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Chapter 4

Social Marketing for Health: Theoretical and Conceptual Considerations

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Additional information is available at the end of the chapter

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Abstract

Marketing, besides education and enforcement, is a strategy to change behaviors. The most important question for commercial marketers is: "What can we do to persuade people to buy our products?" They try to use commercial marketing principles such as exchange theory, consumer orientation, competition, audience segmentation, and marketing mix, to influence customers and sell their products and services. Health is considered as an important market, and people have to pay tangible and intangible costs to buy health products, services, and behaviors. So, health professionals must know about marketing key concepts and designing programs to promote health products and changing health behavior. "Social marketing" is an approach to persuade people to accept ideas and attitudes, perform healthy behaviors, refer to health facilities, and receive health products. In this chapter, the theoretical considerations and practical steps for planning, implementing, and evaluating the interventions based on the social marketing approach will be discussed. At the end of the chapter, we will study four researches designed and implemented based on the social marketing model.

Keywords: social marketing, health behaviors, behavior change

1. Introduction

More than 60 years ago, Wiebe asked a revolutionary question: "Why can't you sell brotherhood like soap?" He compared the principles and techniques for selling a tangible commercial product (soap) and promoting an intangible social idea (brotherhood) and concluded that key perspectives, principles, and tactics adapted from commercial marketing can be used in social behavior change [1]. In 1971, *social marketing* was born, when Kotler and Zaltman published their leading paper in Journal of Marketing and realized that the same marketing principles

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that were being used to sell products to customers could be used to "sell" ideas, attitudes, and behaviors [2]. Andreasen's defined social marketing as: "The application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society" [3]. Rothschild believed that social marketing employs the principles of commercial marketing to influence consumer behavior and decision-making and attempts to influence voluntary behavior by offering or reinforcing incentives and/or consequences in an environment that invites voluntary exchange [4]. The Centers for Disease Control and Prevention (CDC) has introduced health marketing as an innovative approach that draws from traditional marketing theories and principles and adds science-based strategies to prevention, health promotion, and health protection. CDC defined health marketing as: "Creating, communicating, and delivering health information and interventions using customer-centered and science-based strategies to protect and promote the health of diverse populations" [5].

Healthcare providers supply products (e.g., iron or multivitamin supplements for infants, condoms for sex workers, and contraceptives for teenagers) and provide services (e.g., pap smear testing for early detection of cervical cancer, mammography for diagnosis of breast cancer, and chest X-ray for patients suspected with tuberculosis). But, that is not all. In healthcare systems, the people as consumers or clients are encouraged to perform healthy behaviors and avoid non-healthy behaviors. We ask them have enough physical activity, reduce their salt intake, consume enough fruit and vegetables, and quit smoking.

Health behavior is a behavior directed at promoting, protecting, and maintaining health, as well as reducing disease risks and early death. It includes personal attributes such as beliefs, expectations, values, perceptions, prevention, behavior patterns, actions, and habits that relate to health maintenance, restoration, and improvement [6]. In public health, education, marketing, and law enforcement are three main approaches applied to achieve behavior change. For people who consider the behavior change but do not have the required knowledge or skills, education is effective. Enforcement of laws and regulation is appropriate for the entrenched people who have no desire to change and resist deliberately. Marketing can be useful to bridge the gap between these two approaches and will be a good solution for those who are aware of the need to change but have not considered changing [7].

Health can be considered as a real market in which consumers pay the monetary and non-monetary costs and obtain the benefits of health products, services, or behaviors. If the marketing principles and techniques are applied, we can expect to be successful in selling our products, especially health behaviors. This chapter will address the theoretical concepts and practical steps for planning, implementing, and evaluating the interventions based on the social marketing approach for health.

2. Key concepts of social marketing

Health interventions to be considered as social marketing programs need to fulfill some criteria. The benchmark criteria provide a useful framework for assessing the extent to which an intervention is consistent with the social marketing approach and for identifying opportunities

to potentially increase the impact of an intervention. Kotler and Lee explained some features of the social marketing approach: (1) focusing on understanding the perspectives of the full range of target audiences necessary to bring about change; (2) developing a research-based program, relying on formative research to develop and test concepts with members of the target audience; and (3) recognizing the need to include all elements of the marketing mix (i.e., product, price, place, promotion) to bring about behavior change [8]:

The National Social Marketing Centre has developed a set of eight social marketing benchmark criteria to promote the understanding and use of core social marketing concepts. They are behavior, customer orientation, theory, insight, exchange, competition, segmentation, and methods mix [9]. According to Andreasen's benchmark criteria [10], for an intervention to be classified as social marketing, at least one of the following components is needed. They are considered as the key concepts of the social marketing approach:

- Behavioral change: Determining the objective aiming to achieve behavioral change as the main focus of social marketing interventions.
- Formative research: Using audience research to understand target audiences, pre-test interventions and monitor their delivery; it is fundamental in social marketing interventions.
- Segmentation: Dividing a general target audience into smaller and homogenous segments based on the shared characteristics.
- Marketing mix: Adopted from the commercial sector is the marketing mix, also known as the 4Ps: product, price, place, and promotion [11]. These four key elements of social marketing are central to the planning and implementation of an integrated marketing strategy. Each of these four components should be present in a marketing plan. However, it is the science of correctly using these elements in combination with one another that provides the effective "marketing mix." To have an effective social marketing program, we must have a product developed based on the consumers' wants, needs, and preferences, priced realistically, distributed through convenient channels, and actively promoted to customers.
- Exchange: Social marketing programs aim to change behavior by establishing an exchange between the consumers and the program developer based on the consumers' wants and needs. In this exchange, consumers give up something of value and receive something of equal or greater value. Target audiences have opportunities to exchange their monetary and non-monetary resources for attractive tangible and/or intangible benefits. They are looking for the benefits of the product and have to pay its cost. Exchange forms voluntarily. Consumers want to fulfill their felt needs or desires and are ready to pay the costs and the social, economic, and physical costs (price). The costs must not be more than the perceived gains and benefits of the product.
- Competition: In a dynamic marketplace, commercial or social, there are different priorities and choices. So, competition is always present. If the target audience is not ready or willing to buy our promoted products, or we do not provide the products which the target audience wants, the marketing attempts will fail. In other words, the consumer will exit our market and go somewhere else. In case of social marketing, particular decisions are faced

with some barriers that may result in highlighted desirability or perceived relative value of other options. So, thinking about competition is a major requirement in a successful social marketing program.

3. Planning of social marketing interventions

A health intervention defined as: "Any health-related measure taken to improve the health of an individual or a community; this may involve diagnosing, preventing, treating, and managing disease conditions, injury, or disability" [6]. In practice, understanding the key components of social marketing is not sufficient and we need to use social marketing planning models. Some of these models are the Social Marketing Assessment and Response Tool (SMART) model of Neiger & Thackeray (1998), Andreasen's model (1995), a framework suggested by Walsh, Rudd, Moeykens, and Moloney [15], and Weinreich's model (1999) [12]. All of them have practical phases and researchers can design the intervention step by step. The SMART model is a social marketing planning model developed by Neiger in 1998 and is applied to some researches in the health field [13, 14]. This model has seven phases as below:

3.1. Phase 1: Preliminary planning

Preliminary planning includes identification of the intended health problem, developing the goals, preparing the evaluation plan, and estimating the program costs. Like other programs, the first step is determining the health problems and selecting the prioritized ones. To get ready, behavioral aspects of the intended health problem were considered and the target health behavior was determined. According to this health behavior, we set the program goals. Evaluation planning, or determining measures of success, would include identifying and comparing measures before and after the intervention. Social marketers must estimate the monetary and nonmonetary costs and try to provide them. Remember that social marketing programs are usually expensive interventions and advocacy with decision-makers is required.

3.2. Phases 2–4: Formative research

Formative research findings provide the primary idea for intervention. This data determines the target audience and its properties, the specific objectives, the primary idea for intervention, and communicating manners to the audience. Data are collected through qualitative approaches (focus group discussions (FGDs) and in-depth interviews) and quantitative surveys. After collecting and analyzing the formative research data, social marketers describe the target audience: who they are, what is important to them, what influences their behavior, and what would enable them to engage in the desired behavior. Formative research consists of audience, channels, and market analysis as below:

- Audience analysis: In this step, identification of the general target audience, segmentation, defining the special target segment, and then studying their needs, wants, and preferences were done. Learning about demographic, psychosocial, and behavioral variables through qualitative

and quantitative methods is necessary for segmenting the primary general target audience into smaller and more homogenous subgroups and developing the particular interventions needed to modify risky behaviors. When we have a general and heterogeneous audience, their points of view about the target behavior, benefits, and barriers to perform behavior, and channels for communicating to the audience, are different. So, the segmentation of a general and large audience group to small and relatively homogeneous subgroups helps the planners to design an effective program. In this way, it is possible to develop marketing strategies customized to the unique characteristics of each subgroup and have better outcomes. We will discuss about segmentation later in formative research and market analysis. The target audiences were asked about the costs and benefits of performing the intended behavior, desires, and values. Qualitative and quantitative studies provide data for knowing the consumer's perspective before starting the strategy design. The data can be collected through surveys, focus groups, and in-depth interviews.

- Market analysis: For analyzing the market, the partners, the competitors, and the components of marketing mix are identified. Partners are those people or organizations who can help achieve the program goals. They have common, but not the same, goals and can provide the resources and support the activities. Competitors are those who provide similar products and services and may lose their benefits during our programs. So, they are vying for individual audience members' time and attention. Market analysis is not completed without marketing mix establishment. Marketing mix is also referred to as the 4Ps: product, price, place, and promotion. Product refers to the set of benefits associated with the desired behavior or service usage. To be successful, the product must provide a solution to problems that consumers consider important and must offer them a benefit they truly value. So, we need to research to understand people's wants, needs, and preferences. The marketing objective is to discover which benefits have the greatest appeal to the target audience and to design a product that provides those benefits. The product can be a tangible good or an intangible one. In the case of social marketing, behaviors are common products. The product can include ideas and behavior changes or something offered to the consumer to satisfy a want or need. Examples may include educational programs, screenings, environmental changes, self-care programs, and so on. Price refers to the cost for the promised benefits or the barriers that may prevent the consumer from taking action. This cost is always considered from the consumer's point of view. Costs can include money, time, opportunity, energy, social, behavioral, geographic, physical, structural, psychological factors, and convenience or pleasure. So, price is not always monetary and usually encompasses intangible costs. In setting the right price, it is important to know if consumers prefer to pay more to obtain "value-added" benefits and if they think that products given away or priced low are inferior to more expensive ones. Place: For tangible goods, place refers to the distribution system and the location of sales and for intangible products such as services or behaviors, it refers to the location where consumers can obtain information about the product. Promotion is often the most visible component of marketing. It includes the type of persuasive communication that marketers use to deliver the product benefits of tangible goods or intangible products and services. Promotional activities may encompass advertising, public relations, printed materials, promotional items, signage, special events and displays, face-to-face selling, and entertainment media [15]. For the exchange to take place, the social marketer must understand consumers' preferences regarding the 4Ps.

- Channel analysis: Identification of the best way to communicate to the target audience and know about their preferred sources of information is the main mission of channel analysis. Channels can be people, institutions, organizations, and specific communication techniques, such as mass media, personal communication, or public events. Social marketers may consider printed materials (e.g., pamphlet and brochures), printed media (e.g., newspapers and magazines), and mass media (e.g., radio and television programs, websites contents, social networks, and mobile applications).

3.3. Phase 5: Development

During the formative research, the main ideas for intervention are determined, and primary materials develop. Before completing the production of messages and materials for implementation, it is required to pretest the key elements including methods, communications, and strategies. They are presented to some members of the target audience and receive their feedback. Modifications are made based on the feedback. Typical methods for pretesting include focus groups, interviews, and surveys.

3.4. Phase 6: Implementation

Implementation is the activation of all strategies, tactics, and methods that were developed to achieve the designated goals and objectives. Activities such as the initiation of a mass-media awareness campaign, offerings of small-group self-management classes, or creation of a community coalition to improve the health behavior in a neighborhood are included in this phase.

3.5. Phase 7: Evaluation

Evaluation determines the program's success. It is done during and at the end of the intervention. When the quality of the program is assessed by documenting the extent to which it was implemented as designed, *process evaluation* has been done. In this type of evaluation, it is determined whether the program is operating as expected and whether there are areas in need of improvement. Consumer orientation, as a key concept of the social marketing process, means continually returning to the target audience and getting their reaction and point of view regarding the program. The number of self-management classes, radio programs or television advertising messages, pamphlets and brochures distributed, and posters installed in target audience neighborhoods can be the measures checked through process evaluation. The evaluation of the intervention effects, including impact evaluation and outcome evaluation, is very important in social marketing. Outcome measures could include changes in overall health status such as the mortality rate of cardiovascular diseases or prevalence rate of hypertension, while the impact measures would include improvements in health behaviors such as smoking and physical activity [16].

4. Application of social marketing in health programs

Gordon et al. [17] described three systematic reviews and primary studies that evaluate social marketing effectiveness. They concluded that social marketing provides a very promising

framework for improving health both at the individual level and at the wider environmental and policy levels [17]. Morris and Clarkson [18] reviewed the studies using a social marketing framework for changing healthcare practice. They found social marketing as a useful solution-focused framework for systematically understanding barriers to individual behavior change and designing interventions accordingly. They argued that the social marketing approaches being adopted in public health may also provide a potent strategy for achieving change from practitioners and concluded that this approach provides a single framework to analyze and address the complex problem of behavior change, systematically using methods proven in commercial marketing [18]. Firestone et al. [19] reviewed the evidence of the effectiveness of social marketing in low- and middle-income countries, focusing on major areas of investment in global health: HIV, reproductive health, child survival, malaria, and tuberculosis. They concluded that social marketing can influence health behaviors and health outcomes in global health; however, evaluations assessing health outcomes remain comparatively limited. Evidence exists that social marketing can influence health behaviors and health outcomes [19]. Luca and Suggs [20] reviewed systematically 17 articles published after 1990. These articles reported social marketing interventions for the prevention or management of some diseases and behavioral risk factors, conducted evaluations, and met the six social marketing benchmarks' criteria. They concluded that there is an ongoing lack of use or underreporting of the use of theory in social marketing interventions and focused on applying and reporting theory to guide and evaluate interventions [20].

To obtain newer findings, we searched PubMed database using "social marketing "and found that 1655 articles have been published since 2010 till now. By limiting the search to "Systematic Reviews," 120 articles were determined, and by limiting the search more to behaviors, it showed that in 65 systematic review articles, social marketing interventions focused on behaviors. Application of social marketing to reduce tobacco use (19 articles) and alcohol consumption (18 articles), modify the nutritional practice (16 articles), promote physical activity (14 articles), and increase the condom usage (7 articles) were the most common subjects. Some particular systematic reviews in which "social marketing" has been mentioned in their titles are explained as below:

Xia et al. [21] reviewed 92 social marketing interventions published during 1997–2013. They concluded that if the six benchmarks of social marketing interventions (behavior change, consumer research, segmentation and targeting, exchange, competition, and marketing mix) are considered, and if the researchers analyze the audience, make the target behavior tangible, and promote the desired behavior, it is an effective approach in promoting physical activity among adults [21]. In another systematic review done by Luecking et al. [22], they searched PubMed, ISI Web of Science, PsycInfo, and the Cumulative Index of Nursing and Allied Health systematically to identify interventions targeting nutrition and/or physical activity behaviors of children enrolled in early care centers between 1994 and 2016. They concluded that social marketing could be an important strategy for preventing early childhood obesity through promoting physical activity and nutrition modification [22].

Aceves-Martins et al. [23] reviewed 38 non-randomized and randomized controlled trials conducted from 1990 to April 2014 in participants aged 5–17. They searched the PubMed, Cochrane, and ERIC databases to find the studies that contained social marketing strategies to reduce youth obesity in European school-based interventions. They concluded that the inclusion

of at least five social marketing benchmark criteria in school-based interventions could be effective to prevent obesity in young people [23].

Sweat et al. [24] searched the National Library of Medicine's Gateway (includes Medline and AIDSline), PsycINFO, Sociological Abstracts, CINAHL, and EMBASE to study the effectiveness of social marketing for promoting condom use. Their meta-analyses showed a positive and statistically significant effect on increasing condom use, and all individual studies showed positive trends. They concluded that the cumulative effect of condom social marketing over multiple years could be substantial [24].

Janssen et al. [25] reviewed six papers extracted through searching PubMed, PsychInfo, Cochrane, and Scopus to describe the effects of an alcohol prevention intervention developed according to one or more principles of social marketing. Based on this review, the effect of applying the principles of social marketing in alcohol prevention in changing alcohol-related attitudes or behavior could not be assessed [25].

Wei et al. [26] searched the following electronic databases for results from January 1, 1980 to the search date July 14, 2010: Cochrane Central Register of Controlled Trials (CENTRAL), EMBASE, LILACS (Latin America and Brazil), PsycINFO, PubMed, Web of Science/Web of Social Science, Chinese National Knowledge Infrastructure (CNKI), and CQ VIP (China). This review provided limited evidence that multi-media social marketing campaigns can promote HIV testing among men who have sex with men (MSM) in developed countries. Future evaluations of social marketing interventions for MSM should employ more rigorous study designs. Long-term impact evaluations (changes in HIV or STI incidence over time) are also needed. Implementation research, including detailed process evaluation, is needed to identify elements of social marketing interventions that are most effective in reaching the target population and changing behaviors [26].

5. Lessons we learned from social marketing studies

1. Social marketing is an approach to change health behaviors. It can provide a useful framework for systematically understanding barriers to and benefits of the targeted health products.
2. Social marketing programs are based on the six benchmark criteria: focusing on behavior change, consumer research, audience segmentation, exchange, competition thinking, and establishing the marketing mix or 4Ps. For applying social marketing in practice, we need some planning models that contain operational steps and constructs. The SMART model is one of these planning models.
3. Formative research is the heart of social marketing programs, and audience, market, and channel analysis are three fundamental components of formative research.
4. Using social marketing to promote health behaviors is growing, but answering this question that whether the social marketing framework provides an effective means of bringing about behavior change remains an empirical question which still has to be tested in practice. However, many lessons have been learned in recent years.

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6. Application of social marketing in health: some case studies in Iran

6.1. Reducing risky driving behaviors among taxi drivers in Tehran, Iran

In Iran, the mortality rate due to road traffic crashes is considerably high, and risky driving behavior by road users is an important factor influencing this health problem. However, many attempts have been made to reduce risky driving behaviors; they have been limited to education and enforcement. In this study, researchers designed and implemented an intervention based on the SMART (Social Marketing Assessment and Response Tool) model to reduce two specific risky driving behaviors, tailgating and non-driving between lines, among taxi drivers in Tehran, Iran. The target audience were the professional drivers in two municipality regions with the highest rate of traffic violations as recorded by the Tehran Driving Police. Formative research inclusive of a qualitative study and a quantitative survey was designed and implemented to determine intervention components. In a qualitative study, opinions and views of 42 taxi drivers in 4 focus group discussions were explored. They talked about the current driving in Tehran, causes of risky driving behaviors, suggested practices for modification of risky driving behaviors, appropriate places for introducing products and services, and appropriate channels to communicate and influence taxi drivers. Taxi drivers believed that if they concentrate on driving, they can avoid risky driving behaviors. Most of them suggested reminding messages for drivers and using materials containing these messages. Getting help from taxi route supervisors was suggested by taxi drivers as influencing people and effective communication channels.

Based on the formative research, the social marketing-based intervention was designed. The product was the reminder message for concentrating on the avoidance of two target behaviors, and the messages containing stickers were developed and installed on the glass before the driver's eyes. In addition, developing and distributing the message containing pamphlets, and justifying taxi route supervisors as opinion leaders to communicate messages to taxi drivers, were done. After 6 weeks, two target risky driving behaviors were assessed by checklists and compared.

Before the intervention, 68.3% of drivers in the intervention group and 77.1% of drivers in the control group committed tailgating, while after the intervention, these percentages were 36.9 and 67.9% in intervention and control groups respectively. For non-driving between lines, it was similar. Before the intervention, 60.9% of drivers in the intervention group and 59.0% of drivers in the control group committed non-driving between lines, while after the intervention, these percentages were 38.9 and 52.4%, respectively. The interventions resulted in statistically significant reductions in the two target behaviors in the intervention group as compared with the control group. Furthermore, logistic regression showed that the odds ratio for avoiding tailgating and non-driving between lines increased significantly in the intervention group: 2.34 (1.30–4.21) and 1.83 (1.06–3.17), respectively [27].

6.2. Using personal protective equipment (PPE) in workplaces

Workplace injury is the second leading cause of fatal injuries in Iran. However, many programs have been implemented to reduce workplace injuries; a majority of the interventions

had been designed based on viewpoints of health and industry experts and were not consumer orientated. These interventions were usually focused on education and enforcement. In other words, for people who face a choice with attractive alternatives, or barriers, a third approach is needed; there was not any solution. In this study, an intervention based on the SMART model was designed and implemented to persuade workers in two constructing subway stations to use personal protective equipment (PPE) at the workplaces in Isfahan, Iran. This study is a quasi-experimental intervention based on the SMART model. A total of 44 employees in two separate subway stations under construction in Isfahan were assigned into intervention and control groups. All constructing subway stations were listed and one of them was selected as an intervention station randomly. By considering the similarities in the number and composition of employees in all stations, another one was considered as the control station. Intervention and control stations were in the north and center regions of Isfahan, respectively. Formative research included a qualitative study and a quantitative survey was designed. In the qualitative study, focus group discussions (FGDs) were used to explore viewpoints of the audience about PPE usage. The participants were asked to talk about the importance of using PPE, factors that influence their use and strategies to increase the use of PPE. In the quantitative study, attitudes and self-reported behaviors were measured by a 28-item questionnaire. Workers in both intervention and control stations completed the questionnaires and a 10-item checklist was used by two trained observers to record observed behaviors regarding PPE use. Based on initial findings, a free package containing a well-designed light-weighted helmet, a dust mask and safety gloves were delivered to workers in the intervention group. A sticker with an emotionally tailored message reminding them of the importance of caring for themselves because of their families was attached to the helmet. This message was developed based on concerns expressed by the workers during FGDs. They had told that their families were the most important reason for using PPE because injuries would result in problems not only for themselves but also for their families. Providing and delivering a free and suitable package containing PPE in the workplace and promoting the product through personal communication and applying printed materials were its main components. The intervention was done in the workplace, and stickers with the message "I take care of myself because of my family" were attached to all helmets. In the package, we also put a simple tailored pamphlet including messages related to the advantages of using PPE and the risks they can reduce. For people who were unschooled, face-to-face counseling was held. The intervention was implemented for 4 weeks in the intervention station. Engineers and foremen supervised the use of PPE and reminded and warned the employees to use the package content. After 6 weeks, the use of PPE in both intervention and control stations were checked by checklists. Behaviors in the intervention and control stations were measured using an observational checklist. After the intervention, the percentage of workers who used PPE at the intervention station increased significantly. Before the intervention, none of the workers in intervention station used helmet and safety masks, and 4 and 12% of them in the control station used these PPEs. After the intervention, 43.5% of the intervention group and 27.3% of the control group used helmets, and 39.1% of the intervention group and 18.2% of the control group used safety masks and these percentages were 36.9 and 67.9% in intervention and control groups respectively. The intervention resulted in statistically significant reductions in the two target behaviors in the intervention group as compared with the control group [28].

6.3. Promoting mammography in Iranian women

Mammography has an important role in early detection of breast cancer. So, the health sector tries to persuade women to do that. A majority of the interventions are based on education and information and there has been less attention to making mammography cost beneficent. This study aimed at assessing the effect of a social marketing-based intervention to persuade one to do mammography in Bojnord, Iran. In this study, two villages which had similar demographic characteristics such as population, sex ration, and socioeconomic status, considered as intervention and comparison groups randomly. All women of 35 years and older consisted of 343 women (151 in intervention and 191 in comparison groups) and were included in the study. To obtain the main idea for intervention, and exploring the viewpoints of the target group about mammography, a formative research combined of a quantitative survey and a qualitative study was done. It was completed by the women to assess their attitudes, and four focus group discussions were established to gather qualitative data. The quantitative study showed that time for referring and waiting in hospitals, financial costs, forgetting mammography, and fear of exposure to x-ray are more prominent. In the qualitative study, expending time and high economical costs are considered as two main factors related to not taking up mammography. According to the formative research findings, an intervention focused on the main barriers that were designed. Women who chose mammography were registered in health houses. After arranging the appointments with the local hospital, women were picked up in groups and brought to the hospital. A person who was familiar with the process of mammography welcomed them and coordinated the service. Mammography was not free, but a significant discount had been considered by the hospital. This program was implemented for 4 consecutive weeks. One week after the intervention, the number of mammograms in two villages was determined and compared. After the intervention, 48.1% of the women in the intervention group went for mammography and there were no changes in the comparison group [29].

6.4. Promoting normal vaginal delivery

The rate of Cesarean sections in Iran is higher than the acceptable rate recommended by the World Health Organization. Regardless of implementing many educational programs to reduce Cesarean section rates, some barriers are influencing the choices of pregnant women. This field trial was done in Yasuj, Iran, and 39 3–4 months pregnant primigravida were included in the study as the target audience. They chose Cesarean section for delivery. A formative research combined of a quantitative survey and a qualitative study was done to achieve the social marketing mix, and based on the results a tailored intervention was designed and pretested on the subjects. The product was a promoting package that consisted of a short-time instruction, messages for brief interventions in public health facilities, and a phone counseling service managed by trained midwives. The final intervention was implemented for a period of 1 month and its effectiveness was assessed after at least 1 month by a proportion test. One month after the intervention 30 pregnant women expressed willingness and intentions to have a normal delivery, which was a statistically significant change [30].

7. Conclusion

Education, marketing, and law enforcement are three key solutions for changing behaviors. For people who consider the behavior change but do not have the required knowledge or skills, education is effective. Enforcement of laws and regulation is appropriate for the entrenched people who have no desire to change and resist deliberately. Marketing can be useful to bridge the gap between these two approaches and will be a good solution for those who are aware of the need to change but have not considered changing. Healthcare system supplies the health products (e.g., iron or multivitamin supplements for infants, condoms for sex workers, and contraceptives for women who want to do family planning), provides the health services (e.g., pap smear testing for early detection of cervical cancer in women, mammography for early detection of breast cancer, and chest X-ray for patients suspected with tuberculosis), and encourages people to perform the right health behaviors (e.g., having enough physical activity, smoking cessation, and reducing salt intake). So, healthcare providers have something to offer their consumers and expect the audiences to take them. Health is an important social market in which the principles and key elements of commercial marketing are applied. To be successful in the health market, it is required to consider the key principles and techniques of social marketing such as consumer research, audience segmentation, exchange theory, competition thinking, and marketing mix by decision-makers, managers, and care providers. So, the future policy must be focused on empowering them to apply this approach as an important solution for health issues.

Although, attention to using the social marketing for health problems is expanding, there are some controversies about the long-term of the social marketing based programs yet. We need to conduct more and more trials to be sure. If the decision-makers in health systems want to solve their problems, they have to pay attention to social marketing as a new and innovative choice.

Conflict of interest

The author does not have any conflict of interest.

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