Chapter 8

TAPPING BEHAVIOR CHANGE
THEORIES, MODELS, AND
FRAMEWORKS

Theories that explain what influences behaviour and models of behaviour that seek to describe the process of behaviour formation or change are vital to all social marketing practice. All practitioners, planners and strategists need to understand at the least the basics of behavioural theory if they are to develop effective social marketing interventions. Whilst there is usually not one theory or model that will fit exactly the issue and target group that you are working with, by reviewing a number of models and theories it should be possible to identify key triggers and possible points of intervention for a social marketing programme.

Professor Jeff French

This chapter is intended to provide a convenient reference guide to 17 major theories, models, and frameworks that inform social marketing strategies and inspire social marketers:

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<th>Theories</th>
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<td>1. Diffusion of Innovation Theory</td>
<td>9. Health Belief Model</td>
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Although most of these theories, models, and frameworks can inform multiple steps in the strategic planning process, we have grouped them in this chapter by their strongest applicability, that is, by which of the following categories they inform:

1. Selecting target audiences
2. Setting behavior objectives and goals
3. Understanding audience barriers, benefits, and motivators; the competition; and influential others
4. Developing social marketing mix strategies

MARKETING HIGHLIGHT

Preventing Domestic Violence Among Women in West Africa

A Social Norms Approach

(2010–2012)

The social norms theory states that much of our behavior is influenced by our perceptions of what is “normal or “typical.”¹ (Why else would high school youth in the United States wear basketball shorts to school during the frigid winter months?) These norms are most commonly thought of as the “rules” that a group uses to determine appropriate and inappropriate behaviors. This marketing highlight illustrates a strategic effort to change a long-held injunctive norm, a behavior a community perceives as being approved of by others in the group. The setting is the Cote d’Ivoire in West Africa, the issue is domestic violence, and the outcomes are inspiring.

Background

In 2010, the International Rescue Committee’s Gender-Based Violence (GBV) team in Cote d’Ivoire conducted a community survey with 1,271 women that quantified and confirmed the widespread incidence of domestic violence in the country. Two out of three (66.8%) women reported having experienced emotional, physical, and/or sexual violence in their lifetime.³ The survey also confirmed that intimate partner violence against women was perceived as a social norm and as “part of life,” and that the women perceived it as “something to be tolerated.” Further, the study found that

in the case of men, there is a strong dysfunctional norm that violence within a partnership, particularly marriage, is sometimes necessary to keep their women in line . . . and that current social norms also favor inaction and silence over reporting...
and communicating when violence does occur.\textsuperscript{4}

Over the next two years, with the guidance of social marketing consultant Virginia Williams, the team developed and launched a social marketing campaign focusing on changing these dysfunctional norms.\textsuperscript{5} Highlights of that plan, as well as results of an evaluation survey two years into the campaign, are the focus for this highlight.

**Target Audience, Desired Behavior, and Audience Insights**

Table 8.1 summarizes the two primary target audiences, the two desired behaviors the campaign was to influence, and key audience insights that informed the development of marketing mix strategies, ones identified through focus groups with target audiences.

**Strategies**

Consistent with campaign objectives, the campaign was branded “Break the Silence.” A launch event was held at the Palais de la Culture in Abidjan on March 5, 2012, with over 1,200 people attending, facilitated by each of the 14 social centers in the metropolitan area. The event’s activities included presentation of the International Rescue Committee’s mission by the county director; presentation of the campaign by the GBV manager; speeches expressing support from the ministers of health and women’s affairs; a performance of one of the campaign’s radio sketches; a testimonial from a courageous survivor; and finally a performance of the campaign song created by hip-hop/reggae artists Nash, DJ Mix, and Kajeem to an enthusiastic crowd. The event was covered by the national television station and by several of the local papers.

Marketing mix strategies to promote the reporting of incidents of domestic violence and to alter current perceived norms included the following.

**Product**

Both target audiences (women and men) were encouraged to use a hotline to reach their local social center for help. A list of preapproved social service facilities in each community where the International Rescue Committee (IRC) has offices was made available to target audiences. Procedures for reporting were also streamlined, making the “when, how, and why” of reporting gender-based violence acts simpler for target audiences.

**Price**

One incentive offered for going through the approved social service facilities was that this would help expedite referrals for those needing access to temporary housing or to a hospital for treatment. (This also provided a mechanism for monitoring and tracking the incidence of actions taken based on campaign interventions.) An additional incentive for going through the IRC was that if a medical certificate was needed to access the services, the IRC would cover the cost of the certificate (US $60), a cost too few women could afford to pay. This certificate is also valuable, if not essential, for going to court and pressing charges for sexual assault.
<table>
<thead>
<tr>
<th>Primary Target Audiences</th>
<th>Women 18–25</th>
<th>Men 18–25</th>
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<tbody>
<tr>
<td><strong>Description</strong></td>
<td>- The most vulnerable: married or cohabitating with a partner, not working, living in rural areas, less educated, and less aware of their human rights&lt;br&gt;- Value the well-being of their family, the future of their children, and being treated with respect</td>
<td>- Are concerned about domestic violence against women, including their wives, girlfriends, and/or others they know in their neighborhood and the community&lt;br&gt;- Value the well-being of their wives and girlfriends, adequate finances, the respect of their parents, and providing a safe environment for their children</td>
</tr>
<tr>
<td><strong>Behavior</strong></td>
<td>- Report violence&lt;br&gt;- Promote the (new) injunctive norm that violence should not be tolerated in the home and is a danger to the well-being of the children</td>
<td>- Support the reporting of violence within the community and support survivors&lt;br&gt;- Disourage violence among male peers</td>
</tr>
<tr>
<td><strong>Insights</strong></td>
<td>- Repraisal from own family or community for reporting&lt;br&gt;- Stigma&lt;br&gt;- Personal embarrassment or fear to report</td>
<td>- Repraisal from family of victim or perpetrator of violence for reporting&lt;br&gt;- Stigma&lt;br&gt;- Personal embarrassment to be seen as supporting women</td>
</tr>
<tr>
<td><strong>Barriers</strong></td>
<td>- Bettering their own well-being/self esteem&lt;br&gt;- Creating a more stable household for their children&lt;br&gt;- Wanting children to grow up in a healthy environment&lt;br&gt;- Receiving consideration/respect from their partners&lt;br&gt;- By being healthy, they are better able to work and make money for the family</td>
<td>- Bettering one’s status as one who takes initiative&lt;br&gt;- Being viewed as a model citizen&lt;br&gt;- Experiencing personal pride&lt;br&gt;- Protecting one’s own partner</td>
</tr>
<tr>
<td><strong>Benefits</strong></td>
<td>- Remaining silent&lt;br&gt;- Doing nothing after witnessing or experiencing violence</td>
<td>- Remaining silent&lt;br&gt;- Doing nothing after witnessing or experiencing violence</td>
</tr>
<tr>
<td><strong>Positioning</strong></td>
<td>We want these women to know that gender-based violence is wrong and that they should report it for the well-being of themselves and their family.</td>
<td>We want this group of men to see that reporting violence and encouraging women victims to report violence will help protect women in the future and help to change community norms.</td>
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</tbody>
</table>
**Place**

Over half the population of Cote d’Ivoire own a mobile phone, and the campaign capitalized on this by making the hotline available 24/7 and accessible throughout all regions in the Cote d’Ivoire, with referrals then being made to over 25 social centers in the nine regions where the IRC had offices.

**Promotion**

*Messages:* Two messages were designed for each audience, one to influence action and one to influence new social norms. The women’s action message was “Stand up against violence!” and the norms message was “In our house, violence has no place” (see Figure 8.1). For the men, the action message, “Protect women. It’s your business too,” and the norms message was, “We are a team against violence!”

*Messengers:* Influential members of the target audience were featured as messengers for the campaign, appearing in TV ads as well as on billboards and posters. These messengers were chosen based on focus groups with women and men (from target audiences) who indicated that these individuals were highly regarded leaders or models in the community. They included actresses, a football star and his wife, three of the country’s most respected religious leaders, and three musical artists.

*Figure 8.1* A poster bearing a norms message: “In our house, violence has no place.”

Source: New View Media LLC for International Rescue Committee.
Communication channels: Communication channels for sending messages regarding the new social norm included television and radio public service announcements (PSAs), a “Break the Silence” song played on local radio stations, panel discussions and radio call-in programs, radio news features and sketches, radio contests, promotion via text messaging, billboards, and articles in newspapers announcing the launch of the campaign and celebrity involvement. Specific channels to support both women and men and prompt action included pocket calendars, bracelets, T-shirts, and stickers for the interior and exterior of auto vehicles. The campaign was also promoted on Facebook, YouTube, and Twitter, which are increasingly being used by Ivorians via smartphones.

Results
A campaign evaluation included a nationwide survey of 1,500 people and was conducted by 65 trained volunteers who worked for two days in their respective regions. Within the target group, 60% of those interviewed were women and 40% were men. The questionnaire utilized 12 questions measuring exposure to the campaign, comprehension of the questionnaire’s messages, attitudes and beliefs about domestic violence, perceptions of social norms related to domestic violence,
and actions related to reporting violence and assisting survivors. Input forms from both the hotline and social centers provided tracking information on how respondents learned about the hotline and social centers. Results were both informative and encouraging:

- **Campaign awareness.** A majority of the target audiences (78.5%) reported that they had seen the messages five times or more, with billboards and television being the most cited forms of media.
- **Alignment with the new social norm.** An overwhelming majority (88%) agreed with the statement that violence was unacceptable by the community.
- **Intent to action.** Almost all (90%) said they would take action when someone experienced violence.
- **Calls to the hotline.** Once launched, the hotline averaged 226 callers per month and proved to be a crucial link in women’s and men’s ability to take the next behavioral step to visit a social center, given that it provided an opportunity to ask questions anonymously. It also proved to be an invaluable tool for measuring actual behavior change related to action messages of the campaign, with caller data indicating that posters, TV spots, auto stickers, and calendars were the most frequently mentioned sources for learning about the hotline. It is noteworthy that a significant number of callers were men (35%) calling to denounce violence against a woman or girl or even to state their interest to improve the couple’s communications (see Box 8.1).
- **Visiting social centers.** Of those visiting the centers to report violence, almost 92% had been exposed to the campaign (see Box 8.2).

### Box 8.1
**August Case Study: The Role That Men Can Play in Combating Violence Against Girls**

Mr. X calls in defense of Miss Z, who, when she was six months pregnant, was beaten by her boyfriend and died of her injuries. Mr. X, as a friend of the family, is calling the hotline to get information on what steps to follow to pursue the matter so that justice will be done, because for him it is unacceptable that someone who has committed such violence would be released. He is referred to the court for the proper procedure to follow.

### Box 8.2
**October Case Study: Resolution of Death Threat Against Ms. X**

Ms. X is a teacher in Daloa. Legally married to her husband, she lives in Daloa with him. For some time, Ms. X had gone through difficult times with her husband. One
Reflections

Virginia Williams commented in her evaluation report that the structure of the project included holding a week-long social marketing training workshop for the GBV staff. Looking back, this capacity building of the staff worked extremely well in developing a strategic social marketing plan intent on real behavior and social norms change, one the staff was then able to get behind.\(^7\)

Information for this highlight was provided by Virginia Williams, communications consultant/owner, New View Media.

INFORMING AUDIENCE SEGMENTATION AND SELECTION: THE DIFFUSION OF INNOVATIONS THEORY AND THE STAGES OF CHANGE/TRANTHEORETICAL MODEL

The Diffusion of Innovations Theory

Some believe, like Craig Lefebvre, that “the diffusion of innovations theory offers one of the most robust theories for taking innovations in ideas, behaviors, and practices to scale.”\(^8\) As noted in Chapter 5, Everett Rogers first conceptualized this theory in the early 1960s, and in the fifth edition of his book *Diffusion of Innovations* (2003), Rogers defines diffusion as a process by which (a) an innovation (b) is communicated through certain channels (c) over time (d) among the members of a social system. Innovation diffusion research suggests that different types of adopters accept an innovation at different points in time. Five groups have been identified:

1. **Innovators** are motivated by a need for novelty and a need to be different
2. **Early adopters** are drawn by the product’s intrinsic value
3. The **early majority** perceive the spread of a product and decide to go along with it out of their need to match and imitate

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day she received a text message from her husband threatening, “Like my two fiancées before you, you will die.” Frightened by this death threat from her husband, Ms. X confided in a friend, who encouraged her to call the Break the Silence hotline to report the situation. After her report, she was assisted by the local social center through the judicial process. After the court hearing, her husband was detained in prison.
4. The *late majority* jump on the bandwagon after realizing that “most” are doing it.

5. *Laggards* finally follow suit as the product attains popularity and broad acceptance.

The implication for social marketers is that, for a relatively new behavior, you start by targeting innovators and early adopters and then, once adoption is successful, move to the early majority and then the late majority. After these groups are on board, the assignment gets easier, as the laggards will be “outnumbered.” Beginning in January 2010 in Washington, D.C., for example, a 5-cent tax was charged for grocery bags. Later, in October of that year, the *Wall Street Journal* reported on outcomes. Retail outlets went from handing out 68 million bags per quarter to only 11 million. The article, however, attributed this success to something more than the 5-cent tax. “No one got bags automatically anymore. Instead, shoppers had to ask for them—right in front of their fellow customers.” The article concluded that the magic ingredient was not the financial incentive. It was “peer pressure.”

**The Stages of Change/Transtheoretical Model**

The stages of change model was originally developed by Prochaska and DiClemente in the early 1980s and has been tested and refined over the past decades. It describes six stages that people go through to change their behavior. These stages create unique market segments:

1. *Precontemplation.* “People at this stage usually have no intention of changing their behavior, and typically deny having a problem.”

2. *Contemplation.* “People acknowledge that they have a problem and begin to think seriously about solving it.”

3. *Preparation.* “Most people in the Preparation Stage are (now) planning to take action . . . and are making the final adjustments before they begin to change their behavior.”

4. *Action.* “The Action Stage is one in which people most overtly modify their behavior and their surrounds. They stop smoking cigarettes, remove all desserts from the house, pour the last beer down the drain, or confront their fears. In short, they make the move for which they have been preparing.”

5. *Maintenance.* “During Maintenance (individuals) work to consolidate the gains attained during the action and other stages and struggle to prevent lapses and relapse.”

6. *Termination.* “The Termination stage is the ultimate goal for all changes. Here, a former addition or problem will no longer present any temptation or threat.”

For social marketers selecting a target audience, the most attractive segments may be those in the action, preparation, and/or contemplation stages (in that order), assuming...
that the size of the segment is large enough to meet targeted behavior adoption goals. The rationale for this is that those in these stages at least know about the behavior and are open to it. You don’t need to spend scarce resources waking up those in precontemplation or convincing them that your idea is a good one. The three priority groups “simply” have barriers we need to address and/or benefits we need to assure and help provide.

**INFORMING BEHAVIOR SELECTION AND GOALS:**
**SELF-CONTROL THEORY, GOAL-SETTING THEORY, AND SELF-PERCEPTION THEORY**

**Self-Control Theory**
Self-control theory encourages planners to consider that individuals have a limited resource of self-control strength to use for various exertions such as resisting temptations or breaking “bad,” but pleasurable, habits.\(^\text{17}\) According to this theory, exerting self-control consumes or depletes this resource for a short time, and as a result, individuals are prone to performing more poorly on concurring or subsequent tasks that require self-control. Implications for selecting behaviors for a social marketing effort are that you may want to avoid efforts to influence a target audience to take on more than one “depleting” behavior at a time. Rather, intervention success is likely to be greater when behavior changes are initiated sequentially rather than simultaneously.\(^\text{18}\)

For example, consider efforts by a physician to influence a 45-year-old male patient who had recently suffered from a heart attack to stop smoking cigarettes and resist consumption of fast foods. The self-control theory suggests that instead, we recommend that the patient focus first and solely on one behavior (smoking cessation) and ignore weight management until he is confident that he will not relapse.

**The Goal-Setting Theory**
The goal-setting theory offers insight into crafting a behavior objective that is both motivating and instructional. Dr. Edwin Locke’s pioneering research in the late 1960s found that specific, clear goals that are realistically achievable are more effective than ambiguous and easy ones.\(^\text{19}\)

Consider the difference between an effort to “eat more fruits and vegetables a day” and “5 a Day”; between “exercise regularly” and “exercise five days a week at least thirty minutes at a time”; between “take shorter showers” and “take a five-minute shower”; between “pick up pet waste in your yard” and “pick up pet waste in your yard on a daily basis and put it in the trash”; or between “don’t idle except when in traffic” and “don’t idle more than 10 seconds except when in traffic.” Behaviors that are specific, measurable, achievable, realistic, and time-bound (SMART) work to first communicate what it is we want the target audience to do, and second to assist them (and you) in knowing if they have accomplished it.
Self-Perception Theory

Self-perception theory suggests that the more we engage people in a behavior category (e.g., healthy behaviors, environmentally friendly behaviors), the greater the chances they will sustain these behaviors and even take on more. This happens as they begin to perceive themselves as the type of person who participates in these types of actions, which, upon reflection, alters their beliefs about themselves.20

Doug McKenzie-Mohr suggests we leverage this tendency by providing convenient opportunities for people to initiate and engage in a behavior. He cites an example where

prior to curbside recycling being introduced, most individuals had no strongly held beliefs regarding the importance of waste reduction. However, when these same individuals received their new curbside containers and began to recycle, their participation in recycling led them to come to view themselves as the type of person who believed that waste reduction was important. Furthermore, it is likely these beliefs will be most strongly held when the opportunity exists to engage in these actions frequently.21

When someone engages, for example, in repetitive actions such as recycling and turning off computer monitors when not in use, this is likely to increase his or her belief in the importance of waste reduction and energy conservation.

The Health Belief Model

Kelli McCormack Brown clearly describes the model originally developed by social psychologists Hochbaum, Kegels, and Rosenstock, who were greatly influenced by the theories of Kurt Lewin:

The Health Belief Model states that the perception of a personal health behavior threat is itself influenced by at least three factors: general health values, which include interest and concern about health; specific health beliefs about vulnerability to a particular health threat; and beliefs about the consequences of the health problem. Once an individual perceives a threat to his/her health and is simultaneously cued to action, and his/her perceived benefits outweigh his/her perceived costs, then
that individual is most likely to undertake the recommended preventive health action. Key descriptors include:

- Perceived Susceptibility: Perception of the likelihood of experiencing a condition that would adversely affect one’s health
- Perceived Seriousness: Beliefs a person holds concerning the effects a given disease or condition would have on one’s state of affairs: physical, emotional, financial, and psychological
- Perceived Benefits of Taking Action: The extent to which a person believes there will be benefits to recommended actions
- Perceived Barriers to Taking Action: The extent to which the treatment or preventive measure may be perceived as inconvenient, expensive, unpleasant, painful, or upsetting
- Cues to Action: Types of internal and external strategies/events that might be needed for the desired behavior to occur.\(^{22}\)

This model suggests that you would benefit from reviewing or conducting research to determine each of these forces (susceptibility, seriousness, benefits, barriers, and perceptions of effective “cues to action”) before developing campaign strategies. The National High Blood Pressure Education Program (NHBPEP) understands this well, as illustrated in the following highlight of their social marketing efforts and successes.

More than 65 million American adults, one in three, had high blood pressure in 2006, and less than 30\% were controlling their condition.\(^{23}\) Key to influencing desired behaviors (increasing monitoring and lifestyle and medication plans) is an understanding of perceived susceptibility, seriousness, and barriers such as the following:

- “It is hard for me to change my diet and to find the time to exercise.”
- “My blood pressure is difficult to control.”
- “My blood pressure varies so much; it’s probably not accurate.”
- “Medications can have undesirable side effects.”
- “It’s too expensive to go to the doctor just to get my blood pressure checked.”
- “It may be the result of living a full and active life. Not everybody dies from it.”

As you read on, you can see how messages in NHBPEP materials and related strategies reflect an understanding of these perceptions:

- “You don’t have to make all of the changes immediately. The key is to focus on one or two at a time. Once they become part of your normal routine, you can go on to the next change. Sometimes, one change leads naturally to another. For example, increasing physical activity will help you lose weight.”\(^{24}\)
- “You can keep track of your blood pressure outside of your doctor’s office by taking it at home.”\(^{25}\)
• “You don’t have to run marathons to benefit from physical activity. Any activity, if done at least 30 minutes a day over the course of most days, can help.”

The year the program began in 1972, less than one fourth of the American population knew of the relationship between hypertension, stroke, and heart disease. In 2001, more than three fourths of the population were aware of this connection. As a result, virtually all Americans have had their blood pressure measured at least once, and three fourths of the population have it measured every six months.

The Theory of Reasoned Action and the Theory of Planned Behavior

The theory of reasoned action (TRA), developed by Ajzen and Fishbein in 1975 and restated in 1980, suggests that the best predictor of a person’s behavior is his or her intention to act. This intention is determined by two major factors: a person’s beliefs about the outcomes associated with the behavior and his or her perceptions of how people he or she cares about will view the behavior in question. Using language from other theories presented throughout this text, one’s likelihood of adopting the behavior will be greatly influenced by perceived benefits, costs, and social norms. In 1988, Ajzen extended the TRA to include the influence of beliefs and perceptions regarding control—beliefs about one’s ability to actually perform the behavior (e.g., self-efficacy). This successor is called the theory of planned behavior (TPB). Stated simply, a target audience is most likely to adopt a behavior when they have a positive attitude toward it, perceive that “important others” would approve, and believe they will be successful in performing it.

The Social Cognitive Theory/Social Learning

Fishbein has summarized Bandura’s description of the social cognitive theory, also referred to as the social learning theory:

The Social Cognitive Theory states that two major factors influence the likelihood that one will take preventive action. First, like the Health Belief Model, a person believes that the benefits of performing the behavior outweigh the costs (i.e., a person should have more positive than negative outcome expectancies). [This should remind you of the exchange theory mentioned frequently throughout this text.] Second, and perhaps most important, the person must have a sense of personal agency or self-efficacy with respect to performing the preventive behavior, . . . [and] must believe that he or she has the skills and abilities necessary for performing the behavior under a variety of circumstances.

Andreasen adds that this self-efficacy comes about at least in part from learning specific skills and from observing social norms, hence the name “social learning.” This learning of specific new behaviors, he explains, has three major components: sequential approximation, repetition, and reinforcement. Sequential approximation acknowledges
that individuals do not often instantly leap from not doing a behavior to doing it. They may prefer to work their way up to it. For example, one way of teaching smokers how to adopt a nonsmoking lifestyle is to reduce their consumption step by step, perhaps one cigarette at a time, starting with the easiest behavior to give up and working up to the most difficult. Encouraging repetition (practice) and providing reinforcement strategies will then make it more likely that the behavior will become a “part of a permanent behavioral repertoire.”

The Service-Dominant Logic Model

In a seminal article in 2004, Steve Vargo and Robert Lusch proposed the concept of a service-dominant logic model, asserting that a product (whether a tangible good or a service) has value only when a customer “uses” it, and that when he or she does, it improves the condition or well-being of that person in some way. They also stress that this value is determined by the customer, not the marketer, and therefore that the customer should be involved in the design and delivery of the product.

In the 10-step social marketing model outlined in this book, this value is equivalent to the core product and best determined when conducting barriers and benefits research with the target audience. As described in more depth in Chapter 10, determining a product strategy includes three decisions. We’ll use family planning as an example. First, what is the primary benefit (value) the target audience wants in exchange for adopting the behavior (e.g., having children when they can best provide for them)? This becomes the core product. Second, what tangible good or service will you be promoting, the actual product (e.g., birth control pills)? And, third, what additional goods and services (augmented product) will you be offering that will make it more likely that the target audience will acquire the product (e.g., family planning counselors)? The core product (desired benefit/value) then inspires product branding (e.g., the family welfare vitamin), as well as additional promotional messages.


The Social Norms Theory

The social norms theory states that much of people’s behavior is influenced by their perceptions of what is “normal” or “typical.” Social norms are most commonly thought of
as the “rules” that a group uses to determine appropriate and inappropriate behaviors as well as values, beliefs, and attitudes. Several related terms include the following:

- **Injunctive norms** are behaviors a group perceives as being approved or disapproved of by others in the group.
- **Descriptive norms** are perceptions of what behaviors others are actually, or normally, engaged in, regardless of whether or not these are approved of by others.
- **Explicit norms** are those that are written or openly expressed.
- **Implicit norms** are those that are not openly stated, but understood to be the norm for a group.
- **Subjective norms** are expectations that individuals think valued others will have about how they will behave.
- **Personal norms** are an individual’s standards for his or her own behavior.

Linkenbach describes the social norms approach to prevention, which has clear potential implications for strategy development:

The social norms approach to prevention emerged from college health settings in the mid-1980s in response to the seemingly intractable issue of high-risk drinking by college students. Wesley Perkins and Alan Berkowitz, social scientists at Hobart, Williams, and Smith Colleges, discovered that a significant disparity existed between actual alcohol use by college students and their perceptions of other students’ drinking. Simply put, most college students reported that they believed drinking norms were higher and riskier than they really were.

The major implication of these findings is that if a student believes that heavy alcohol use is the norm and expected by most students, then regardless of the accuracy of the perception, he or she is more likely to become involved in alcohol abuse—despite his or her own personal feelings. Perkins came to call this pattern of misperception the “reign of error” and suggested that it could have detrimental effects on actual student drinking. According to Berkowitz, if students think “everyone is doing it,” then heavy drinking rates rise due to influence from “imaginary peers.”

This norming theory highlights the potential benefit of understanding perceived versus actual behaviors among target audiences. Results may signal an opportunity to correct the perception. The research highlight at the conclusion of this chapter presents a more in-depth case on this social norms marketing approach.

**The Ecological Model**

One criticism of many theories and models of behavior change is that they emphasize the individual behavior change process but pay little attention to sociocultural and physical environmental influences on behavior—the ecological perspective. The ecological
approach places significant importance on the role of supportive environments, and four are typically cited: individual factors (demographics, personality, genetics, skills, religious beliefs), relationship factors (friends, families, colleagues), community factors (schools, work sites, health care organizations, media), and societal factors (cultural norms, laws, governance). This model argues that the most powerful behavior change interventions are those that simultaneously influence these multiple levels and that this will lead to greater and longer-lasting behavioral changes. The key to success is to assess each of these levels of influence and determine what is needed that will provide the greatest influence on the desired behavior.36

The Behavioral Economics Framework and Nudge Tactics

Behavioral economics is a growing body of science that looks at how environmental and other factors prompt personal decisions. The core idea that humans don’t behave like rational economic agents was introduced several decades ago by Daniel Kahneman, Amos Tversky, and others. The central thesis is that people move between states of emotional hot and cold. As it sounds, when in a hot state, we are emotionally aroused (irrational), and in a cold state we are calm or neutral (rational). And as might be expected, arousal more often than not overrides reason. A young woman watching her budget may think before going to the mall to shop that she will only buy the shoes she heard were 50% off. When she gets there and sees the newest fashions, however, she is likely to succumb to her desires and pay full price.

Bill Smith argues in an article in the Summer 2010 Social Marketing Quarterly that “we have a new ally in Behavioral Economics”—one he is particularly excited about, as it has the potential to encourage the government “to arrange the conditions of life . . . and build policy contingencies so that it is fun, easy, and popular for people to make the right decision.”37

To distinguish behavioral economics from social marketing, Philip Kotler offered the following thoughts in an article titled “Behavioral Economics or Social Marketing? The Latter!”:

Behavioral economics does not come with a rich tool box for influencing individual and group behavior . . . Behavioral economics is mainly interested in demonstrating the irrationality of human decision making, not finding a more comprehensive system to influence individual and group behavior . . . . Behavioral economics is simply another word for “consumer behavior theory” as used by marketers . . . and the bottom line is that those who want to influence social behavior for the good of the individual and society need to apply social marketing thinking, a much larger system than behavioral economics.38

In their book Nudge, Professors Richard Thaler and Cass Sunstein go beyond the more psychology-oriented behavioral economics theory to suggest concrete tactics this can inspire and improve public policy. They call them “nudges.” Consider, for example,
organ donation in Europe. In Germany, they note, only an estimated 12% of citizens consent to organ donation when getting or renewing their driver’s license. By contrast, in Austria, nearly everyone (99%) does. Why the difference? In Germany, citizens must “opt in”—check a box indicating they agree to be an organ donor. By contrast, in Austria citizens need to “opt out”—check a box indicating they don’t agree. The same “choice architecture,” as the authors call it, could be used to bolster retirement-savings plans (companies automatically enroll employees unless told otherwise) or to increase the chances that students in school cafeterias will choose healthier foods (healthy options are at the beginning of the line).

To distinguish Nudge from Social Marketing, Jeff French offers the following thoughts in Think Paper: Autumn 2010, a publication of Strategic Social Marketing:

Nudging people into better health or away from criminality will seldom be enough to result in population level improvements because in many situations, evidence and experience make it clear that there is a need for other forms of intervention. Therefore, Nudges should be seen as a helpful part of the solution but not a magic bullet... and do not represent a full toolbox of possible forms of intervention... The selection of which form of intervention or combination of intervention types should always be driven by evidence and target audience insight.

Relative to the 10-step model presented in this text, nudge tactics can usually be categorized as one of the 4P intervention tools, and are therefore only one of numerous interventions available, with the ideal strategies being those that consumer insight research or pilots indicate would have the most success in removing barriers, increasing benefits, and providing motivators for your target audience. The following nudge tactics are among some of the most familiar:

- **A product nudge**: Streamlining applications for financial aid for a college education
- **A price nudge**: Offering lower minimum amounts for workplace savings plans
- **A place nudge**: Placing the “good food” at the beginning of the school lunch line
- **A promotion nudge**: Having potential organ donors opt “out” versus opt “in”

Our hope is that program managers involved in developing behavior change strategies will recognize that “nudges” are simply one of a bundle of potential behavior change marketing tactics, ones that Jeff French describes as being more automatic or unconscious in nature.

**The Science of Habit Framework**

Charles Duhigg’s 2008 article in the *New York Times*, “Warning: Habits May Be Good for You,” encourages those interested in influencing “good behaviors” to take a lesson from the playbooks of the Proctor & Gambles and Unilevers of the world:
If you look hard enough, you’ll find that many of the products we use every day—chewing gums, skin moisturizers, disinfecting wipes, air fresheners, water purifiers, antiperspirants, colognes, teeth whiteners, fabric softeners, vitamins—are results of manufactured habits. A century ago, few people regularly brushed their teeth multiple times a day. Today . . . many Americans habitually give their pearly whites a cavity-preventing scrub twice a day.42

How is this useful to social marketers? Consider opportunities to “manufacture” new habits (e.g., walking a new puppy 30 minutes a day), or try embedding a new behavior into an existing habit (e.g., flossing your teeth while watching your favorite late night show).

**The Hierarchy of Effects Model**

The hierarchy of effects, a communications model created in the early 1960s by Robert Lavidge and Gary Steiners, suggests that there are six steps that a potential customer experiences from first viewing a product promotion to the end state, product purchase (see Figure 8.3).43

Implications for the social marketer are that promotional strategies should be designed to target the “buyer readiness” stage the target audience is in relative to adopting the behavior, and moving them to the next step.

**The Exchange Theory**

As mentioned in Chapter 7, the traditional economic exchange theory postulates that, for an exchange to take place, target audiences must perceive benefits (value) in the offer equal to or greater than perceived costs. In other words, they must believe they will get as much or more than they give.

Implications for social marketers are significant and guide the development of social marketing mix strategies, for if the target audience does not perceive benefits of adopting a behavior (e.g., exercise five times a week, 30 minutes at a time) to be equal to or greater than the costs, the marketer has “work to do.” We must decrease costs and/or increase benefits, and we have four major tools to accomplish this: product (e.g., fun exercise classes for seniors), price (e.g., free), place (e.g., at a local community center), and promotion (e.g., positioned as a way to feel better and live longer).

**The Community Readiness Model**

The community readiness model offers a process for assessing the level of readiness that a community has to develop and implement programs to address a variety of health (e.g., drug and alcohol use, HIV/AIDS), injury prevention (e.g., domestic violence, suicide), environmental (e.g., alternative transportation modes), and community (e.g., animal control) issues. Proponents suggest that communities have found this model helpful, as it
encourages use of local experts and resources and helps create community-specific and culturally specific interventions. It was developed at the Tri Ethnic Center at Colorado State University and can be used as “both a research tool to assess levels of readiness across a group of communities or as a tool to guide prevention efforts at the community level.”

Assessment of readiness is determined for each of six key dimensions: (a) past awareness (Customer becomes aware of product.), (b) knowledge (Customer learns more about the product.), (c) liking (Customer has favorable feeling about the product.), (d) preference (Customer likes your product more than the competition’s.), (e) conviction (Customer decides he or she wants the product.), and (f) purchase (Customer purchases the product.).

efforts, (b) community knowledge of efforts, (c) leadership, (d) community climate, (e) community knowledge of the issues, and (e) resources. A level-of-readiness score, from 1 to 9, is assigned to each dimension. Scores are determined through in-depth interviews with key informants, who are chosen to represent important parts of the community (e.g., school, government, medical). Strategy development is based on these community readiness scores, with dimensions with the lowest levels of readiness typically being addressed first.

**The Carrots, Sticks, and Promises Framework**

Michael Rothschild, an emeritus professor for the School of Business at the University of Wisconsin, “shook” the social marketing world in a seminal article in the *Journal of Marketing* in October 1999 titled “Carrots, Sticks, and Promises: A Conceptual Framework for the Management of Public Health and Social Issue Behaviors.” The framework distinguishes three very distinct tools that governments can rely on to influence behaviors: marketing (the carrot), law (the stick), and education (the promise), and expresses concern that “current public health behavior management relies heavily on education and law while neglecting the underlying philosophy of marketing and exchange.”

*Education*, Rothschild writes, refers to messages that attempt to inform and/or encourage voluntary behaviors. They can create awareness about existing benefits of adopting the behavior, but cannot deliver them. *Law* involves coercion to achieve the behavior or threatens punishment for noncompliance or inappropriate behavior. *Marketing*, however, influences behaviors by offering incentives for voluntary exchange.

The environment is made favorable for appropriate behavior through the development of choices with comparative advantage (products and services), favorable cost–benefit relationships (pricing), and time and place utility enhancement (channels of distribution). Positive reinforcement is provided when a transaction is completed.

**THEMES FROM ALL**

Fishbein’s summary of behavior change interventions melds themes from most of the theories, models, and frameworks presented in this chapter and provide a quick reference for gauging whether your target audience is “ready for action”—and, if not, what might be needed to help them out.

Generally speaking, it appears that in order for a person to perform a given behavior, one or more of the following must be true:

1. The person must have formed a strong positive intention (or made a commitment) to perform the behavior.
2. There are no environmental constraints that make it impossible to perform the behavior (even better, there are “nudges” in the environmental infrastructure that make it more likely that the audience will choose the desired behavior).

3. The person has the skills necessary to perform the behavior.

4. The person believes that the advantages (benefits, anticipated positive outcomes) of performing the behavior outweigh the disadvantages (costs, anticipated negative outcomes).

5. The person perceives more social (normative) pressure to perform the behavior than to not perform the behavior.

6. The person perceives that performance of the behavior is more consistent than inconsistent with his or her self-image, or that its performance does not violate personal standards that activate negative self-actions.

7. The person’s emotional reaction to performing the behavior is more positive than negative.

8. The person perceives that he or she has the capability to perform the behavior under a number of different circumstances.

Based on the science of habit framework, we would add a ninth point: The person is encouraged to form a new habit by connecting the new behavior with an existing one or new environmental cue.

CHAPTER SUMMARY

This chapter is intended to be used as a quick reference guide for identifying and understanding theories, models, and frameworks that can inform and inspire development of audience-driven social marketing strategies, including:

- Step 3: Selecting target audiences (diffusion of innovations theory, stages of change model/transtheoretical model)
- Step 4: Setting behavior objectives and goals (self-control theory, goal-setting theory, self-perception theory)
- Step 5: Understanding audience barriers, benefits, and motivators; the competition; and influential others (health belief model, theory of reasoned action and theory of planned behavior, service-dominant logic model)
- Step 7: Developing social marketing mix strategies (social norms theory; ecological model; behavioral economics framework and nudge tactics; science of habit framework; hierarchy of effects model; exchange theory; community readiness model; carrots, sticks, and promises framework)
As a practical tip, we recommend that you review these theories, models, and frameworks as you begin developing the relevant steps in the planning model. Not only will they be inspirational as you develop these steps, but your references to them will also help build confidence in your proposed strategies among funders, decision makers, and partners.

RESEARCH HIGHLIGHT

Reducing Drinking and Driving in Montana

Evaluating a Social Norms Approach

(2003)

Background

When a social marketing effort uses the social norms theory to inspire a campaign strategy, it is often referred to as social norms marketing. In 2001, the New York Times Magazine listed social norms marketing as one of the most significant ideas of the year, describing it as “the science of persuading people to go along with the crowd. The technique works because people are allelomimetic—that is, like cows and other herd animals, our behavior is influenced by the behavior of those around us.”

The theory was first introduced in a study by H. Wesley Perkins, a professor of sociology, who found that students consistently overestimated how much alcohol their fellow students drank. And then in an attempt to be more “normal,” they drank more themselves. The theory states that overestimations of problem behavior will increase these problem behaviors, while underestimations of healthy behaviors will discourage individuals from engaging in them. Thus, correcting misperceptions of group norms is likely to result in decreased problem behavior or increased prevalence of healthy behaviors.

One of the first social norms campaigns took place at Northern Illinois University in 1990, where the message that “most students have fewer than five drinks when they party” was distributed using newspaper ads, posters, and handouts. By 1999, incidents of heavy drinking (five or more drinks at one sitting) was down 44%.

While patterns of misperceptions were evident in college populations, they had never been identified in statewide populations of young adults. If such misperceptions did exist, then a statewide campaign might have positive impacts.

The following case highlights a more recent effort and presents impressive evaluative results confirming the behavior change potential of this approach.
Campaign Overview

In 2002, Montana ranked first in the nation for alcohol-related fatalities per vehicle miles traveled, up from fourth in 1999. Alcohol- and drug-related vehicle crashes accounted for approximately 10% of all crashes in Montana. And young adults represented a disproportionate share of these crashes, with 21- to 30-year-olds accounting for nearly half of all alcohol- and drug-related crashes in Montana. In 2001, a statewide social norms media campaign was developed and then implemented from January 2002 to March 2003 (15 months) to test the potential for this model to reduce drinking and driving among youth ages 21 to 34. Campaign elements included television, radio, newspapers, theater slides, billboards, promotional items (e.g., T-shirts, key chains, pens, and windshield scrapers), and indoor advertisements in restaurants (see Figure 8.4). One TV ad depicted a ski lodge window with snow falling. A male voice reads the following script: “In Montana there are two things you need to know about snow: how to drive in it and how to ski on it. After a day on the slopes and some time in the lodge, my friends and I all take turns being designated drivers.” The view widens to reveal the message written on the

![Figure 8.4 Posters used in a 15-month campaign in western counties of Montana.](image)

window, “Most of us (4 out of 5) don’t drink and drive.” The commercial closes with the voice asking, “How are you getting home?” Additional campaign messages pointed out that the majority of Montana young adults practice protective behaviors, such as taking cabs or using designated drivers.

**Research Methodology**

Researchers Perkins, Linkenbach, Lewis, and Neighbors used this opportunity to conduct a research study, for several reasons. First, to date there had not been a peer-reviewed publication evaluating a social norms marketing campaign implemented on a statewide level. Second, rigorous evaluative results were needed, given the surge of social norms marketing campaigns being implemented widely in the United States, especially on college campuses. Third, the vast majority of interventions incorporating the social norms approach had been limited to school settings, so this would be one of the first studies to measure whether the approach worked in a broader marketplace. The research objectives were to evaluate whether the social norms media marketing campaign reached the target audience, whether it was effective in correcting misperceptions, and whether it resulted in adoption of key desired behaviors, including using a designated driver and not driving within an hour of having two or more drinks.

A quasi-experimental design was used, with regions of Montana being assigned to one of three groups. Fifteen counties in the western Montana region were assigned to receive a “high dosage” of the campaign. These counties were an optimal choice, as a majority of Montanans ages 21 to 34 lived in those counties. Because radio and television messages could not be completely contained in intervention counties, counties in the buffer region (central Montana) were used to adjust for diffusion of social norms media messages outside the intervention counties. Counties in the control region were those on the eastern half of Montana and thus not in close geographical proximity to the counties in the campaign regions.

The target population was selected and surveyed a total of four times: once prior to the campaign ($n = 1,000$), once during the media interventions ($n = 1,000$), once immediately following the intervention ($n = 1,005$), and once three months after the conclusion ($n = 517$), with the final sample being reduced on account of cost considerations. Ten- to twelve-minute telephone interviews were conducted. Sampling frames were purchased that provided targeted lists of Montana households with residing adults ages 21 to 34, and numbers were then selected at random.

**Results**

As presented in Table 8.2, findings were encouraging. Overall, results revealed that the target audience noticed and recalled one or more of the campaign messages (70.5% in intervention counties versus 42.6% in control counties). (It should be noted that there had been MOST of Us® campaigns in several locations around the state in previous years. Thus, some recognition or recall at baseline was not unexpected. Therefore, analysis of the findings focused on difference of change.) Misperceptions of peer norms were reduced, with those in the intervention
Table 8.2 Differences Between Intervention and Control Counties for Perceived and Reported Behavior in November 2001 (Prior to Campaign) and June 2003 (Three Months After Completion of Campaign)

<table>
<thead>
<tr>
<th></th>
<th>Western Intervention Counties</th>
<th>Eastern Control Counties</th>
<th>Difference of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nov.</td>
<td>June</td>
<td>Change</td>
</tr>
<tr>
<td>Percentage recalling social norms media as main message (unprompted recall)</td>
<td>53.8</td>
<td>70.5</td>
<td>16.7</td>
</tr>
<tr>
<td>Percentage thinking average Montanan drove within one hour of consuming two drinks in past month</td>
<td>91.8</td>
<td>86.7</td>
<td>−5.1</td>
</tr>
<tr>
<td>Percentage perceiving that majority of peers almost always have a designated driver when using a car after drinking</td>
<td>29.9</td>
<td>39.2</td>
<td>9.3</td>
</tr>
<tr>
<td>Percentage driving within one hour of consuming two drinks in past month</td>
<td>22.9</td>
<td>20.9</td>
<td>−2.0</td>
</tr>
<tr>
<td>Percentage reporting they always make sure they have a designated driver when using a car after drinking</td>
<td>41.7</td>
<td>46.4</td>
<td>4.7</td>
</tr>
</tbody>
</table>

Details related to implementing this approach can be found in Linkenbach’s toolkit titled How to Use Social Norms Marketing to Prevent Driving After Drinking: A MOST of Us® Toolkit (a publication of the...
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MOST of Us® Institute, Montana State University–Bozeman, 2006, available at www.mostofus.org). Case information was provided by Dr. Jeffrey Linkenbach, director of the Center for Health and Safety Culture and a senior research scientist at Montana State University in Bozeman, Montana, where he directs the nationally acclaimed MOST of Us® Campaign (www.mostofus.org).

DISCUSSION QUESTIONS AND EXERCISES

1. Which of the 17 theories, models, and frameworks do you find most inspiring? Why?

2. Why do you think behavioral economics has gained more visibility to date than social marketing? In your own words, how does it differ from social marketing? What do the authors argue are the distinctions between social marketing and behavioral economics?

3. How does diffusion of innovations theory relate to the carrots, sticks, and promises and “Show me”/“Help me”/“Make me” frameworks presented in this text?

CHAPTER 8 NOTES

1. Personal communication from Jeff French, December 2013.


5. Virginia Williams, communications consultant, New View Media.

6. V. Williams, “Break the Silence.”

7. Ibid.


12. Ibid., 40–41.

13. Ibid., 40–41.


15. Ibid., 43.

16. Ibid., 44.


24. Ibid.

25. Ibid.

26. Ibid.


29. Ibid., 266–268.


32. MOST of Us, “What is Social Norms Marketing?”
34. Personal communication, 2001.
37. B. Smith, “Behavioral Economics and Social Marketing: New Allies in the War on Absent Behavior,” *Social Marketing Quarterly* XVI, no. 2 (Summer 2010), 137–141.
41. Ibid.
46. Ibid, 24.
47. Ibid., 25–26.
51. Frauenfelder, “The Year in Ideas.”

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