993). Since then, the field of social marketing has developed significantly and now many smoking interventions explicitly apply social marketing strategies in their design (Andreasen, 2003; Walsh et al. 2010; De Gruchy & Coppel, 2008).

In Australia, the culture jamming movement 'BUGA UP' was formed by health and medical profession activists in 1979. The movement aimed to combat the advertising of unhealthy products by graffitiing signage and billboards with the acronym "B.U.G.A. U.P." which stands for 'Billboard Utilising Graffitists Against Unhealthy Promotions' (BUGA UP, 2020). Many tobacco advertisements were targeted and spray-painted with anti-smoking messages and tobacco related death statistics because, despite the fact that tobacco companies could not advertise on the radio or television, print advertising was still allowed. The phenomena of this culture jamming movement became so popular and effective that it spread to New Zealand where its own BUGA UP group was created and even to England (where it was renamed to COUGH UP) (Hunter, 1985). In 2003 the 'Bob and Martin quit smoking' campaign was launched in Canada. It targeted smokers aged 35 and older and comprised of a series of eight television ads portraying the challenges of quitting tobacco use throughout the four stages of change (Tools of Change, 2020). Furthermore, a website was developed to compliment the campaign and provide descriptions of each of the stages of change, a forum for people to share their most helpful quitting tips, and the option for users to sign up for a series of e-Quit messages to support them through the quitting process (Tools of Change, 2020).

This combination of legislation and regulation regarding the sale and advertising of tobacco products paired with educational and social marketing campaigns has caused dramatic declines in smoking rates in a number of countries since their introduction. In the United in 1965 the smoking rate was 41.9% and 20 years later, in 1985, it had dropped to 29.9% (CDC, 2018). As of 2017 it had more than halved since 1985 and was sitting at 14.1% (CDC, 2018). However, the US is not the only country that has seen dramatic declines in smoking rates. New Zealand saw a decrease in their national smoking rate from 30% in 1985 (Laugesen & Swinburn, 2000) to 14.2% in 2018

(Ministry of Health, 2018) and Australia's smoking rate decreased from 24.3% in 1991 (Australian Institute of Health and Welfare, 2010) to 11% in 2019 (Australian Institute of Health and Welfare, 2019). Canada has seen one of the most dramatic changes in their smoking rate with nearly half the population being comprised of smokers (49.5%) in 1965 to 13% in 2015 (Reid et al., 2019).

Despite these drastic declines in smoking rates, governments are still attempting to further reduce rates by increasing taxes on tobacco products and increasing purchase age (Australian Government Department of Health, 2018; CDC 2020a), while, at a global scale, falls in tobacco product consumption in Western countries has been offset by sales in developing countries where regulatory control may be weaker. According to the World Health Organization (2015b), over 70% of high-income countries and about 50% of middle-income countries have a cigarette retail price that is comprised of over 50% tax. This is only the case for about 15% of low-income countries on the other hand (WHO, 2015b). Furthermore, cigarettes actually became slightly more affordable in these low-income countries between 2008 and 2014, as opposed to their middle- and high-income counterparts where they became less affordable (WHO, 2015b). Tax increases have proven to be an extremely effective measure in controlling tobacco use because through its decreasing of the demand of tobacco products (Perez-Warnisher et al., 2018) so their utilisation in these low-income countries would be very beneficial. Also, the money generated through these tax measures can further combat tobacco use through reinvesting it in the sponsorship of anti-smoking initiatives as well as being used to bear some of the burden of health costs (Perez-Warnisher et al., 2018).

Beyond just monetary measures to reduce smoking rates, in regard to warning labels about the harms of tobacco use, high income countries are far ahead of middle- and low-income countries. Only about 15% of high-income countries do not require warnings on tobacco packaging or only require small warnings (WHO, 2015b). That figure for middle-income countries on the other hand, is around 35% and in low-income countries is almost 50% (WHO, 2015b).

Tobacco use is more prevalent within individuals of lower socioeconomic status, specifically, those in eastern countries (Stanczyk et al., 2016). These groups show higher levels of addiction and lower motivation to quit, partially due to norms around cessation and lower perceived value of the benefits of quitting (Stanczyk et al., 2016). However, as illustrated previously, the fact that countries with high populations of these groups of individuals (low-income nations) have seen cigarettes become more affordable and lack regulation around warning requirements on tobacco packaging is not accommodating of a decrease in smoking rates. Seeing

as legislation and regulatory measures around tobacco advertising, taxing, and warnings has been so effective in lowering rates in countries such as Australia, Canada, New Zealand, and the United States (Australian DoH, 2018; CDC, 2018; Laugesen & Swinburn, 2000; AIHW, 2010; AIHW, 2019; Reid et al., 2019), a greater emphasis should be placed on the implementation and enforcement of these measures in Eastern nations.

Beyond legislation and regulation, educational campaigns are another commonplace measure to combat high smoking rates. Despite the health risks caused by smoking, tobacco companies have sought to exonerate themselves from responsibility for the harm their products cause due to the fact that they promote the idea that smokers make an informed decision to purchase and consume their products (Ball et al., 2017). However, although these companies imply that smokers fully understand the risks of their behaviour, that may not actually be the case. Schoenbaum (1997) found that heavy smokers not only underestimate the risks of smoking, but they also fail to personalize the risks that they do acknowledge

For this reason, many smoking interventions are geared towards informing smokers of the health consequences of tobacco consumption (Ball et al., 2017; Golechha, 2016). For these interventions to be successful in achieving behaviour change goals it is important for them to utilise appropriate social marketing principles. Cairns and Rundle-Thiele (2014) found in their review of social marketing campaigns that many that self-identified as ‘social marketing’ were better described as ‘social advertising’ and that these social advertising campaigns saw lower rates of behaviour change than their social marketing counterparts. Furthermore, the pair also found that interventions with higher social marketing feature use reported behaviour change more often (Cairns & Rundle-Thiele, 2014). The basis of the identification of feature use within this research was the benchmark criteria, a framework designed to help guide and define social marketing interventions.

To highlight the success that can occur through the implementation of a variety of measures to combat the smoking epidemic, the following figures, 1 - 4, display key milestones within Australia, Canada, New Zealand, and the United States along with their respective national smoking rates. On a global scale, the prevalence of tobacco users dropped from 33% in 2000 to 24.9% in 2015 (WHO, 2015a) which helps to illustrate how significant of an impact these interventive measures can have in a short period of time.

Figure 1 Smoking Rates and Milestones in Australia

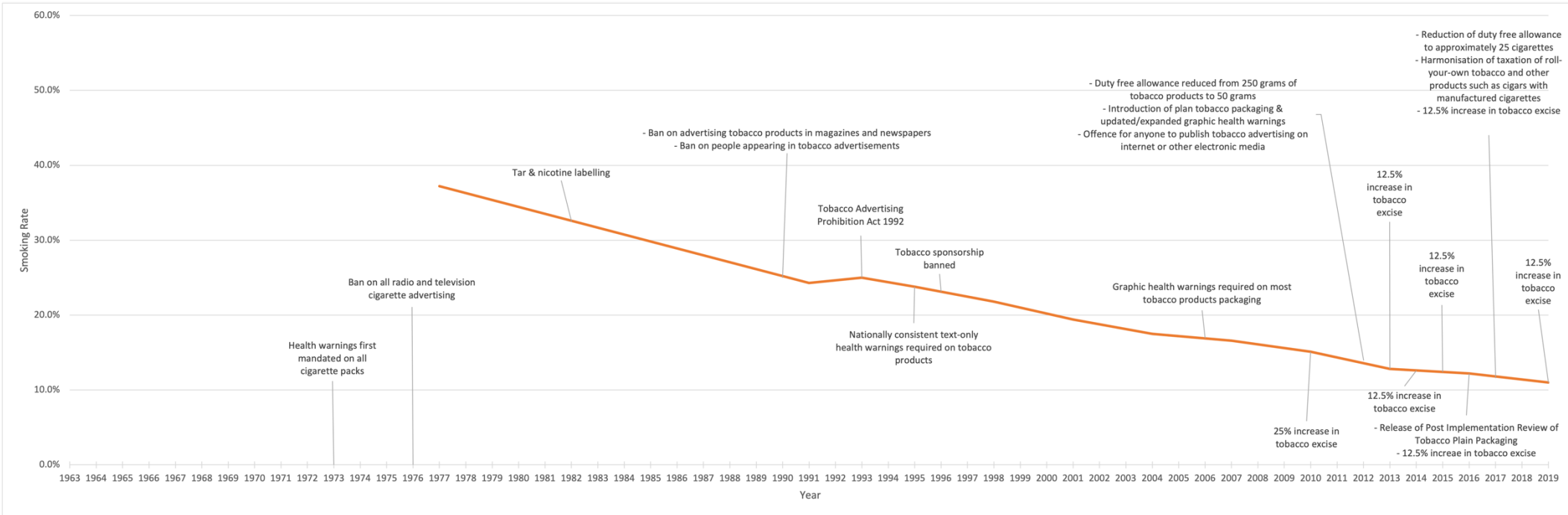


Figure 2 Smoking Rates and Milestones in Canada

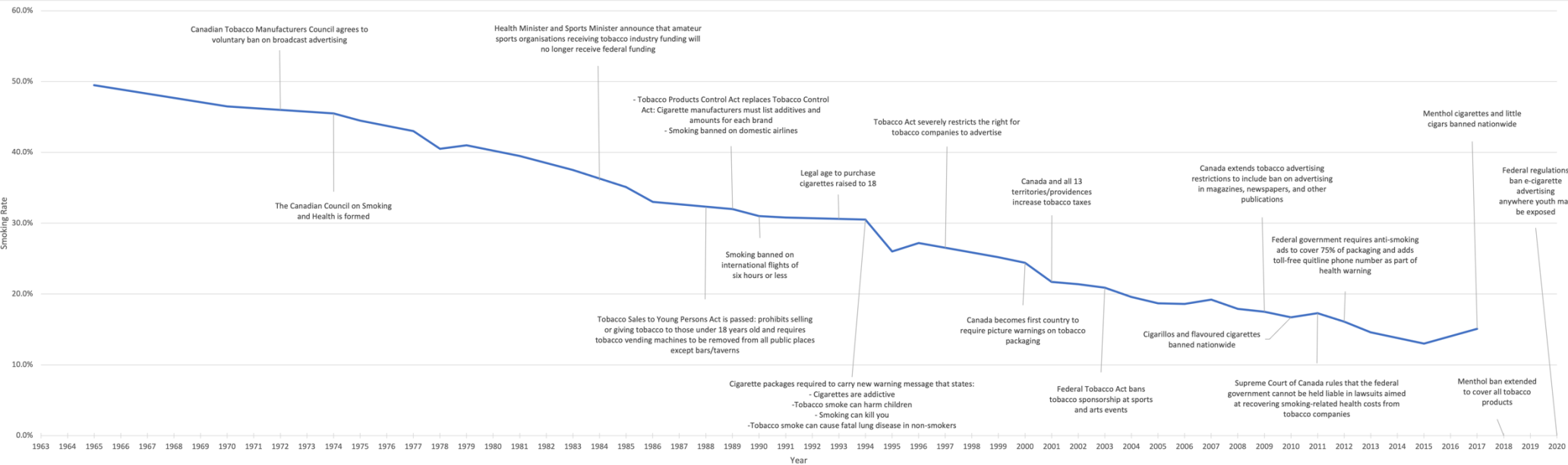


Figure 3 Smoking Rates and Milestones in New Zealand

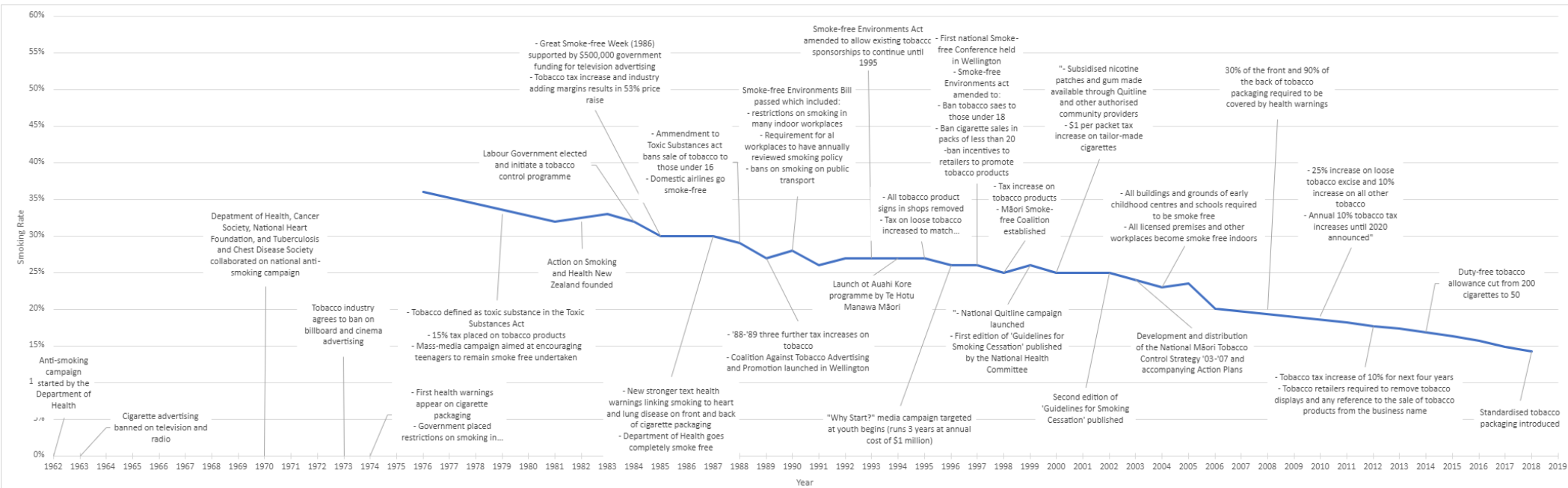
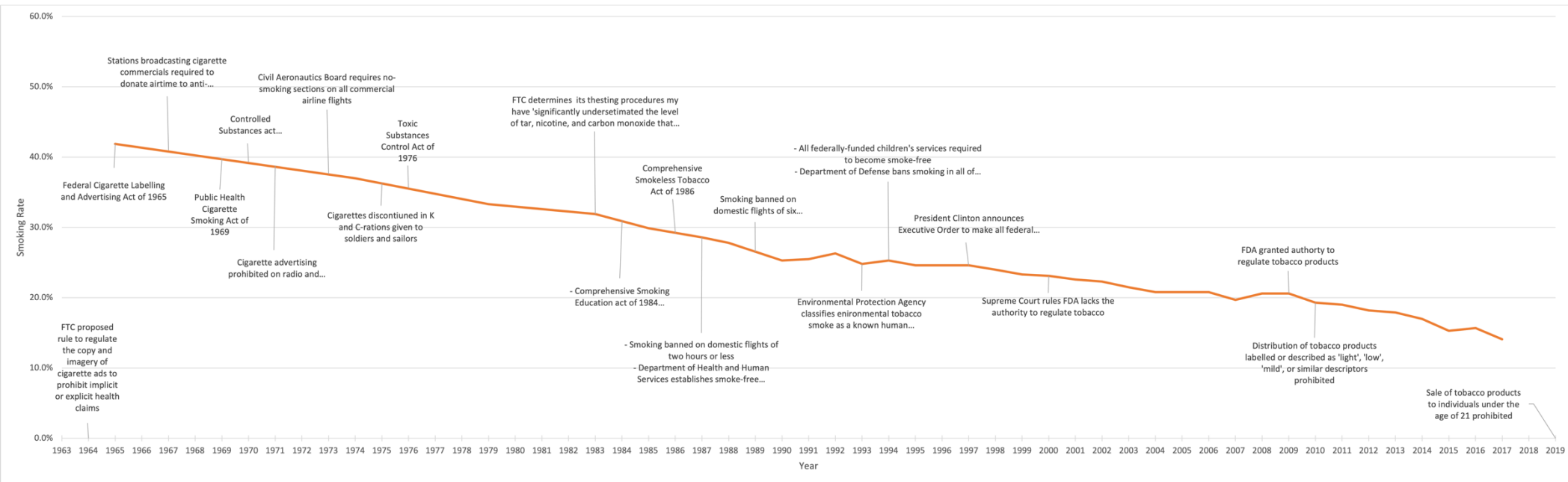


Figure 4 Smoking Rates and Milestones in the United States



2.3 The Benchmark Criteria

After the conception of the idea of social marketing in the 1970s, the field went through what Andreasen (2003) refers to as an “identity crisis” (p. 295). He describes the reason for this being largely due to the ambiguity of its definition. Practitioners had trouble discerning the difference between social marketing and socially responsible marketing and could not see how it differed from programs that revolved around communicating and educating (Andreasen, 2003). Andreasen then created a new definition of the field in 1999 illustrating the emphasis on behaviour change for individual benefit and the benefit of society (Andreasen, 2003). He defined social marketing as:

The application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behaviour of target audiences in order to improve their personal welfare and that of the society of which they are a part (Andreasen, 2003, p. 296).

This new definition spurred a focus on the evaluation of behaviour change theories and models and their applications to the field as well as creating a clear barrier between social and commercial marketing (Andreasen, 2003).

However, despite this new definition, Andreasen (2002) acknowledged there was still a lack of clarity around what constitutes social marketing, which could prove to be a potential hindrance to the growth of the field. This derived from the use of too many different definitions that, at times, were conflicting as well as the fact that social marketing was not “adequately differentiated from its competition” (p. 4). To aid with clarifying what constitutes social marketing, Andreasen proposed six benchmark criteria: behaviour change, audience research, segmentation, exchange, marketing mix, and competition.

Table 1 Andreasen's (2002) Benchmark Criteria

Benchmark	Definition
Behaviour Change	Clear focus on a specific behaviour desired to influence (not just attitudes)
Audience Research	Formative research undertaken to understand the target audience and inform programme design
Segmentation	Consideration of different segmentation variables when selecting the target audience to maximize efficiency & effectiveness
Exchange	Consideration of what beneficial offering can be made in return for undertaking the desired behaviour change
Marketing Mix	Application of each of the four P's (product, price, place, promotion)
Competition	Attention is paid to competing forces relating to the desired behaviour change

In 2006, French and Blair-Stevens adjusted and expanded on Andreasen's (2002) six established benchmark criteria as well as adding two more (French & Russell-Bennett, 2015). The definitions of these eight benchmarks were eventually refined by Jeff French in 2012 resulting in the current eight criteria: Citizen orientation, behaviour, theory, insight, exchange/value, competition, segmentation, and methods mix (French & Russell-Bennett, 2015). These criteria have since been used as a template to inform a range of social marketing research on topics such as diet, alcohol consumption, and tobacco cessation (Almestahiri et al., 2017; Carins & Rundle-Thiele, 2014; Kubacki et al., 2015).

Table 2 The Updated Eight Benchmark Criteria

Benchmark	Definition
Citizen Orientation	Application of research and data from different sources and perspectives to understand the audience
Behaviour	Clear focus and specific goals relating to the behaviour desired to be influenced
Theory	Application of behavioural theories to inform the development, implementation, and evaluation of interventions
Insight	An understanding of what moves and motivates the targeted individuals
Exchange/Value	Understanding of the costs and benefits relating to the desired behaviour change
Competition	Understanding what competes for the audiences time and attention as well as how these factors can be reduced
Segmentation	Identification of groups with similar behaviours and views that can be influenced similarly
Methods Mix	Effective utilisation of the four P's to influence the targeted behaviour

Source: French & Russell-Bennett, 2015

While there is a substantial amount of literature available on the topic of smoking interventions, the depth in which the literature touches on the role of social marketing and its components within these interventions is quite inconsistent. This is illustrated in Almestahiri et al.'s (2017) systematic review in which 14 tobacco interventions were studied and only one was found to contain all seven of the identified major components of social marketing. Their review uses French's 2012 update to the eight benchmark criteria set forth by he and Blair-Stevens in

2006. However, Almestahiri et al. (2017) deemed “insight” as too similar to the “citizen orientation” benchmark so the two were combined and replaced with “audience research” which encompassed the scope of both benchmarks. This highlights the fact that although there have been a number of interventions undertaken to reduce smoking rates and tobacco consumption, many of them identifying as social marketing fail to utilise the different benchmarks.

The following sections define each of the eight benchmark criteria as well as discuss literature published on each topic to provide clarity of the different aspects that constitute social marketing.

2.3.1 Citizen Orientation

Citizen orientation is an “understanding of the audience, based on research, combining data from different sources and perspectives” (French & Russell-Bennett, 2015, p 146). This benchmark is one that holds high importance in the overall social marketing activity because it lays the groundwork for other benchmarks such as insight, exchange, segmentation, and methods mix (French & Blair-Stevens, 2006).

In regard to smoking interventions, this benchmark is one that surprisingly is not explicitly addressed in much of the literature. However, Gallopel-Morvan et al.’s (2011) research addresses a key aspect of this benchmark in their discussion. The group carried out exploratory research on the effectiveness of new graphic warnings that were proposed by the EU in 2004. They noted that French society had a high score of uncertainty avoidance compared to Canada and the USA, two countries where studies like this had been previously executed, further stating “This means that French society is more rigid, inflexible and probably less open to changes and thus, more resistant towards new graphic tobacco warnings (Gallopel-Morvan et al., 2011). Walsh et al. (2010) also touch on the importance of cultural values. They reference Watson et al.’s (2002) work illustrating the strength culture exerts on influencing how symbols and messages within advertising are perceived and received, then proceed to state how “cultural values can yield explanatory power in our understanding of variations in advertising response across nations” (Walsh et al., 2010, p. 1144).

While social marketing may seem to have quite straightforward aspects to it when operating within one specific region, as voiced by Hastings and McLean (2006) stating “so social marketing would adapt the SCS around customer needs: simple, common-sense, ideas, laced with

evidence...” (p. 304), it may not be as common sensical when operating across multiple regions like the EU does with multiple cultures and values at play. However, cultural disparities do not only occur across borders. De Gruchy and Coppel (2008) note the importance of the social and economic disadvantages that Nottingham faced compared to the rest of the of the UK in the planning of their campaign for the city. Understanding the audience for a behavioural intervention plays a pivotal role it’s success (French & Russell-Bennett, 2015). Despite this, much of the literature that includes aspects of this benchmark in regard to smoking interventions was written relatively recently (Gallopel-Morvan et al., 2011; Walsh et al., 2010; De Gruchy & Coppel, 2008). That being noted, as smoking interventions have progressed since the 1970s, so has their inclusion of customer orientation (ASH, 2017).

2.3.2 Behaviour

The behaviour benchmark addresses a clear focus on influencing a specific behaviour with behavioural change goals set, and not just influencing knowledge, attitudes, and beliefs (French & Blair-Stevens, 2006; French & Russell-Bennett, 2015). However, that does not exclude influencing knowledge, attitudes, and beliefs from the behaviour change goal; rather, it shifts them to a tool in the process to achieve the behaviour change goal. For example, Campbell et al. (2014) used promotional resources to increase community awareness of the risks of tobacco use with the objective of this leading to a change in smoking behaviour.

Not all behaviour change goals regarding smoking interventions need to be a reduction in smoking rates, however. For example, Fulton et al. (2016) worked to increase attendance at the Stop Smoking Services (SSS) provided by the National Health Service in the UK. Although this is not directly aiming to reduce smoking rates, smokers attending SSS services are four times more likely to quit smoking (Fulton et al., 2016).

Furthermore, Spotswood et al. (2012) probe whether changing ideas, attitudes, and language should be ‘re-introduced’ within the scope of social marketing objectives because the focus solely on behaviour change is a dated approach from when the field took criticism for lacking focus. Often, idea generation can be the first step, or a precursor, towards future behaviour change due to changes in social norms and community influences bringing about behavioural shifts (Spotswood et al., 2012).

2.3.3 Theory

The theory benchmark relates to the utilization of behaviour theory to inform and guide the development, implementation, and evaluation of intervention programs (French & Blair-Stevens, 2006; French & Russell-Bennett, 2015). A range of theories have been used in the literature around smoking cessation as outlined by Almeshari et al. (2017). These include the theory of reasoned action (McCausland et al., 2009), social norms (Martino-McAllister & Wessel, 2005; Schmidt et al., 2009), the health belief model (MacAskill et al., 2008), and stages of change (De Gruy & Coppel, 2008; Diehr et al., 2011). Gallopel-Morvan et al. (2011) also applied social cognitive theory and fear appeal theory to their work on the use of visual warnings in tobacco-related social marketing. The depth these works go into the application of each theory varies. For example, Diehr et al.'s (2011) entire paper focused on the stages of change model, applying it to smoking interventions and segmentation within them. McCausland et al. (2009), on the other hand, identified the theory of reasoned action as relevant for the basis of their campaign and applied its principles to their campaign's design. Regardless of the different foci of the two articles, the applications of theory within each are especially important. French et al. (2009) state that using theory "can strengthen and enhance the development and delivery of social marketing interventions and, therefore, can ultimately improve and strengthen their potential impact and effectiveness" (p. 45).

It is, however, important to note that it is essential to apply the correct theory within the context of social marketing interventions. Brennan et al. (2016) note, "different theories relate to different units of analysis and the theory can only be applied at that level. For example, the theory of planned behaviour is about how an individual plans to behave. It cannot tell you about interpersonal influences on that behaviour and it cannot tell you about the environment in which a particular behaviour is taking place" (p. 12).

Furthermore, within the context of using models and theories to examine human behaviour within social marketing, one must be cautious of these theories "ability to simplify complex human behaviours and portray them as linear sequences of events" (Brennan et al., 2016, p. 13), which can result in reductionist thinking. For this reason, it is quintessential that one does not apply theory for the sake of 'checking a box', but rather does so methodologically in an appropriate way.

2.3.4 Insight

Insight is having an extensive understanding of what moves and motivates the individuals that the target audience is comprised of (French & Blair-Stevens, 2006; French & Russell-Bennett, 2015). It involves emotional and physical barriers that may be present in regard to the behaviour change goal. Hastings and McLean (2006) acknowledge the importance of recognising that not all smokers are the same and state that “some smokers want to stop abruptly, while others lack the confidence to do so; some have used the service before, others are first times; some prefer groups, others individual support” (p. 303). Insights can be gained through a number of different methods, such as literature reviews (Fulton et al., 2016), interviews (Ball et al. 2017), focus groups (Schmidt et al., 2009), questionnaires (Fulton et al., 2016), and pretesting of interventions (De Gruchy & Coppel, 2008). As illustrated in the citizen orientation section previously, it is important that the insights gained are applicable to the target audience. For example, Fulton et al. (2016) conducted a literature review to inform their research and found the existence of barriers such as lack of awareness, time constraints, financial cost of quitting, fear of judgement, and perceptions that the service would be ineffective. While the use of a literature review can identify a range of motivations and barriers, they may not be specific to the target audience and reflect the degree of importance each holds within the target audience. For this reason, Fulton et al. (2016) then applied their literature review findings in the design of an online questionnaire to further explore themes the review had identified and related them to the target audience of their intervention.

Another key factor of insights is the understanding of cultural values within this target audience. Raval and Submaranian (2004) state that, “cultural values that distinguish and define cultural groups have a powerful role to play in the success of social marketing programs, particularly in multicultural societies” (p. 84). Pollay (2000) notes that by understanding that populations are not homogenous, marketing promotions and programs can be more efficient and effective than if they were undifferentiated and aimed at the average member of a mass market.

Early smoking interventions, such as advertising restrictions and bans, used insight in a different way than interventions do now (ASH, 2017). Although these interventions were less targeted than current ones, it was understood that those within the population were influenced by cigarette advertising so limiting exposure to it could help accomplish behaviour change goals (ASH, 2017).

2.3.5 Exchange / Value

The exchange benchmark, which originally only related to “what the person has to give to get the benefits proposed” (French & Russell-Bennett, 2015, p. 146), was updated by French in 2012 to include value in order to further illustrate the relationship between costs and benefits associated with the target behaviours for those the intervention is aimed at (French & Russell-Bennett, 2015). This is because value for the targeted individual is created from the exchange offering, and if the offering is not strong enough then the perceived value of behaviour change will be low. For example, De Gruchy and Coppel (2008) illustrated the benefits of giving up smoking as being financial savings, increased health and energy to spend time with family, and increased fitness to be able to partake in more leisure activities. The pair also found a cost of smoking cessation to be the potential of gaining weight, so they made sure to include testimonies of people who lost weight in order to minimise the perceived cost of changing their behaviour. MacAskill et al. (2008) on the other hand, utilised a physical exchange as part of their intervention by distributing free nicotine patches to those who were a part of their program. Exchange can come in the form of a physical product or an immaterial benefit, whether long term or short term, that the individual receives for changing their behaviour. The important thing is to clearly communicate the exchange in order for the intervention to be effective.

The exchange/value benchmark is one that has evolved within smoking interventions over time. Early interventions, such as increases in taxes, raised the costs associated with smoking and publications highlighting the health risks of smoking did the same (ASH, 2017). Now many interventions work to increase the value of the behaviour change goal by highlighting the benefits that come with smoking cessation (De Gruchy & Coppel, 2008).

2.3.6 Competition

The competition benchmark has two aspects. The first is an analysis to gain an understanding of what is competing for the attention and time of the target audience, and the second is the planning of how to mitigate the impact of these competitive factors (French & Blair-Stevens, 2006; French & Russell-Bennett, 2015). De Gruchy and Coppel (2008) identified the fact that their target audience would feel negatively about impending legislation regarding smoke-free public places as a competitive factor, so they delayed the launch of their campaign to distance it from the legislation’s implementation. Ball et al. (2017) identified the allure of social smoking as a

competitive force in their investigation regarding smoking interventions targeted at young adults. The insight benchmark directly flows into this benchmark because the methods used to gain insights into the target audience identify competitive factors. This means that the two go hand in hand and if insights are not correctly collected then the competition benchmark may fail to be effectively constructed.

The competition benchmark was one that was addressed extremely early in the anti-smoking movement. Cigarette companies were aggressively advertising through a variety of different outlets (Ash, 2017). By banning television advertisements and implementing other legislation on where and how cigarette companies could advertise, the interventions competing factors were mitigated (ASH, 2017). Cigarette companies were no longer using celebrities and public figures to grasp the populations attention and glamourize smoking.

2.3.7 Segmentation

Segmentation is the benchmark that has been addressed the most in the literature. This benchmark identifies groups within a population that have similar behaviours and views and can be influenced in similar ways (French & Blair-Stevens, 2006; French & Russell-Bennett, 2015). Diehr et al. (2011) note that, “although populations are often segmented by available demographic characteristics such as age or sex, social marketing theory suggests segmenting by the attitudes or behaviours that are the most relevant to the behaviour of interest” (p. 124), illustrating the way in which segmentation in social marketing differs from other disciplines. Raval and Subramanian (2004) take it a step further by illustrating how segmentation strategies that have seen success in the marketing of products and services derive suboptimal outcomes in social marketing. Walsh et al. (2010) published an article that used consumers’ attitude towards the advertisement, consumers’ comprehension of the advertisement, and the consumers’ proneness to think about the message as variables to identify distinct target segments. The segments identified were those who were message-involved, message-indifferent, and message-distanced and each segment reacted differently to the advertising.

Diehr et al. (2011), on the other hand, apply the stages of change model to smoking in order to identify segments within the population. These stages include: precontemplation, contemplation, preparation, action, maintenance, never smoker, and dead. They also acknowledge the fact that individuals can transition between the stages, except returning to “never smoker” and

returning from “dead”. Identifying these segments allows for the correct group to be targeted depending on the goal of the campaign as shown by De Gruchy and Coppel’s (2008) work using those in the contemplation and preparation stages as the primary target in their campaign encouraging people to stop smoking. A campaign aimed at preventing the uptake of smoking, on the other hand, would benefit from targeting those in the “never smoker” stage because that is the only segment that has not engaged in the behaviour.

Walsh et al.’s (2010) identification of three segments in regard to message reception allows for the potential to target the message involved segment and use them as ambassadors to “help propagate and re-enforce the antismoking message among the Indifferent and even the Distanced clusters” (p.1158). The selection of which segmentation method to use would depend on the goal of the social marketing campaign at hand.

Hayashi et al. (2018) researched the effectiveness of matching graphic health warnings on cigarette packaging and segmented their audience by race, gender, and chronic disease conditions. The group found that their study provided weak evidence in support of audience segmentation because there was minimal increased effectiveness. However, their segmenting did not relate to attitudes or behaviours that are relevant to smoking which could explain why they found the segmenting to be ineffective (Diehr et al., 2011).

Early segmentation within smoking interventions was focused on demographics such as age, gender, and location (ASH, 2017). Attempts were made to limit youth access to cigarettes and companies could no longer advertise with skinny glamorous women depicting smoking as healthy (ASH, 2017). However, as the field of social marketing developed and segmentation based on behaviours and beliefs was found to be more effective, smoking interventions began to change their segmenting methods (De Gruchy & Coppel, 2008; Diehr et al., 2011).

2.3.8 Methods Mix

The last benchmark, methods mix, refers to the use of the four P’s of the marketing mix: product, price, place, and promotion (French & Blair-Stevens, 2006). Product, in the context of smoking cessation, can be less tangible than in other domains (Kotler & Roberto, 1989). The reason for this is that in many cases the product offering is the behaviour change of the individual quitting smoking. However, there can also be physical product offerings as well, such as the NHS Stop

Smoking Services and group meetings, nicotine patches, or cessation helplines (Fulton et al., 2016; MacAskill et al., 2008; McCausland et al., 2009).

MacAskill et al. (2008) define price as the “consumer benefit versus the cost” (p. 256), so this would include factors such as financial savings or health and fitness benefits as well (De Gruchy & Coppel, 2008). Peattie and Peattie (2003) define price as the cost associated with the desired behaviour change. These costs can be physical, such as the potential to put on weight (De Gruchy & Coppel, 2008), financial, like the cost of nicotine replacement drugs (Diehr et al. 2011), or temporal, such as the time given up to attend meetings or services (Fulton et al., 2016).

Place can relate to either the locations and accessibility involved with the behaviour or the intervention working to change it (Peattie & Peattie, 2003). In relation to smoking interventions, this is where banners, posters, and other promotional materials are displayed or the location of meetings, (De Gruchy & Coppel, 2008; Fulton et al., 2016; MacAskill et al., 2008).

Lastly, promotion refers to the methods of communication to influence the target audience to participate in the behaviour change goal. Promotional methods in smoking cessation include referrals from health professionals, billboards and banners, television and radio advertisements, or word of mouth (Fulton et al., 2016; De Gruchy et al., 2008; Durkin & Wakefield, 2010, MacAskill et al., 2008). As with the other aspects of the marketing mix, methods of promotion can vary depending on the behaviour change goal.

2.4 The Indicators for Social Change Framework

It is important to note that French and Blair-Steven’s benchmark criteria (2006) has faced some criticism. Wettstein and Suggs (2016) highlight these critiques of the benchmarks, the first of which being that it is not necessary for programmes to utilise all of the benchmarks to be considered social marketing. This means that interventions can be classified as social marketing by only meeting a few of the criteria. Basil (2014) communicates a similar critique in regard to the use of all benchmarks by stating that conducting formative research, target market identification, and outcome measurement are features of successful social marketing campaigns but should not be a requirement for a campaign to be classified as social marketing.

Secondly, they address the lack of weighting the relative importance of the benchmarks, discussing the varying degrees of significance each holds within a social marketing campaign (Wettstein & Suggs, 2016). This critique is reiterated within French and Russell-Bennett's (2015)

proposal of a hierarchical model of social marketing in which value creation is presented as being the core principle and central to any social marketing programme.

Fry et al. (2017) propose a new framework for the design and planning of social change programs. Instead of using a “one-size-fits-all” framework, Fry et al. (2017) acknowledged the need for an individual orientation as well as a systems orientation. Within these two orientations they outline the five indicators they identified: value shaping, change approach, research focus, methods approach, and theoretical framework. Fry et al. (2017) also noted that value shaping is the dominant influence within these indicators.

Table 3 The Indicators for Social Change Framework

Indicators	Individual Orientation	Systems Orientation
Value shaping	Marketplace exchange	Co-creation of value
Change approach	Customer-problem focus	System-solution focus
Research focus	Insight (individual)	Insight (integrative networks/collaboration)
Methods approach	Marketing mix	Social change mix
Theoretical framework	Cognitive models	Pragmatic, mixed models

Source: Fry et al., 2017, p. 126

A key contribution of this work was the acknowledgement of the dynamic nature of social marketing; their adjustment of the nomenclature from benchmark to indicator allows for greater flexibility in discernment of the field as it continues to grow and develop. Harwood and Murray (2019) illustrate the value this approach provides in encouraging engagement with social marketing concepts, standards, and debate in a guided dynamic way rather than myopic subscription to a rigid template. The pair’s research acknowledged the necessary shifting and changing of the benchmarks in its application to their Lead my Learning campaign planning, despite the fact that this occurred in 2014, three years prior to the publication of Fry et al.’s (2017) indicators for change.

Within the context of reviews, the benchmark criteria set forth by Blair Stevens and French (2006) provide a convenient tool for analysing literature on past smoking interventions in relation

to social marketing because of their rigid nature and explicit categories. Wettstein and Suggs (2016) acknowledge this by describing the benchmarks as a useful tool for assessment of whether or not a programme falls into the category of social marketing. However, Fry et al. (2017) note the nature of behaviour change and the fact that it is difficult to codify a dynamic social landscape. For this reason, the previous section of the literature review used the benchmark criteria to identify published literature addressing different components of social marketing because of its ease of use in classification and categorisation, but the systematic review presented later utilises Fry et al.'s (2017) Indicators for Social Change Framework as it aims to dive deeper into the analysis of the discipline within the context of smoking interventions. By using the benchmark criteria to analyse the current state of social marketing literature in relation to more 'mainstream' social marketing concepts, the relevant components encompassing the discipline were addressed and discussed. Furthermore, utilising both criteria within the context of this thesis allows for a more insightful reflection on the field of social marketing within the discussion. Table 4 provides a comparison of the two frameworks.

Table 4 The Benchmark Criteria vs The Indicators for Social Change

Name	Contributor	Aim	Contribution
Benchmark Criteria	French & Blair-Stevens (2006, 2012)	<ul style="list-style-type: none"> • Codify core elements of the social marketing practice • Distinguish social marketing from other types of social intervention 	<ul style="list-style-type: none"> • Improved precision of Andreasen's (2002) benchmarks • Added two benchmarks (theory and customer orientation) to Andreasen's (2002) work
Indicators for Social Change	Fry et al. (2017)	<ul style="list-style-type: none"> • Guide the design and planning of social change programs • Describe marketing actions needed for individual orientation and systems orientation 	<ul style="list-style-type: none"> • Allows for wider comprehension of what social marketing is • Addition of system-wide approach

Source: French & Blair-Stevens, 2006; French & Russell-Bennett, 2015; Fry et al., 2017

2.4.1 Individual Orientation

Individual orientation is the more ‘traditional’ approach to social marketing, focusing on individual consumers who “exhibit or are prone to bad behaviour” (Fry et al., 2017, p. 121). This approach is equivalent to downstream social marketing which has been challenged and critiqued for “the singular acceptance of narrowly focussed studies of individual behaviour and habit, cognitive decision-making and emotions as the behaviour change evidence base in social change strategies” (Brennan et al., 2016, p. 221). Within an individual orientation, the value shaping indicator is addressed through value propositions illustrating the costs and benefits of the behaviour at hand. In the context of tobacco cessation these costs are portrayed in campaigns and interventions through the health risks and how they can be mediated from reducing or abstaining from tobacco use. The second indicator, change approach, revolves around a focus on the targeted consumer and their behaviour (Fry et al., 2017). As Fry et al. (2017) state, “the individual orientation typically constructs the consumer as problematic and as a target for ‘interventional’ behaviour change strategies” (p. 129). For example, anti-tobacco campaigns may target young adult smokers who are still in high school or pregnant smokers. The research focus involves the research undertaken prior to the intervention/campaign to inform decision making, methods, and approaches (Fry et al., 2017). From an individual orientation this would entail understanding the target audience's smoking behaviour and influences surrounding their tobacco consumption. The methods approach indicator requires the use of the marketing mix, the four P's, which is imperative for an effective marketing campaign. Finally, Theoretical framework involves the use of theories and models used to inform approaches to behavioural change. In an individual orientation “the models and theories are individually focussed (e.g. the theory of planned behaviour, advertising response behaviour, etc.)” (Fry et al., 2017, p. 130).

2.4.2 Systems Orientation

Fry et al. (2017) state that “in a systems orientation, the indicator actions point to an ecology where the ‘individual’ is but one participant in a broader scope of social change activities. Within the system, individuals engage in and with wider structural contexts where behaviours are produced and where social change results from relational interactions within a wider marketplace” (p. 126). A systems orientation addresses concerns raised about “social marketing’s micro-experimental focus on individual health-related behaviours” (Brennan et al., 2016, p. 121) by using upstream

measures that facilitate and increase the effectiveness of downstream social marketing initiatives (Brennan et al., 2016). Within a systems orientation, value shaping entails co-creation, not only from the consumer, but also other institutions and organisations within the market (Fry et al., 2017). All actors are viewed as having potential resources to share in order to create social change. Unlike an individual orientation, in the change approach indicator, a systems orientation works to find solution as opposed to “changing ‘problem’ people” (Fry et al., 2017, p 129). This requires dynamic relationships between relevant actors within the value co-creation process and cross-sectoral partnerships to be formed in order to bring about societal change (Fry et al., 2017). In regard to the research focus indicator, “a systems orientation directs the lens of enquiry towards an integrative analysis across all actors, encompassing feedback loops of knowledge to understand the peaks and fluctuations that influence creating sustainable change” (Fry et al., 2017, p. 129). Research and evidence collecting is an ongoing process across multiple actors assessing more than just an individual's change but also the impact across other market structures as well (Fry et al., 2017). The methods mix for a systems orientation requires a long-term approach to not only incite change but sustain it as well as creating and sustaining collaborations and relationships (Fry et al., 2017). The focus is on the deliverance and maintenance of social value. Finally, due to the larger scale a systems orientation strives for, “relevant theories will be multi-levelled and actor-focussed, such as institutional theory and theories of public policy” (Fry et al., 2017, p. 130). Within a systems orientation it is important to accept that change will occur dynamically and that one cannot seek to codify a dynamic social landscape (Fry et al., 2017).

2.5 Micro, Meso, and Macro Approaches

An important aspect of this research lies within the delineation of a systems orientation and an individual orientation within social marketing. This delineation will be discussed later, however, it is worth noting the concepts these two orientations relate to. Fry et al. (2017) state that a systems orientation “is inclusive of both meso and macro systems layers” (p. 126) whereas an individual orientation relates to the micro layer. French et al. (2017) describe the social marketing eco-system framework as the micro level which contains consumers, the meso level which is made up of organisations and firms, and the macro level which includes policy makers, government, and the market.

Micro social marketing, as defined by Kennedy and Parsons (2012):

creates some sort of ‘product’ to exchange to drive behaviour change ... often this amounts to alternatives to the behaviour (e.g. electronic cigarettes) or programs to help manage the behaviour (e.g. smoking cessation programs). These solutions (products) are then ostensibly what the social marketer markets with promotion, place, and price ... Micro social marketers are unable to affect the actual product in question (e.g. cigarettes) other than through lobbying of government or counter-marketing where a negative view of product use is sought (p. 40).

Meso level interventions involve collaboration between public services and other actors within the community as well as personal networks (e.g., family and friends) as a way of enticing change (Luca et al., 2016). This level has been “identified as the least discussed or applied level of the ecosystem within social marketing” according to French et al. (2017, p. 281). Unlike micro level interventions, within the meso level value is co-created across multiple actors rather than through a product exchange (French et al., 2017; Fry et al., 2017).

Kennedy and Parsons (2012) describe how macro-social marketing “shapes the societal context of product usage ... by limiting the effectiveness of commercial marketing techniques” (p. 40). They also suggest the difference between macro- and micro-social marketing lies in the fact that

Macro-social marketing goes about systematically reducing the effectiveness of traditional marketing avenues for the offending product, whereas micro-social marketing seeks to use marketing to create individual level behaviour change through a change-inducing product, separate from, or in competition to, the offending product (p.40).

Through these brief explanations of each level of the social marketing ecosystem, it is clear how Fry et al. (2017) separated their two orientations based on how value shaping is done. Meso- and Macro- orientations became grouped together into a systems orientation because of their value shaping practices deriving from co-creation whereas micro-social marketing falls by itself into the individual orientation because the value shaping is derived from a product exchange. Furthermore, as illustrated by Fry et al. (2017) and Kennedy (2016) because of the complexity of the interactions

across multiple actors within meso and macro level interventions (systems orientation) many of the relevant theoretical underpinnings are derived from institutional theory. Micro-social marketing (individual orientation) on the other hand applies individually focused theories relating to human behaviour because of the smaller scale of change (Fry et al., 2017) (Table 5).

Table 5 Social Marketing Levels

Social Marketing Levels	
Macro (Upstream)	Policy Makers
	Government
	The Market
Meso (Midstream)	Organizations
	Firms
	Communities
Micro (Downstream)	Consumers

Source: French et al., 2017, p. 283.

2.6 When Social Marketing Fails

Although social marketing can be an effective tool to bring about positive behaviour change, interventions are not always successful. This is worth noting due to the indicators for change framework being designed to guide effective social marketing interventions (Fry et al., 2017). The use of a guide or template when designing these interventions is of great value so as not to overlook important social marketing components and concepts, as illustrated by Cairns and Rundle-Thiele's (2014) findings that interventions with higher SM feature use saw higher rates of behaviour change.

Cook et al. (2021) researched failures in social marketing, a topic that has been quite overlooked, and found only one article discussing the topic, a conceptual paper by Wymer (2010). Cook et al. (2021) summarised Wymer's (2010) findings on the matter by stating the reasons for failure as:

1) social marketers' understanding of the social problem is biased due to their own "mental models"; 2) they restrict social marketing strategies to those that are aimed at individuals rather than tackling environmental factors, and; 3) when they do acknowledge that environmental factors contribute to the social problem, they fail to create a plan that will eliminate the upstream cause of the problem (p. 15).

The lack of acknowledging environmental factors contributing to problems and the failure to address upstream causes on occasions when these problems are acknowledged emphasises a need for social marketing interventions at the meso- and macro-level.

Within the empirical research conducted by Cook et al. (2021) they found that the top five reasons for social marketing programme failure according to their survey responses were: poor strategy development, external influences, poorly designed programme or behavioural objectives, inadequate research, and mismanagement of stakeholders. The sample for this research was members of the social marketing community recruited through social marketing conferences and listservs (Cook et al., 2021) The results further highlight the fact that the theoretical aspect of social marketing, as illustrated within Almeshiri et al.'s (2017) systematic review and in the following systematic review, is something overlooked within the practicing community. Inadequate use of theory was not a reason for failure reported explicitly within Cook et al.'s (2021) survey results, however it was acknowledged within their discussion on indirect references to inadequate research within social marketing literature.

2.7 Chapter Summary

This chapter began by addressing what social marketing is and what it constitutes as well as introducing the issue of tobacco use and what measures have been taken to combat it. The benchmark criteria were then presented as a tool to explain key concepts relevant to the field of social marketing in order to give the reader a more comprehensive understanding of the discipline. An explanation of the indicators for social change framework is then presented which includes its relevance to the discipline as a whole and the criticisms of the field that it addresses. Finally, social marketing failures and shortcomings are then addressed. By acknowledging the reasons for failure, possibilities for growth and improvement are further enhanced.

While the scope of this literature review was quite broad, it attempts to set the foundation for the research include in this thesis and highlight the growth that the field has had in recent years as well as identifying areas for improvement which will be expanded on in the following chapters.

3 Methodology

This chapter addresses the methods being undertaken to complete the systematic review included in this research. First, the introduction illustrates the value of systematic reviews and highlights the ways in which they can be applied. The rationale behind using the indicators for social change framework as an examination tool is then identified. This is followed by the presentation of the eligibility criteria which will be used to ensure only relevant documents are included in the review. Finally, the information sources, search terms, study selection, and procedures are posed.

3.1 Introduction

Cairns and Rundle-Thiele (2014) highlight the importance of systematic reviews because they provide researchers the opportunity to reflect on relevant sources of knowledge and understanding, allowing for the creation of “social programs that are both effective and efficient in enacting social change” (p. 1636). These reviews work as a form of research linking the past to the present (Fitzgerald & Lyberger, 2013). Given the reflective nature of systematic reviews and their use of the past to inform future research, they provide important contributions to the discipline of social marketing. The importance of looking back to inform the future is highlighted by Russell-Bennett and Baron (2016) who stated that, “Given the importance of developing new ideas, challenging assumptions and generating creative solutions ... and the use of history as one source for these ideas, why would you not look back at the past?” (p. 1).

Furthermore, systematic reviews can amalgamate multiple different bodies of research into a single digestible entity, combatting the information overload that may occur from attempting to synthesize each individually (Petticrew & Roberts, 2006). They also provide a snapshot of the current state of the literature within a specific field, discipline, or topic (Petticrew & Roberts, 2006). This can be extremely valuable to utilise prior to undertaking primary research to ensure that it is based on a well-informed assessment of the current state of the literature (Bambra, 2011). Paul and Rowley (2020) communicate this in their call for the submission of more systematic reviews because they “serve as base/platform/lens for future research as they identify research gaps and suggest exciting new directions for a given field of research, many times with reference to methodology, constructs/variables, theory and contexts” (p. 235).

Within the field of social marketing, systematic reviews can provide value through informing the design and implementation of programmes and interventions due to their ability to highlight

shortcomings and areas for improvement of previous interventions (Almestahiri et al., 2017; Carins & Rundle-Thiele, 2014; Kubacki et al., 2015). This is highlighted by the use of systematic reviews within the formulation of recommendations for the UK NHS made by the National Institute for Health and Clinical Excellence (Bambra, 2011, p. 14). Furthermore, Dobbins et al., (2001) research on public health programmes in Canada found that systematic reviews were perceived to possess the most influence on decisions related to programme planning and justification. This illustrates not only their value but also the weight they can hold. One shortcoming however, as highlighted by South and Lorenc (2020), is that although systematic reviews were highly valued by public health practitioners, there were a limited number available on more specific applications of public health topics, such as organisation of services or community development for safe environments. This demonstrates the need for systematic reviews within a variety of public health foci.

Gough et al. (2017) communicate the value that systematic reviews are needed because:

1. Any individual research study may be fallible, either by chance, or because of how it was designed and conducted or reported. There are even cases of research reports being fabricated.
2. Any individual study may have limited relevance because of its question, scope and context.
3. A review provides a more comprehensive and stronger picture based on many studies and settings rather than a single study.
4. The task of keeping abreast of all previous and new research is usually too large for an individual.
5. Findings from a review provide a context for interpreting the results of a new primary study.
6. Undertaking new studies without being informed about previous research may result in unnecessary, inappropriate, irrelevant or unethical research (p. 3).

In order to effectively reduce misinterpretation and bias within the review it is important to not only state what is included in the review, but also what is not being included so as to draw valid conclusions within the scope of the review (Gough et al., 2017).

Systematic reviews utilise a more explicitly defined approach when identifying and synthesizing study findings whereas narrative reviews provide summaries of research within a wider range of literature. While narrative reviews offer more flexibility, they lack the rigor and often explicit inclusion criteria that are required for systematic reviews (Byrne, 2016). Byrne (2016) also proposes scoping reviews as falling under the category of narrative reviews due to the fact that they “present information in a narrative format” (p. 2). However, within the context of this research, the rigor of systematic review methodology is paired with characteristics of scoping reviews.

Scoping reviews work to “map the existing literature in a field of interest in terms of volume, nature, and characteristics of the primary research” (Pham et al., 2014). They are particularly useful when examining research activity within a topic area in regard to its nature, range, and extent, and often allow for the identification of gaps and shortcomings within the existing literature (Pham et al., 2014).

Furthermore, meta-analysis is commonly used within systematic reviews, however, within topics relating to public health, at times, this is usually not feasible to undertake due to the heterogeneous nature of study designs, populations, and outcome measures within the field, as is the case with this review (Campbell et al., 2019).

3.2 Utilisation of the Indicators for Social Change

This research follows a similar approach to Almestahiri et al.’s (2017) research identifying the extent to which social marketing programs targeting tobacco cessation use major components of social marketing. However, they use Andreassen’s (2002) benchmark criteria, which includes six mutually exclusive social marketing characteristics, as the template for their identification of feature use and include theory as a seventh feature. As previously discussed in chapter two, Andreassen’s (2002) benchmark criteria have faced criticism, as illustrated in Fry et al.’s (2017) article on disrupting the benchmark criteria. Fry et al. (2017) propose an alternative, the Indicators for Social Change Framework, which “puts forward a series of ‘must have’ conceptual indicators to guide the design and planning of social change programmes” (p. 126). A key aspect of the Indicators for Social Change Framework is the delineation of different social marketing orientations addressing individual behaviour change and systems-wide approach to achieve social change and their respective marketing actions (Fry et al., 2017). Furthermore, Fry et al.’s (2017)

terminology change from benchmark to indicator allows for a “wider comprehension of what is social marketing” (p. 127). The five indicators proposed are value shaping, change approach, research focus, methods approach, and theoretical framework, with value shaping being represented as the dominant influence. The Indicators of Social Change Framework will be used in this study instead of the benchmark criteria to carry out a similar review to Almestahiri et al. (2017). The included articles will be classified into individual orientation or systems orientation and then will be examined against the respective actions for each indicator within their orientation.

3.3 Eligibility Criteria

Similarly, to Almestahiri et al.’s (2017) research, this review “aimed to identify self-claimed social marketing studies that empirically investigated the effect of different tobacco cessation programs on reducing tobacco consumption” (p. 236). This research follows the procedures utilized by Carins & Rundle-Thiele (2014), Kubacki, Rundle-Thiele, Lahtinen, & Parkinson (2015), and Kubacki, Rundle-Thiele, Pang, & Buyucek (2015) in their respective systematic reviews on social marketing topics as well as that of Almestahiri et al. (2017). Only studies published in accessible peer-reviewed journals were included. This deems books, book chapters, conference proceedings, and other similar sources as unqualified. Unlike the aforementioned studies this research uses as a template for its procedures, it does not restrict included articles to a specific timeframe. These studies assess qualified studies against Andreasen’s (2002) benchmark criteria, so they utilize timeframes of 2000-2012 (Carins & Rundle-Thiele, 2014), 2000-2014 (Kubacki, Rundle-Thiele, Lahtinen, & Parkinson, 2015; Kubacki, Rundle-Thiele, Pang, & Buyucek, 2015), and 2002-2016 (Almestahiri et al., 2017). However, because this research aims not only to compare the included studies against the Indicators for Social change, which was proposed in 2017, but also strives to illustrate the development of the field of social marketing over time, no temporal parameters are set.

3.4 Information Sources

The online search for this scoping systematic review was undertaken on the Scopus database. Scopus was launched by Elsevier in 2004 and its literature coverage dates back to 1823 (Jacsó, 2011). Furthermore, the bibliometric database includes up to 65 million records and is claimed to

be the largest index database and the largest abstract citation database of peer-reviewed literature (Aparicio-Martinez et al., 2019; Cebrino & de la Cruz, 2020).

This search was conducted and concluded in December 2020.

3.5 Search

The search words and phrases used in this study were developed following several trials with different word combinations. The search for this scoping systematic review was undertaken using the key words and phrases: TITLE-ABS-KEY (smok* OR vap* OR cigarette OR tobacco OR nicotine AND intervention* OR cessation OR campaign* OR program* OR communicat* OR promot* AND "social marketing"). After filtering through the results from this search the reference lists of included articles were then probed to locate further relevant articles.

3.6 Study Selection

The criteria for inclusion in this study aimed to identify empirical papers that investigate the effectiveness of a social marketing campaign aiming to reduce tobacco consumption. Review, conceptual, formative, or methodological papers were excluded as well as studies that do not make an explicit reference to social marketing. Furthermore, studies covering phenomena other than tobacco cessation such as physical activity, alcohol consumption, and sexual health promotion were excluded.

3.7 Procedures

The online search of key words and phrases was carried out on the Scopus database. Search results and their respective abstracts were then transferred into endnote and sorted by reference type. Results that were not journal articles or were inaccessible were then removed. This was followed by a screening of article titles and abstracts, and anything deemed irrelevant was removed. The remaining papers were then examined against the exclusion criteria, resulting in 32 qualified articles. The reference lists of these remaining articles were then probed for relevant articles, resulting in the addition of two more articles bringing the final total to 34 articles. These accepted studies were classified according to their orientation (individual or system) and assessed based on their inclusion of the Indicators for Social Change.

In regard to ethical procedures, this research differs from primary research because sensitive, confidential, and/or deeply personal information is not collected from participants (Suri, 2020). All information being used in this review derives from publicly accessible documents, therefore deeming ethical approval from University of Canterbury's Human Ethics Committee unnecessary.

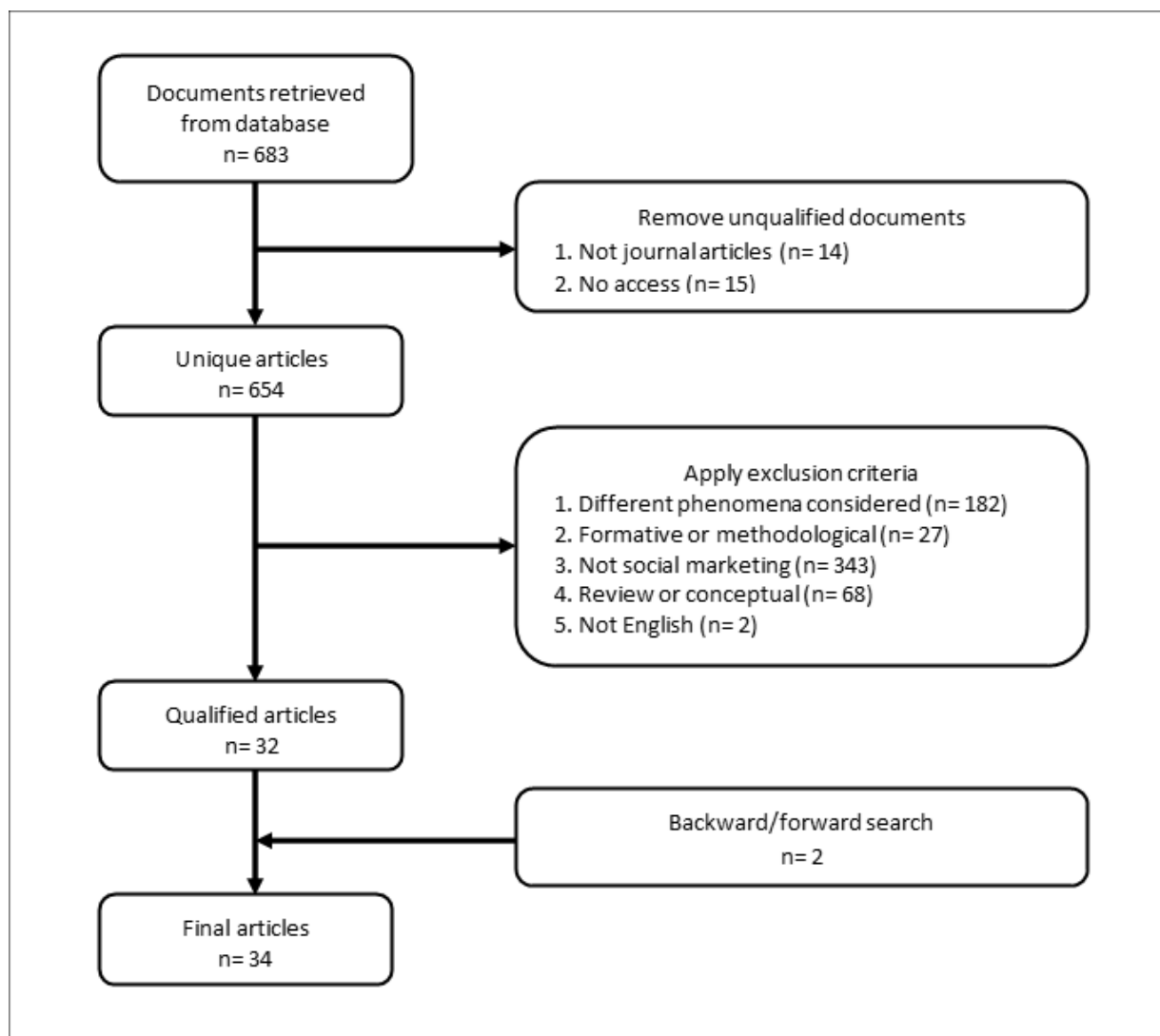
3.8 Chapter Summary

This chapter opened with a presentation of the value of systematic reviews as well as their range of applications. The use of the indicators for social change framework as an examining tool was then justified, followed by the eligibility criteria that would be applied to the documents contained within the search. Finally, the information sources, search terms, and procedures were defined and explained.

4 Findings

This chapter presents the findings of the systematic review undertaken. First, the locations, publishing years, and publishing outlets of the included studies are presented. Then, findings relating to the orientation adopted by each study are identified. Finally, a figure is provided that illustrates the indicator use within each intervention which is followed by an analysis of how each of the indicators was utilised within their respective application. 683 documents were initially acquired in the Scopus database search and a flow chart of the included articles is provided in figure 5. A total of 34 studies met the required criteria and were included in this review.

Figure 5 Systematic Review Process



4.1 Study Location

As illustrated in table 6, the majority of studies occurred within the United States. Australia and the UK were the setting of four studies each, followed by two studies being located in Canada and India. A noticeable feature of the studies is that a large majority of identified papers were published on research undertaken in developed countries. Only four papers are from countries classified by the United Nations (2020) as developing (Murukutla et al., 2011; Thrasher et al., 2011; Turk et al., 2012; Lee et al., 2015).

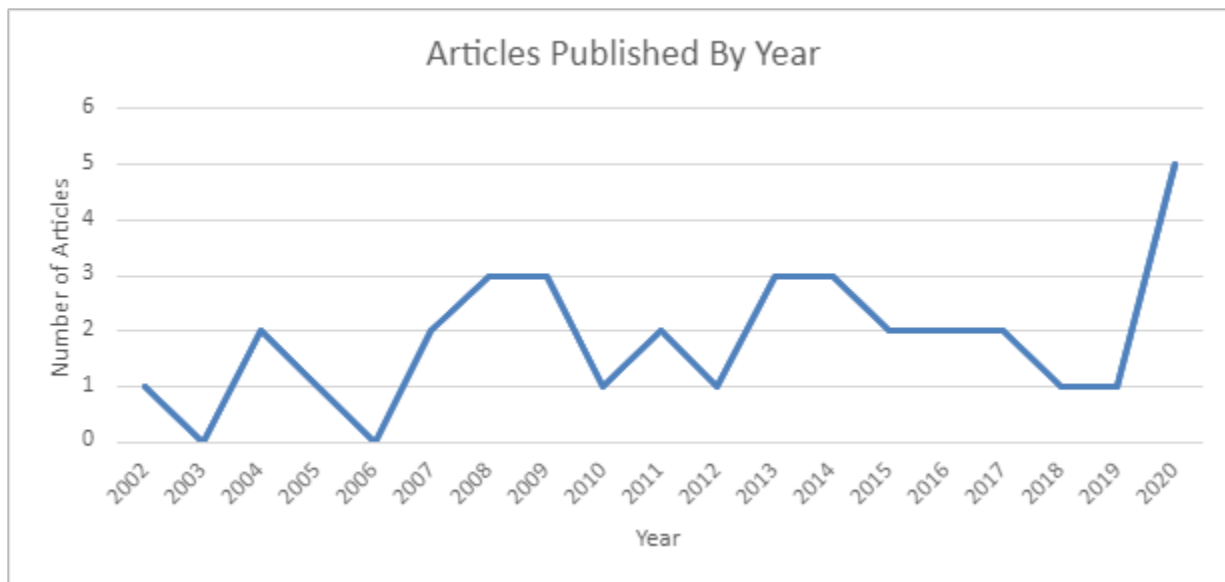
Table 6 Locations of Studies

Location of Study	Number of studies
USA	18
Australia	4
UK	4
Canada	2
India	2
Greece	1
Malaysia	1
Mexico	1
New Zealand	1

4.2 Year of Study

The first study which fell within the scope of the criteria laid out for this systematic review was published in 2002. As figure 6 shows, since then there has been an inconsistent trend in the publishing of self-identified social marketing articles studying tobacco interventions. However, 2020 saw a significant increase in published work relating to social marketing interventions targeting tobacco use.

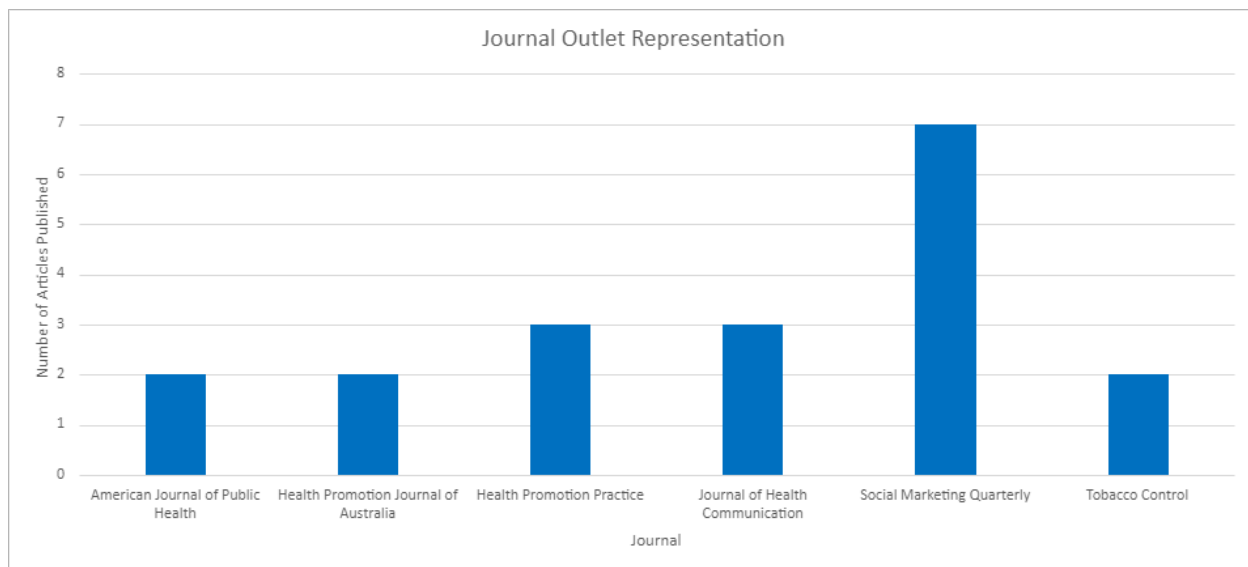
Figure 6 Yearly Quantity of Articles Published



4.3 Journal in Which Article was Published

Figure 7 shows the quantities of included articles published by each respective journal. Only journals which had at least two articles included in this review are shown on the chart. Journals not included in the chart due to only having one article are: the *Australian and New Zealand Journal of Public Health*, the *Australian Journal of Primary Health*, the *Canadian Journal of Public Health*, *Cancer Causes and Control*, *Contemporary Clinical Trials*, *Health Promotion International*, the *International Journal of Health Promotion and Education*, the *International Journal of Nonprofit and Voluntary Sector Marketing*, the *Journal of Adolescent Health*, the *Journal of Communication in Healthcare*, the *Journal of Internal Medicine*, the *Journal of Marketing Management*, the *Journal of Women's Health*, *Public Health*, and *Public Health Reports*.

Figure 7 Journal Outlet Representation



4.4 Orientation

An important aspect of the Indicators for Social Change Framework is the delineation of an individual orientation and a systems orientation. This delineation is important because it illustrates the different types of marketing actions required for each orientation within the framework (Fry et al., 2017). As highlighted by Fry et al. (2017) an individual orientation follows the more traditional micro-managerial approach to behaviour change whereas a systems orientation views the individual as one single participant within the broader scope of social change activities, where change is the result of interactions within the wider marketplace. Of the interventions included in

this study, six utilised a systems orientation and the other 28 operated with an individual orientation.

4.4.1 Systems Orientation

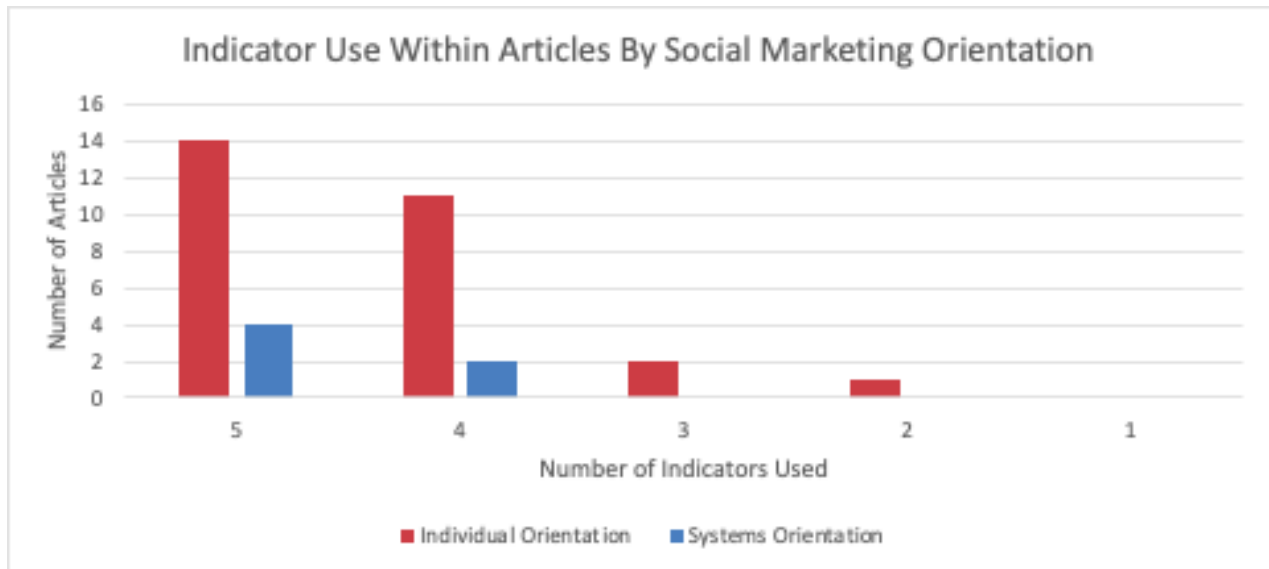
Of the 34 interventions only six applied a systems orientation. These interventions included partnering with health, marketing, and enforcement agencies to increase the acceptability of reporting illicit tobacco to hotlines (McNeill et al., 2014), to change social norms around in-home and in-car smoking (Luca et al., 2016), to increase advocacy for policy change around the smoke-free movement (Rudov et al., 2017), to increase access to and awareness of the Medicaid cessation benefit (Williams et al., 2020), the creation of a new social norm to combat the indifference to enforcing laws regarding indoor smoking (Skerletopoulos et al., 2020), and a community wide intervention providing incentives to undertake tobacco control activities and to stimulate discussion around cessation (Poder et al., 2020). As noted by Fry et al. (2017) the systems orientation is a more recent interpretation (p. 126) which is highlighted by the fact that of the six interventions using this orientation, the earliest was 2014 and three of the six were from 2020. Although not necessarily causation, it does illustrate the fact that the field of social marketing has developed to go beyond just viewing the individual as the point of change and now approaching the individual as a single actor within a network of stakeholders that can drive behaviour change on a larger scale. This is consistent with Truong et al. (2019) stating “perhaps the most significant development concerns the shift from its primary focus on individual behavioural change (downstream) to a broader conception of its potential in engendering institutional and organizational change (upstream)” (p. 181). Furthermore, Truong et al. (2019) highlight the fact that “few social marketing initiatives attempt to influence social constructs surrounding their audience” (p. 181), something that the interventions included in this review classified as systems orientation attempt to achieve through changing norms and attitudes of those surrounding tobacco users in order to incite change.

Of the six interventions classified as using a systems orientation four possessed all five indicators (Luca et al., 2016; Rudov et al., 2017; Skerletopoulos et al., 2020; Williams et al., 2020) and two possessed four out of five indicators (McNeill et al., 2014; Poder et al., 2020). The two interventions that did not include all five indicators (Poder et al., 2020; McNeill et al., 2014) both lacked a theoretical framework.

4.4.2 Individual Orientation

The majority of interventions included in this research took an individual orientation. They aimed to reduce tobacco use within specific populations, recruit smokers to cessation services, and raise awareness of the dangers of tobacco use. Of the 28 interventions using an individual orientation 14 contained all five indicators, eleven contained four out of five indicators, two contained three out of five indicators, and one contained only two out of the five indicators. Figure 8 illustrates the distribution of total indicator use in both individual and systemically oriented interventions across the included studies.

Figure 8 Indicator Use Within Articles



4.5 Examination Against the Indicators for Social Change

Table 7 provides an overview of indicator use within each qualified article. The individual indicators are discussed in following sections.

Table 7 Article Examination Against the Indicators for Change (Fry et al., 2017)

Study	Orientation	Value Shaping	Change Approach	Research Focus	Methods Approach	Theoretical Framework	Total Indicators
Evans et al. (2002)	Individual	✓	✓	✓	✓	✓	5
Evans et al. (2004)	Individual	✓	✓	✓	✓	✓	5
Lowry et al. (2004)	Individual	✓	✓	✓	✓	×	4
Evans et al. (2007)	Individual	✓	✓	×	✓	✓	4
Sherman et al. (2007)	Individual	✓	✓	×	✓	×	3
de Gruchy & Coppel (2008)	Individual	✓	✓	✓	✓	✓	5
Grigg et al. (2008)	Individual	✓	✓	✓	✓	✓	5
Hong et al. (2008)	Individual	✓	✓	×	✓	✓	4
McCausland et al. (2009)	Individual	✓	✓	✓	✓	✓	5
Schmidt et al. (2009)	Individual	✓	✓	✓	✓	✓	5
Smith et al. (2009)	Individual	✓	✓	✓	✓	✓	5
Perusco et al. (2010)	Individual	✓	✓	✓	✓	×	4
Murukutla et al. (2011)	Individual	✓	✓	✓	✓	×	4
Thrasher et al. (2011)	Individual	✓	✓	✓	✓	×	4
Turk et al. (2012)	Individual	✓	✓	✓	✓	✓	5

Kennedy et al. (2013)	Individual	✓	✓	✓	✓	×	4
Lee et al. (2013)	Individual	✓	✓	✓	✓	✓	5
Parvanta et al. (2013)	Individual	✓	✓	✓	✓	✓	5
Campbell et al. (2014)	Individual	✓	✓	✓	✓	×	4
Ling et al. (2014)	Individual	✓	✓	✓	✓	✓	5
McNeill et al. (2014)	Systems	✓	✓	✓	✓	×	4
Lee et al. (2015)	Individual	✓	✓	×	✓	✓	4
Maksimovic et al. (2015)	Individual	✓	✓	✓	✓	×	4
Kalkhoran et al. (2016)	Individual	✓	✓	✓	✓	×	4
Luca et al. (2016)	Systems	✓	✓	✓	✓	✓	5
Plant et al. (2017)	Individual	×	✓	×	✓	×	2
Rudov et al. (2017)	Systems	✓	✓	✓	✓	✓	5
Patten et al. (2018)	Individual	✓	✓	✓	✓	×	4
Patten et al. (2019)	Individual	✓	✓	✓	✓	✓	5
Dilley et al. (2020)	Individual	×	✓	✓	✓	✓	4
Guo et al. (2020)	Individual	✓	✓	✓	✓	✓	5
Poder et al. (2020)	Systems	✓	✓	✓	✓	×	4
Skerletopoulos et al. (2020)	Systems	✓	✓	✓	✓	✓	5
Williams et al. (2020)	Systems	✓	✓	✓	✓	✓	5

4.6 Value Shaping

Thirty-two out of the 34 studies included in this review contained the value shaping indicator, the two studies lacking this indicator were Dilley et al. (2020) and Plant et al. (2017). Both studies utilised an individual orientation which means their intervention lacked a clear value proposition illustrating the costs and/or benefits of the behaviour at hand (Fry et al., 2017). The intervention covered by Dilley et al. (2020) used the theme of perseverance to entice smokers to quit and displayed a Mexican American track star on its promotional material. One could make the argument that the value proposition is the communication of the availability of a Spanish language Quitline. However, there is no explicit reference to any costs or benefits regarding tobacco consumption and/or the cessation of tobacco consumption or regarding use of the quit line. Plant et al. (2017) report on an intervention directed towards reducing smoking rates among lesbians, gays, and bisexuals in Los Angeles County, California by framing smoking cessation as similar to ending a romantic relationship. However, this intervention lacked the value shaping indicator. Promotional materials did state ‘free help’ on them, communicating the fact that there was no monetary cost to utilising the cessation support services, but beyond this there was no other value shaping undertaken.

The 32 studies that included the value shaping indicator utilised it in a variety of ways. The most common form of value shaping was highlighting the health risks that come along with smoking such as cancer and lung and heart diseases and conveying the fact that cessation can combat this (Evans et al., 2002; Evans et al., 2004; de Gruchy & Coppel, 2008; Hong et al., 2008; McCausland et al., 2009; Perusco et al., 2010; Murukutla et al., 2011; Turk et al., 2012; Parvanta et al., 2013; Campbell et al., 2014; McNeill et al., 2014; Lee et al., 2015; Maksiomvic et al., 2015). Furthermore, studies also emphasized the benefits of quitting smoking, not only on one's health but also financially and socially (Evans et al., 2007; de Gruchy & Coppel, 2008; Hong et al., 2008; Schmidt et al., 2009; Maksiomvic et al., 2016; Kalkhoran et al., 2016). Guo et al. (2020) take it a step further and convey the benefits of a smoke free lifestyle on attaining one's goals and success in pursuing passions.

Another form of value shaping is illustrated through Evans et al. (2007), Ling et al. (2014), and Guo et al. (2020) providing value in their respective interventions by building a community around those participating in a smoke free lifestyle and promoting the inclusivity and togetherness that comes with it. Another value shaping activity displayed in multiple interventions was going

beyond the health risks of smoking and providing solutions to aid with cessation such as how to effectively deal with cravings, how to cope with the mood swings that come along with quitting and dealing with anxieties about weight gain (Lowry et al., 2004; Poder et al., 2020). Other interventions also provided free or affordable quitting aids such as nicotine patches and other medications as well as free quitlines for tobacco users to call (Sherman et al., 2007; Perusco et al., 2010; Kennedy et al., 2013; Lee et al., 2013; Parvanta et al., 2013; Poder et al., 2020; Williams et al., 2020). Two interventions specifically provided cessation services for those who did not speak English as a first language.

Another approach taken by some interventions included in the review was to shape value regarding the effect the smokers have on those around them such as family and friends, not only through carcinogens found in second-hand smoke, but also the improved quality of life due to better health (Grigg et al., 2008; Smith et al., 2009; Thrasher et al., 2011; Campbell et al., 2014; Maksimovic et al., 2015; Luca et al., 2016; Rudov et al., 2017; Skerletopoulos et al., 2020). Patten et al. (2019, 2020) targeted pregnant women in their intervention, so their value shaping came in the form of highlighting the risks of tobacco use during pregnancy, attempting to outweigh the benefit of stress relief. Finally, Skerletopoulos et al. (2020) created value by providing sidewalk space rent-free to business venues that participated in enforcing smoke free legislation. This provided a monetary incentive for businesses to comply due to the financial savings they would reap.

4.7 Change Approach

All 34 studies included the change approach indicator. This indicator is pivotal in social marketing due to the disciplines focus on creating positive behavioural change (Kotler & Zaltman, 1971). Although Fry et al. (2017) regard value shaping as the most important of the indicators of change, the change approach indicator is a necessity because the field is defined as encompassing “programs designed to influence the voluntary behaviours of target audiences to improve their personal welfare and that of the society of which they are a part” (Andreasen, 1994, p. 110). If an intervention does not have a change approach, then it would not fall within the definition of social marketing.

A variety of change approaches were utilised across the 34 identified interventions. These interventions targeted youth in high-schools, young adults, current smokers, smokeless tobacco

users, and other stakeholders such as business owners or activists within the community. The most common target audience was current smokers, with interventions such as de Gruchy and Coppel (2008), Lee et al. (2015), Maksiomvic et al. (2015), Kalkhoran et al. (2016), Plant et al. (2017), and Poder et al. (2020) all aiming to reduce their tobacco use or encourage them to quit. Another common change approach within the target group of current smokers was to recruit them to cessation programs/increase attendance or motivate them to call quitlines (Lowry et al., 2004; Sherman et al., 2007; Grigg et al., 2008; Perusco et al., 2010; Kennedy et al., 2013; Dilley et al., 2020) or to increase the awareness of quitting aids and services (Lee et al., 2012; Parvanta et al., 2013; Campbell et al., 2014; Williams et al., 2020). McCausland et al. (2009) aimed to encourage smokers to quit by increasing their self-efficacy in regard to quitting.

Three studies targeted smokers with change approaches aimed at increasing the wellbeing of those outside of the smoker as well. Patten et al. (2018; 2019) aimed to reduce tobacco use during pregnancy and Smith et al. (2009) aimed to move households along the stages of change towards reaching smoke-free home status. Interventions that targeted youth aimed to promote positive imagery about a non-smoking lifestyle and prevent initiation of tobacco use (Evans et al., 2002; Evans et al; 2004; Evans et al., 2007; Hong et al., 2008; Schmidt et al., 2009; Guo et al., 2020). Ling et al. (2014) took a change approach targeting young adults and discouraging tobacco use within that audience. Instead of targeting smokers, Murukutla et al. (2011) and Turk et al. (2012) utilised a change approach targeting users of smokeless tobacco and building risk perceptions of the consequences of its use.

Several interventions also addressed the legal aspect of tobacco use. Thrasher et al. (2011) aimed to increase awareness, support, and compliance with smoke-free legislation, Rudov et al. (2017) worked to increase advocacy for policy change around the smoke-free environment, Skerletopoulos et al. (2020) intended to create new social norms countering the indifference to smoke-free indoor laws, and McNeill et al. (2014) aimed to reduce the supply, demand, and availability of illicit tobacco.

4.8 Research Focus

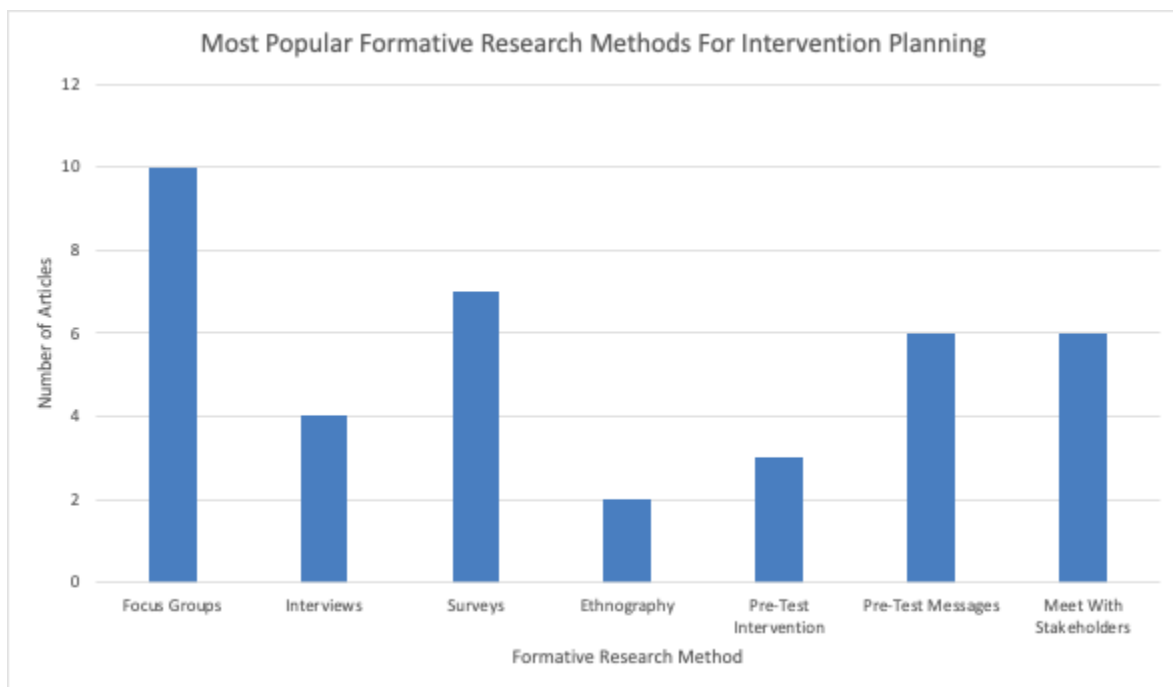
Of the 34 identified articles 29 contained the research focus indicator, which entails the research undertaken prior to a campaign to inform decision making and, in a systems orientation, the research is carried on throughout the intervention. The five articles lacking this indicator were

Plant et al. (2017), Lee et al. (2015), Hong et al. (2008), Evans et al. (2007), and Sherman et al. (2007). The intervention presented by Plant et al. (2017) seems to be informed by a literature review on the topic, however there is no mention of formative research undertaken to gain insights into their specific target audience. The topic of Lee et al.'s (2015) research was the TAK NAK antismoking campaign run in Malaysia. While they do demonstrate an understanding of the smoking data within the country and the effectiveness that social marketing campaigns can have to combat the smoking epidemic, there is no explicit research undertaken to understand the specific target audience outside of general statistical information. Hong et al. (2008) target school students and mention previous research on the receptivity of messages within this demographic, however, there is no explicit mention of research undertaken on the target audience. Evans et al. (2007) also did not undertake research prior to their intervention to inform their decision making in campaign activities. The intervention aimed at preventing youth across Ohio from initiating smoking so running tests of campaign materials in a select few schools to pre-test and improve the effectiveness before its actual release would address the lack of this indicator. The last study that did not include the research focus indicator was Sherman et al. (2007). The objective of their study was to "evaluate whether an 'on-call' counsellor increased smoking cessation program referrals and attendance" (Sherman et al., 2007, p. 1125). While they failed to undertake their own research to inform this intervention, it could be used as a starting point for further interventions. The results of the intervention showed an increase in cessation program referrals as well as an increase in cessation service attendance (Sherman et al., 2007). These results could then be used to inform the development of a program that implements on-call counsellors permanently.

The most popular form of formative research within the included interventions was focus groups, whether it be focus groups only (Lowry et al., 2004; Schmidt et al., 2009; Thrasher et al., 2009) or in addition to other forms of research such as interviews (McCausland et al., 2009; Perusco et al., 2010; Kennedy et al., 2013). Many studies also utilised surveys to inform their respective campaigns, however, they were used alongside other methods such as focus groups and interviews (Ling et al., 2014), ethnographic research (McNeill et al., 2014; Kalkhoran et al., 2016), focus groups (Kalkhoran et al., 2016; Patten et al., 2018; Patten et al., 2019), or meetings with community members and stakeholders (Skerletopoulos et al., 2020). Several studies also pre-tested the intervention (de Gruchy & Coppel, 2008; Murukutla et al., 2011; Turk et al., 2012) or messages and concepts that potentially would be used in the intervention (Grigg et al., 2008; Thrasher et al.,

2011; Kennedy et al., 2013; Parvanta et al., 2013; Patten et al., 2018; Williams et al., 2020). Smith et al. (2009) undertook an environmental scan for the 13 months leading up to the intervention in order to identify and document any events that might affect attitudes or behaviours relating to their intervention. In the case of de Gruchy and Coppel’s (2008) intervention, a marketing research company was contracted to undertake the relevant formative research. Another way of employing a research focus was to talk to relevant experts (Lee et al., 2013) or community members and stakeholders (Evans et al., 2002; Campbell et al., 2014; Maksimovic et al., 2015; Luca et al., 2016; Poder et al., 2020). Lastly, Rudov et al. (2017) used data collected from their campaign website to identify activists who could be targeted to spearhead local initiatives increasing advocacy for policy change around the smoke free movement.

Figure 9 Formative Research Methods for Intervention Planning



4.9 Methods Approach

Methods approach involves the utilisation of the marketing mix (four P’s) in an individual orientation and in a systems orientation entails the construction and sustaining of relationships and collaborations to incite and maintain change (Fry et al., 2017). All qualified articles included in this review contained at least some aspects of the methods approach indicator.

Promotion was found in all articles and came in a variety of different forms. Interventions taking a branding approach utilised events and branded gear to promote their respective behaviour change objectives. Ling et al. (2014), for example, hosted events with local artists, bands and designers. Other interventions aimed at recruiting individuals to cessation services or aiming to increase calls to quitlines used advertising through mediums such as television ads, radio ads, newspaper ads, billboards, social media posts, and bus shelters.

Place was the least addressed aspect of the marketing mix. While all of the interventions targeted specific regions, very few addressed the actual location the behaviour change activity would be occurring. Interventions aimed at drawing smokers to cessation support services referenced clinics or care centres to obtain tangible goods such as nicotine patches or utilise services (Lowry et al., 2004; Sherman et al., 2007; de Gruchy & Coppel, 2008; Lee et al., 2013). Other interventions targeting youth identified place as schools or other venues frequented by youth where they would be practicing their smoke-free lifestyle and holding those views and beliefs (Hong et al., 2008; Schmidt et al., 2009). Smith et al. (2009) and Luca et al. (2016) both highlighted the effects of second-hand smoke on one's children and family and identified place as at home and in cars. Lastly, bars were utilised as a location for promotional events (Ling et al., 2014; Kalkhoran et al., 2016; Plant et al., 2017) and as the location of interventions aimed at enforcing smoke-free indoors policy (Thrasher et al., 2011; Skerletopoulos et al., 2020).

Product relates to a good, service, idea, or experience being offered. Within the context of the 34 interventions product could loosely be found in all of them in the form of being tobacco free. However, some interventions provided a physical product such as nicotine patches or nicotine replacement therapy (Sherman et al., 2007; Perusco et al., 2010; Lee et al., 2013; Parvanta et al., 2013). Other interventions product offering included a service such as a quitline or clinic cessation service (Lowry et al., 2004; de Gruchy & Coppel, 2008; Grigg et al., 2008; McCausland et al., 2009; Kennedy et al., 2013; Lee et al., 2013; Patten et al., 2019; Dilley et al., 2020; Poder et al., 2020; Williams et al., 2020) and McNeill et al. (2014) offered a crime stoppers hotline for reporting illicit tobacco. Along with the provision of a quitline, Williams et al. (2020) also provided a product in the form of the Medicaid Tobacco Benefit. Multiple interventions also used the smoke-free lifestyle and the sense of community that comes along with it as the product offering within their intervention and some even hosted events to further cultivate this (Evans et al., 2002; Evans et al., 2004; Evans et al., 2007; Hong et al., 2008; Schmidt et al., 2009; Ling et al., 2014; Plant et

al., 2017; Guo et al., 2020). Furthermore, products such as cell-phone shaped tins of mints, mint flavoured lip balm, and t-shirts were given out at events (Evans et al., 2002; Evans et al., 2004; Kennedy et al., 2013; Plant et al., 2017).

Within the context of social marketing price relates to the cost of undertaking the desired behaviour change. Interventions aimed at creating a community around a smoke-free brand identified the time and effort invested in participation as the price (Evans et al., 2002; Evans et al., 2004; Ling et al., 2014). Other interventions which worked to reduce smoking rates within certain target audiences such as pregnant women and those with families identified price as the effects smoking has on an unborn baby and the risks of second-hand smoke to one's children and family (Lowry et al., 2004; Grigg et al., 2008; Smith et al., 2009; Kennedy et al., 2013; Lee et al., 2015; Maksimovic et al., 2015; Luca et al., 2016; Rudov et al., 2017; Patten et al., 2018; Patten et al., 2019). Interventions also highlighted the benefits of quitting as part of the price aspect of behaviour change such as having more time and energy to spend with family (de Gruchy & Coppel, 2008; Grigg et al., 2008; Campbell et al., 2014; Luca et al., 2016). Furthermore, studies also identified monetary costs of smoking cessation such as financial savings for the individual (de Gruchy & Coppel, 2008; McCausland et al., 2009; Lee et al., 2013). Skerletopoulos et al. (2020) targeted businesses enforcement of smoke-free indoors legislation and financially incentivised participation by waiving the rental fee of outdoor footpath space for participating businesses on top of fines and citations for those caught infringing the laws.

4.10 Theoretical Framework

Theoretical framework was the least used indicator of change among the articles included in this review. Only 21 of the 34 studies employed this indicator. Of the 13 studies lacking theoretical framework, two took a systems orientation approach and eleven used an individual orientation.

One of the most popular theories utilised within the included studies was the transtheoretical model, also known as the stages of change model, developed by Prochaska (1979). Three interventions included this theory (de Gruchy & Coppel, 2008; Smith et al., 2009; Lee et al., 2013), however, Lee et al. (2013) did not explicitly reference the theory as a whole but rather focused on two specific stages, 'contemplation' and preparation'. The reasoning for use of this theory derived from discussions with experts who emphasised its importance in understanding the struggles smokers may endure in their journey to cessation (Lee et al., 2013) and from interviews

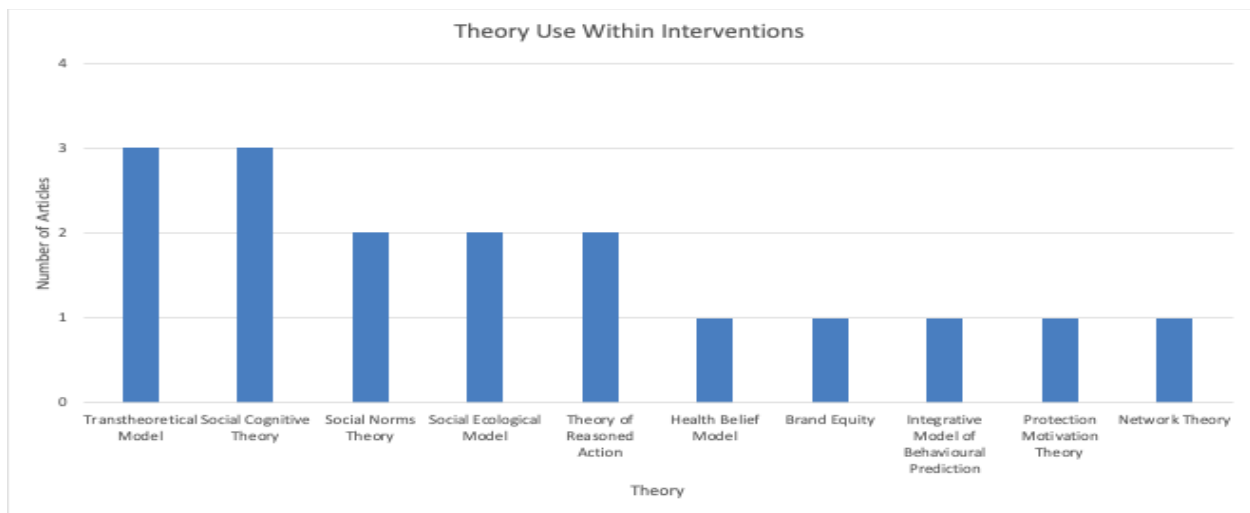
determining its applicability to households (Smith et al., 2009). Three studies applied social cognitive theory to their interventions (Hong et al., 2008; Dilley et al., 2020; Patten et al., 2020). This entails the promotion of self-efficacy to mediate behaviour change within the target audience (Dilley et al., 2020; Patten et al., 2020). This theory was utilised due to the campaigns' utilisation of community actors for social support (Patten et al., 2020) and promotional messaging through verbal and pictorial mediums to influence the target audience's belief that they were capable of quitting (Hong et al., 2008; Dilley et al., 2020; Patten et al., 2020). Schmidt et al. (2009) and Lee et al. (2013) both apply social norms theory in the underpinnings of their interventions. Lee et al. (2013) illustrate how the "social norm change model has shown that when an environment is created where tobacco becomes less desirable, less acceptable, and less accessible, tobacco use and exposure to second-hand smoke decrease" (p. 208). They also acknowledge that shaping social norms has been proven to be an extremely cost effective and sustainable cessation strategy (Lee et al., 2013). An overview of the theories used is provided in figure 10.

The theory of reasoned action was used to inform two interventions, Grigg et al. (2008) and McCausland et al. (2009). The idea behind the use of this theory was that "changing relevant, cessation-related beliefs within the target audience can lead to shifts in key attitudes, and ultimately behaviour change" (McCausland et al, 2009, p. 81). Furthermore, Grigg et al. (2008) acknowledged the pivotal role of family in health, not only physical but also psychological health and spiritual well-being, within the Māori community and used this to influence cessation-related beliefs. McCausland et al. (2009) went beyond just the theory of reasoned action and also applied the health belief model to amplify the process by which their campaign would influence behaviour change. Evans et al. (2007) use brand equity as the theoretical basis for their intervention, testing whether it could act "as a protective factor to prevent initiation of youth smoking" (Evans et al., 2007, p. 6).

Evans et al. (2002) did not explicitly reference specific theory but instead repeatedly stated the intervention was grounded in theory in ways such as, "there are affinities between the campaign's branding strategy and social psychological theories on attitude and belief formation, especially those that address the formation of self-image and idealized social images" (Evans et al., 2002, p. 27). Evans et al. (2004) similarly followed suit, referencing back to Evans et al. (2002) as the basis for their work.

One study, Parvanta et al. (2013), applied the integrative model of behavioural prediction to induce behaviour change. This theory “contends that performance of a behaviour is most accurately predicted from individuals’ intention to perform or not perform that behaviour. Intention, in turn, is determined by some combination of their attitudes, perceived normative pressure, and perceived control over the behaviour” (Vaala, 2014, p. 284). Lee et al. (2015) apply Protection Motivation Theory which suggests “people will respond to a health threat in the desired direction only if they perceive a severe threat, see themselves as susceptible, and perceive themselves and the preventative behaviour to be efficacious” (p. 1167). Luca et al.’s (2016) intervention was informed by both network theory, creating value through the roles and connections of individual actors and social structures, and the meaning given to these structures. Lastly, both Guo et al. (2020) and Skerletopoulos et al. (2020) both used the social ecological model to guide their interventions. This allowed for an “understanding of the interaction between the individual and the environment” accounting for “multilevel factors that are present from intra/interpersonal, community, and policy level” (Skerletopoulos, 2020, p. 193).

Figure 10 Theory Use Within Interventions



4.11 Chapter Summary

This chapter has presented the findings of the systematic review undertaken within the research. It has aimed to identify the ways in which the included social marketing studies have applied each of the indicators. Furthermore, it also presents the context in which these interventions have

occurred. The provision of this information will then be used to inform and facilitate discussion on its relevance in the following chapter.

5 Discussion

The main objective of the systematic review was to identify the extent to which social marketing studies apply the Indicators for Social Change Framework proposed by Fry et al. (2017) in the context of restrictions of tobacco use and the cessation of smoking. This aimed to illustrate the current state of social marketing literature and its application of concepts significant to the field. Previous reviews, related to other types of social marketing interventions, undertaken by Kubacki, Rundle-Theile, Pang, et al. (2015), Kubacki, Rundle-Theile, Lahtinen, et al. (2015), and Almestahiri et al. (2017) applied the original six benchmark criteria in a similar manner. Kubacki, Rundle-Theile, Pang, et al. (2015) and Kubacki, Rundle-Theile, Lahtinen, et al. (2015) found an average of 2.7 and 3.0 out of 6 criteria were applied across their included interventions. Almestahiri et al. (2017) focused on the same topic of smoking interventions and found within their included studies an average of 4.2 of 7 major components of social marketing were applied (behaviour change, audience research, segmentation, exchange, marketing mix, competition, and theory).

Within this systematic review examining the use of the Indicators for Social Change Framework, studies contained an average of 4.4 of 5 indicators. Of the 34 qualified articles 17 contained all five indicators, 15 contained four indicators, one contained three indicators, and one contained two indicators. This shows significantly higher indicator use than found in the studies covered by Kubacki, Rundle-Theile, Pang, et al. (2015) and Kubacki, Rundle-Theile, Lahtinen, et al. (2015) and a higher use than those covered by Almestahiri et al. (2017) as well. However, this is as expected due to the nature of the indicators attempting to provide a more abstract interpretation of different attributes of social marketing and the plasticity of their characteristics across different applications. Furthermore “an indicator infers actions viewed within parameters as opposed to benchmarks that infer a baseline that can be readily identified, measured and marked” (Fry et al., 2017, p. 127). For these reasons it comes as no surprise that the findings in this review contain higher indicator use than those found in Kubacki, Rundle-Theile, Pang, et al. (2015), Kubacki, Rundle-Theile, Lahtinen, et al. (2015), and Almestahiri et al. (2017).

5.1 Theory

Within this systematic review only 21 of the 34 qualified studies (61.7%) had an overt theoretical component. This is consistent with the findings of Almestahiri et al. (2017), who found that only eight of the 14 interventions (57.1%) included in their review contained theory. Almestahiri et al.

(2017) only used studies published from 2002 to January 2016, the current review also contained 11 articles published from 2016 onwards, of which seven contained the use of theory. This shows almost no change from Almeshiri et al.'s (2017) findings on theoretical use within their 2002 to 2016 range, meaning that, within published studies on the topic, there has been no improvement with respect to the overt use of theory. Institutional theories are more complex and multidimensional than their counterparts utilised within an individual orientation. These theories relate to the rules, structures, routines, and patterns across the different layers within organisations and environments that shape social norms and behaviours among their actors and participants (Scott & Meyer, 1994). So, within the context of a review they present themselves as more difficult to identify when simply checking a box.

While it is clear that the field requires improvements in the application and reporting of theory use within the academic literature (Almeshiri et al., 2017; Hall, 2014; Luca & Suggs, 2012), as previously noted, it is important to do so in a calculated manner. Relevant theories must be applied to inform decision making in the intervention design, rather than oversimplifying the complexities of human behaviour (Brennan et al., 2016). An example of this would be relying solely on the use of the transtheoretical model to move smokers along the stages of change when undertaking a systems approach. This application of theory would greatly oversimplify the complexities of undertaking systemic change within the context of a behaviour change goal. There is an apparent need for more literature discussing the theoretical basis of a systems orientation within social marketing as Kennedy (2016) does in terms of macro-social marketing. Furthermore, as noted in Cook et al.'s (2021) research on why social marketing interventions fail, the lack of acknowledgement as inadequate use of theory as a potential reason for failure further highlights the fact that it is overlooked within the process of designing and implementing social marketing interventions.

5.2 Orientation

Of the 34 interventions 28 utilised an individual orientation (82.3%) and only six (17.6%) (McNeill et al., 2014; Luca et al., 2016; Rudov et al., 2017; Poder et al., 2020; Skerletopoulos et al., 2020; Williams et al., 2020) utilised a systems orientation.

As previously discussed, because of the social marketing historically being downstream focussed it comes as little surprise that a significant majority of the interventions included in this

study used an individual approach. Furthermore, the six studies researching interventions taking a systems approach were published within the past seven years. This is congruent with recent social marketing literature advocating for a shift towards macro-level social marketing interventions. However, during this seven-year period ten studies included in this review were published and utilised an individual orientation, showing that interventions taking a systems orientation are still the minority.

Within the context of the behaviour change goals undertaken, the included studies applied the correct orientation. It is worth noting that while not many interventions utilised a systems approach, those that did so undertook it in an effective manner. Applying a systems approach to an intervention with a behaviour change goal focusing on the actions of an individual would not be very effective. This raises the point of rather than calling for more interventions using a systems orientation, calling for social marketers to think systemically, enticing behaviour change by working across all stakeholders and actors rather than just viewing the individual as problematic.

5.3 Social Marketing vs. Social Advertising

The only study to include two of the five indicators was Plant et al.'s (2017) evaluation of an educational anti-smoking campaign targeting lesbians, gays, and bisexuals in Los Angeles County, USA. The two indicators contained within the article were change approach and method approach. Although the intervention classifies itself as social marketing, its lack of indicators, and the indicators used, would make it align more with social advertising than social marketing. A significant reason for its classification as social advertising rather than social marketing is the heavy emphasis of the promotion aspect of the marketing mix. However, similar to the delineation of advertising and marketing wherein advertising is an aspect of marketing, marketing encompasses more than just advertising, there too is a delineation between social advertising and social marketing. Noble et al. (2014) define social advertising as “sponsored communications designed to change individual behaviour in line with social goals” (p. 5) and Fox (2009) defines social advertising as “the adaptation and application of commercial advertising techniques to promote health and other behaviours with individual and societal benefits” (p. 75). Furthermore, Fox (2009) states that “social advertising was a precursor of social marketing and grew directly from commercial advertising” (p. 77). Fox (2009) also implies that social marketing programs

utilise all elements of the marketing mix, whereas social advertising relies on the promotional aspect of the marketing mix.

The intervention containing the second least number of indicators was Sherman et al.'s (2007) study on an intervention aimed at increasing attendance and referrals for a smoking cessation program. Although it only contained three of five indicators, unlike Plant et al.'s (2017) study it would still be considered social marketing rather than social advertising due to its emphasis on its change approach and value shaping rather than its promotion. Fry et al. (2017) emphasize the importance of the value shaping indicator and explicitly state that it is the “dominant influence” (p. 126). Therefore, a key factor in the delineation between social marketing and social advertising could lie in the utilisation (or lack thereof) of the value shaping indicator. This is supported by the ability to classify Dilley et al.'s (2020) intervention as social advertising as well, despite the fact that it contained four out of five indicators for change. The indicator the intervention lacked was value shaping, and although the intervention attempted to utilize social cognitive theory and increase smoker's self-efficacy in regard to quitting, there was no value proposition relating to costs or benefits of the behaviour. This raises the potential for extending Fry et al.'s (2017) proposition that value shaping not only is the dominant influence within the Indicators for Social Change Framework, but also as an indicator works to delineate the difference between social marketing and social advertising.

5.4 Value Shaping

A variety of value shaping activities were undertaken across the included studies. Much of the value shaping related to either fear appeals highlighting the negative consequences of smoking on an individual's health or highlighted the benefits of quitting tobacco use. A few interventions related these benefits to the effects it can have on one's family life such as increased energy to have more quality time with family or increased lifespan. Furthermore, some of the interventions utilising family as a value shaping tool highlighted the negative consequences of second-hand smoke on the health of those around the smoker. Another form of value shaping was addressing the monetary costs of smoking and communicating the financial savings one would incur by quitting.

In regard to the delineation of value shaping activities between interventions taking individual orientations and interventions using a systems orientation, the differences were quite

apparent. Fry et al. (2017) regard value shaping as “the dominant organising influence” which is “fundamental in creating social change” (p. 128). Within an individual orientation this constitutes the costs and benefits of ceasing the relevant behaviour, whereas in a systems orientation value is shared and co-created across individuals, institutions, and organisations within the system (Fry et al., 2017, p. 129). Within the individually oriented interventions included in this review, value shaping activities relied on addressing dangers of smoking on an individual's health and the health benefits of quitting. Systems oriented interventions, on the other hand, created value across multiple actors. For example, they improved the cessation service offerings and raised awareness of their availability (Williams et al., 2020; Poder et al., 2020), aimed to change smoking norms within their respective communities (Skerletopoulos et al., 2020; Poder et al., 2020; Luca et al., 2016), and addressed the implementation of new policy or enforcement of current policy around smoking laws (Rudov et al., 2017; Skerletopoulos et al., 2020).

By addressing behaviour change from a systems orientation, the foundation is set for more sustainable behaviour change. This can be undertaken not only preventatively, by changing social norms around tobacco consumption behaviours, but also through improvement of cessation service offerings to increase their effectiveness in helping smokers quit. The value shaping within a systems orientation is a sustained value across multiple actors, rather than focusing on fear appeals to sway an individual. Furthermore, Fry et al. (2017) highlight the fact that the indicators are used as “a process for developing social change rather than a focus on performance outputs” (p. 127). When operating within an individual orientation, the individual smoker is deemed as ‘problematic’, and the goal is to convince them to quit or attempt to quit through value shaping activities, something that is easily measurable. A systems orientation on the other hand, rather than being a linear process, works to cultivate change over time by addressing multiple actors and stakeholders within the relevant population. The value shaping activities within this orientation, occurring through co-creation, can be sustained long-term, as shown through the effects of policy implementation and enforcement as well as improvement of cessation services. For this reason, within the use of the Indicators for Social Change Framework, a systems orientation further emphasises ‘process’ rather than ‘performance’, at least in the short-term.

5.5 Location

An interesting point worth noting is the locations that these studies took place in. The majority occurred within the United States (18), followed by Australia (4) and the UK (4), India (2) and Canada (2), and then Greece, Malaysia, Mexico, and New Zealand were each the grounds for only one study. Although this review only includes articles written in English, there is an obvious lack of inclusion from non-Western or developing countries. As of 2015 the fifteen countries with the highest smoking rates, in order, were Kiribati, Montenegro, Greece, Timor, Nauru, Indonesia, Russia, Bosnia and Herzegovina, Serbia, Chile, Bulgaria, Croatia, Latvia, and Cyprus (WHO, 2015a). Only one of these countries (Greece) was the location of a study included in this review, highlighting the fact that there is a lack of social marketing research on tobacco interventions within countries which presently have the highest smoking rates worldwide. Furthermore, countries with such high smoking rates would serve as an ideal testing ground for interventions with a systems orientation seeing as these interventions aim to do more than just change the behaviour of the ‘problematic’ individuals and work to change social norms and policy by working with multiple stakeholders.

Furthermore, these findings relating to the location of the studies included within this review are extremely relevant to statements made in the literature review regarding the disparities between the taxing of tobacco products and the provision of warnings on packaging between high- middle- and low-income countries. Comprehensive systems interventions to increase advocacy for and awareness/enforcement of policy and regulator measures within these nations could help to reduce the discrepancy between smoking rates in low-income and high-income countries. However, there has been minimal social marketing research addressing interventions in these regions which provides a direction for this specific niche of the discipline to address moving forward.

5.6 Publishing Outlets & Year

Social Marketing Quarterly was the journal that had the most included articles published within it (seven) followed by *Health Promotion Practice* and the *Journal of Health Communication* (three each). Outside of these three journals the *American Journal of Public Health*, the *Health Promotion Journal of Australia*, and *Tobacco Control* each had two published studies and fifteen other journals each contained one journal. This shows the nature of these studies being scattered across journals for the most part, other than *Social Marketing Quarterly* being at the forefront of

publishing studies of this nature. Furthermore, *Social Marketing Quarterly* is the only journal consistently publishing research which falls within the scope of this review. The seven articles which the journal contained were published in 2002, 2007, 2008, 2009, two in 2013, and 2020. There also has been relatively little consistency in the number of articles falling within the scope of this review published across all outlets annually. The highest quantity recorded in one year was five that were published in 2020, followed by three being published in 2008, 2009, 2013, and 2014.

5.7 Macro-Social Marketing vs. Systems Orientation

Flaherty et al. (2020) discuss how although systems social marketing and macro-social marketing are terms that have been used interchangeably, their working definitions are different. While they both attempt to achieve system-wide change, the method of attaining this is different. Macro-social marketing implements multi-level institutional interventions that will trickle down and result in behaviour change on the micro level by decreasing the efficiency of the traditional marketing mix (Flaherty et al., 2020). Systems social marketing on the other hand, adopts a “whole systems in the room approach” (Flaherty et al., 2020, p. 158) and change can be initiated through macro, meso, or micro level stakeholders as opposed to solely macro. However, it also accounts for the complexity of the interrelation and dynamic nature of interactions between these stakeholders across different levels.

While at a glance this may seem to contradict Fry et al.’s (2017) proposition of the Indicators for Social Change in relation to systems and individual orientations, it actually further suggests their relevance. Flaherty et al. (2020) argues that systems social marketing goes beyond macro-social marketing in regard to the levels within marketing ecosystem and that using the two interchangeably or synonymously is not correct because although the end goal of system-wide change is the same, the process of reaching that goal is not. However, Fry et al. (2017) acknowledge this by grouping macro- and meso-social marketing within the umbrella of a systems orientation. Furthermore, Fry et al. (2017) state that

Acknowledging Wettstein and Suggs’ (2016) emphasis on procedural structures of process integrity and process quality, our conceptualisation of the Indicators for Social Change Framework extends utility of the term “indicators” to imply a process for developing social change rather than a focus on performance outputs. This utilisation of the term “indicator”

signifies the process of developing social change programmes is as important, if not more important, than the outcome (p. 127).

So, seeing as the goal of a systems orientation is to develop systemic change and so is that of macro-social marketing, it makes sense that macro-social marketing would fall within the umbrella of a systems orientation as a potential method of attaining that goal.

5.8 The Benchmark Criteria vs The Indicators for Social Change Framework

Pitting these two frameworks against each other in order to discern which of the two is better is a futile process. Both present significant contributions to the field of social marketing in their own ways. The work of Andreasen (2002) and French and Blair-Stevens (2006) in creating and then refining the benchmark criteria was important in defining and further specifying the bounds of what constitutes social marketing. Fry et al.'s (2017) proposition of the Indicators for Social Change delineated different orientations and approaches to social marketing based on behaviour change goals. After undertaking a systematic review and comparing it to the research of Almestahiri et al. (2017), Fry et al. (2017) created a framework that can effectively guide the design and planning of social marketing programmes/interventions and presents a hierarchy within the indicators. In regard to attempts to look back and discuss whether a campaign would be classified as social marketing, the benchmark criteria presents itself as the better tool due to its more rigid nature. It is easier to use as a tool to 'check boxes', something that in some instances was difficult within this review. However, with respect to creating and planning an intervention, Fry et al.'s (2017) indicators are a valuable tool as they separate the indicators used for a systems and individual orientation and highlight that value shaping is a dominant influence in creating behavioural change. Furthermore, they acknowledge the complexities and dynamic nature of change, especially within a systems orientation, something that the benchmark criteria fails to do. However, the straightforwardness of the benchmark criteria facilitates reflection when 'checking boxes'.

Within their review Almestahiri et al. (2017) highlight the importance of features being mutually exclusive as a condition for classification and theory development, which is a condition of the development of any type of dichotomy or classification (Fern & Brown, 1984; Hall, 2014). This strengthens the argument for the utilisation of the Indicators for Social Change as a tool to be

used in the formation of social marketing campaigns rather than the benchmark criteria. The benchmark criteria utilises two categories, consumer orientation and insight, which are not mutually exclusive (Rundle-Thiele, 2015). Because of this it does not meet Fern and Brown's (1984) criteria needed for classification, positing Andreasen's six benchmark criteria as a better tool. However, due to shifts within the discipline of social marketing, these benchmarks are relatively dated due to their individually focussed nature and inability to account for the complexities of systems social marketing interventions. Fry's (2017) Indicators for Change on the other hand, not only account for systemically and individually oriented social marketing interventions but are also comprised of five mutually exclusive indicators (value shaping, change approach, research focus, methods approach, and theoretical framework). The research focus indicator encompasses the insight, citizen orientation, competition, and segmentation benchmarks from the eight benchmark criteria (French, 2015; French & Blair Stevens, 2006). Therefore, for these reasons, it would be beneficial for the Indicators of Change to become a tool consistently utilised in the planning and design of interventions self-identifying as social marketing.

5.9 Chapter Summary

This chapter has synthesized key findings from the systematic review undertaken within this research and applied in response to the research objectives. Of the five indicators, value shaping and theoretical framework were the two with the largest discrepancies in their application within studies. While there is significant room for improvement within the application of theory in the design of social marketing programmes, the importance of doing so correctly was also acknowledged. Furthermore, in regard to value shaping, the delineation between its application in a systems orientation as opposed to an individual orientation was highlighted as relating to its ability to be sustained long-term.

Another key aspect of the discussion lies in the fact that many of these studies occur within similar contexts (high-income, developed nations) is acknowledged as an area that requires improvement in the future. Low-income countries or developing nations would benefit from systems interventions to address their heightened rates of smoking.

Finally, the applicability of the indicators for social change framework as opposed to the benchmark criteria as a social marketing design template was discussed. While the benchmark criteria proved beneficial upon its introduction as it helped to clearly define the field of social

marketing, the indicators for change framework provides a more modern aid in programme design as it addresses more than just downstream approaches.

6 Conclusion

This chapter concludes the research by addressing its implications, both managerial and theoretical, and acknowledging its limitations. It closes with possible directions for future research building off and expanding on the contents of this thesis.

6.1 Implications

There are a number of implications from this research. First and foremost, it highlights the fact that despite calls from social marketers for more interventions to utilise a systems (macro/meso) orientation, there has been little increase in the amount of literature covering these interventions. Second, it highlights the applicability and use of the Indicators for Social Change Framework, an alternative to the commonly used benchmark criteria. Third, it illustrates, through the delineation of individual and systems orientation, how behaviour change can potentially be cultivated in a long-term sustainable manner.

Another major implication of this research is that it reiterates the need for further applications of theory within social marketing interventions. Truong et al. (2019) found in their research on systems social marketing interventions that “very few of the identified SSM articles explicitly stated the application of a specific theory or model” (p. 188) which is consistent with Almestahiri et al.’s (2017) findings of only eight of the 14 articles included in their review contained the use of theory. While these calls for more explicit use of theory within the discipline have been recent, this research further iterates it’s need and hopefully, this will be addressed within published social marketing research in the future.

6.1.1 Managerial Implications

This systematic review provides an analysis of self-identified social marketing interventions targeting tobacco cessation. It illustrates the current state of interventions of this type in relation to their inclusion of the social marketing indicators proposed within the Indicators of Change framework of Fry et al. (2017). The main managerial implication of this work is that it highlights the fact that few interventions utilize all five indicators within their design, something that potentially needs to be addressed in the future in order to increase the effectiveness of interventions. Furthermore, it provides explicit examples of the applications of each indicator

within interventions. This expands on the examples provided by Fry et al. (2017) and allows for social marketers to have a better understanding of what each indicator entails when in the process of creating and designing interventions.

A second managerial implication is that this review highlights the need for a social marketing ‘template’ of sorts to consistently be applied when constructing interventions, which the Indicators for Social Change provides. Almestahiri et al. (2017) found that of the 14 studies included in their review only one contained all seven of the benchmark criteria while this review found that 18 of the 34 included studies contained all five indicators (52.9%). Almestahiri et al. (2017) state that within the context of healthy eating, behaviour change is more likely when more of the benchmark criteria are used. Given the similar nature of the benchmark criteria and the Indicators for Social Change, it would be beneficial for one of the two frameworks to consistently be used as a tool in the design of social marketing interventions in the future. This would address disparities in the lack of social marketing feature use, therefore improving the effectiveness of said interventions. As Cook et al. (2021) highlight within their research on reasons for failure of social marketing campaigns, the most reported reason was poor strategy development. By having a tool such as the benchmark criteria consistently applied in the creation process of social marketing campaigns/interventions, strategy development could be more effectively addressed.

6.1.2 Theoretical Implications

The theoretical implications of this research lie in its application of the Indicators for Social Change Framework. Seeing as it was proposed by Fry et al. in 2017, it is a relatively new concept. Within their research they applied their framework to the context of interventions addressing alcohol consumption, using examples of past interventions to further explain each indicator in an applied manner. This systematic review takes it a step further and reflects on the included interventions in their entirety within the context of the Indicators for Social Change Framework, something that has not previously been done. This further highlights the applicability of the Indicators for Social Change Framework as a tool to effectively construct and plan social marketing interventions.

6.2 Limitations

The nature of systematic reviews presents a number of limitations that are important to acknowledge. First and foremost, seeing as this review only included research self-identifying as social marketing, studies may have potentially been missed that contained characteristics of social marketing but did not self-identify themselves as falling within the field. This is because the inclusion criteria required that the research explicitly make reference to social marketing to combat ambiguity in interpretations. Secondly, this systematic review was limited to research published within the Scopus database. While Scopus does have a very large catalogue of research, it is possible that relevant studies published in journals not included within the Scopus database or in other literature not included in the database could have been missed. In order to combat the limitations of using only one database for the review, backwards searching was undertaken via the use of the reference lists of qualified articles. However, that still leaves the possibility that recently published or other studies may not have been included.

Within this research there is also the potential for language bias seeing as it only included studies published in English. There were two articles that were discarded during the data collection process due to them being written in a language other than English (Villalobos et al., 2010; Bellenguez et al., 2019). This limits the generalisability of the research to academic literature published in English rather than all social marketing literature. This is important to note because a key finding is the lack of social marketing literature which includes all of the Indicators for Social Change as well as the lack of literature on interventions using a systems orientation. There is the potential for these studies to exist but have been published in a language other than English.

6.3 Future Research

This systematic review identified the use of the Indicators for Social change within self-identified social marketing studies, however, it did not address the outcomes of these studies. Seeing as the Indicators for Social Change is a framework that aims to guide the process of creating social marketing interventions rather than focusing on performance outcomes this research is relevant. Future research could address the performance outcomes of these interventions and research whether change is more likely when more indicators are used. This would help to strengthen the legitimacy of the framework within the field of social marketing if that were to be the case. However, it is important to note that many studies as they are currently formulated often do not

contain the information to assess whether behavioural change has been sustained over the longer term as a result of social marketing interventions.

Another route for future research that would be beneficial would be to replicate this study within other areas of social marketing. For example, self-identified social marketing interventions addressing alcohol consumption, exercise, or diet and taking the results and comparing them to identify potential discrepancies between applications and whether smoking interventions apply a greater or lower number of indicators on average and whether there are different correlations between feature use and performance outcomes.

Lastly, Fry et al. (2017) state that value shaping is the dominant influence within the Indicators for Social Change Framework. Research conducted identifying what value shaping activities are the most effective within a systems orientation and individual orientation could be valuable in guiding future orientations. Also, research comparing the effectiveness of interventions lacking value shaping to those which include it could be beneficial in identifying the extent of its role as the dominant influence. Furthermore, this could be done with each indicator in order to create a complete hierarchy. Although within the context of this systematic review meta-analysis would have been beneficial, similarly to the review carried out by Almestahiri et al. (2017), there was a lack of consistent use of outcome measures across the included studies. These outcome measures included beliefs, recall, and smoking behaviour. So, although the use of meta-analysis would have been beneficial in providing an understanding of indicators relationship to intervention effectiveness and aided the design of future interventions, within the context of this research it was not feasible. However, in the future, research of this nature would prove extremely beneficial to the field.

7 Reference List

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