

1-1-2006

Maintaining social marketing's relevance: a dualistic approach

Gary I. Noble

University of Wollongong, gnoble@uow.edu.au

Follow this and additional works at: <https://ro.uow.edu.au/commpapers>



Part of the [Business Commons](#), and the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Noble, Gary I.: Maintaining social marketing's relevance: a dualistic approach 2006, 1-7.
<https://ro.uow.edu.au/commpapers/1287>

Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library: research-pubs@uow.edu.au

Maintaining social marketing's relevance: a dualistic approach

Abstract

There have been calls amongst academics and practitioners to move social marketing 'upstream'. This paper attempts to clarify what upstream social marketing is, its appropriate relationship with 'downstream' social marketing and how both approaches can be combined into a suitable theoretical framework. The paper argues that neither up or downstream social marketing is superior and suggests that a dual, synergistic approach is needed. This argument is supported through reference to current social marketing interventions in the areas of road safety and childhood obesity. The paper concludes by suggesting that Polonsky, Carlson and Fry's (2003) 'harm chain' concept may be a suitable mechanism to locate both approaches into a conceptual framework of practice.

Keywords

Maintaining, social, marketing, relevance, dualistic, approach

Disciplines

Business | Social and Behavioral Sciences

Publication Details

Noble, G. I. (2006). Maintaining social marketing's relevance: a dualistic approach. In M. Ali & M. van Dessel (Eds.), *Proceedings of the Australian and New Zealand Marketing Academy Conference* (pp. 1-7). Brisbane, Australia: Australian and New Zealand Marketing Academy.

Maintaining Social Marketing's Relevance: A Dualistic Approach

Gary Noble, University of Wollongong

Abstract

There have been calls amongst academics and practitioners to move social marketing 'upstream'. This paper attempts to clarify what upstream social marketing is, its appropriate relationship with 'downstream' social marketing and how both approaches can be combined into a suitable theoretical framework.

The paper argues that neither up or downstream social marketing is superior and suggests that a dual, synergistic approach is needed. This argument is supported through reference to current social marketing interventions in the areas of road safety and childhood obesity. The paper concludes by suggesting that Polonsky, Carlson and Fry's (2003) 'harm chain' concept may be a suitable mechanism to locate both approaches into a conceptual framework of practice.

Introduction

Over the past 16 years there have been constant calls to broaden social marketing's application beyond its traditional domain of influencing individual behaviour (e.g., Andreasen, 2006; Hastings and Donovan, 2002). The collective argument is that social marketing has the potential to go beyond the individual and influence the keepers of social and physical determinants of individual behaviour such as the media and government (Andreasen, 2006). The call to apply social marketing to these non-traditional domains has led to labels of 'downstream' and 'upstream' social marketing. Although no formal definitions of these terms exist, in simplistic terms, 'downstream' refers to the application of social marketing principles and practices to influence individual behaviour whilst the term 'upstream' is used to denote the use of social marketing's to change what are perceived as the root causes of various social issues and problems.

Calls to move to social marketing upstream raise a number of relevant questions for social marketers, including:

- Is down and upstream social marketing a one or other issue?
- Which, if either, should come first – attempts to influence individual behaviour or keeper groups such as regulators and the media?
- Into what, if any, theoretical framework does both down and upstream social marketing 'fit'?

Some of these issues emerged in the debate over the future of social marketing in the special social marketing session at the 2005 ANZMAC conference. During this session the trend towards upstream social marketing quickly emerged as the main focus of discussion. This trend was challenged on such grounds as its potential to cloud the boundary between social and political marketing, its move from marketing's fundamental focus on individual consumer behaviour and its risk of turning social marketers into political lobbyists or activists. Valid or otherwise the criticisms of upstream social marketing made at the 2005 ANZMAC conference were, they demonstrate the need to accurately define and assess the merits of upstream social marketing and attempt to locate it within a theoretical framework of social marketing practice.

It is not the purpose of this paper to recant the discussions of the ANZMAC 2005 special session. Rather, the paper intends to move on from those discussions and has four purposes. First, to briefly critique the rationale underlying calls for the adoption of upstream social marketing. Second, the paper attempts to clarify and remove confusion surrounding what upstream social marketing is - what is its aim and purpose? Third, the paper, through two case studies, highlights the need for a dualistic mindset towards up and downstream social marketing. Fourth, this paper suggests the use of the "harm chain" concept (Polonsky, Carlson and Fry, 2003, p. 350) as a suitable model for integrating both social marketing approaches into a coherent theoretical framework of benefit to academics and practitioners.

The Emergence of Upstream Social Marketing

Wallack (1990) was amongst the first to question social marketing's traditional focus on influencing individual behaviour. He argued such a focus was too narrow and that what really needed to be addressed were the social structures and processes that lay 'upstream' and were the root causes of any social or health related problems. Wallack *et al* (1993) went as far as to argue that too much emphasis was being placed on changing individual behaviour and that an upstream approach was far superior. Goldberg (1995) continued the debate when he argued that too much emphasis was being placed on changing the behaviour of individual smokers when the real emphasis should be on influencing the behaviour of the tobacco industry that created smokers in the first place and then reinforced their behaviour.

Hastings, MacFadyen and Andersen (2000) took the upstream social marketing argument one step further when they suggested that social marketing approaches had the potential to influence behaviour well beyond the domain of the individual. At the same time, Donovan (2000) suggested that social marketers needed to consider the environmental and social determinants of individual behaviour when planning their interventions. These various arguments and points of view came together in Hastings and Donovan's (2002) often cited statement that: "we now call collectively for social marketing to embrace a broader perspective that encompasses not just individual behaviour, but also the social and physical determinants of that behaviour". Social marketers appear to have supported Hastings and Donovan's call and in more recent times there has been an Innovations in Social Marketing conference, an edition of *Social Marketing Quarterly* and a book (Andreasen 2006) focussing on the issue of upstream social marketing.

In calls advocating a move towards upstream social marketing there has never been the suggestion that social marketers should abandon their role of influencing individual behaviour. However, with the focus on generating this move itself, the link between the two approaches has received relatively little attention. Is it the case that one approach is superior to the other or are the approaches synergistic in every situation? The fundamental objective of upstream social marketing is to identify and address the environmental determinants (both social and physical) that act as barriers to a social marketer's attempts to influence an individual's behaviour. From this perspective, it is difficult to perceive of either approach as superior or any situation where both approaches are not necessary for an effective social marketing intervention. In other words, the approaches are synergistic with one another and a dualistic approach is essential not only for a specific social marketing project but also for the relevancy of social marketing as a discipline.

In the section that follows, the need to jointly consider the dualistic approaches of both down and upstream social marketing in any individual social marketing intervention are highlighted through reference to two social issues in which social marketing campaigns have found a place, road safety and the current childhood obesity epidemic. It is not the intention of this paper to present an in-depth review of the two cases, the role of these case studies is to highlight that most health and social issues will have components that require a dualistic social marketing approach.

Demonstrating the Need for a Dualistic Approach to Down and Upstream Social Marketing

Social marketing has been used to influence individual behaviour in many areas. Two areas have been road safety, and more recently, the current childhood obesity epidemic. In the cases below a largely downstream approach has been adopted with limited effect. The argument put forward is that the adoption of a dualistic approach may be more effective as neither a down or upstream approach alone is likely to be effective in addressing the complexity of these behaviours.

Young Adults and Road Safety in NSW - The Stick Approach

Young, 17-25 year old, drivers are a particularly vulnerable group of road users. Although representing only 16% of all road users in NSW, they account for 28% of fatalities overall, and 33% of all speeding fatalities (RTA, 2006). There has been considerable research into the risk behaviours of young drivers that lead to fatal road injury (speed, alcohol, driver fatigue and not using a seat belt). Although governments have made significant attempts to lower the level of injury and fatality amongst this group through such downstream activities as fear based social advertising campaigns the level of injury and loss of life amongst this group remains at an unacceptable level.

The aim of any upstream social marketing intervention designed to curb the rate of death and injury for young road users would be to focus on addressing the environmental factors that contribute to the risk behaviour of young drivers. These include such factors as young people's access to alcohol and powerful cars, their freedom to drive at night and lack of restrictions on the number of passengers a new driver can carry in a car. The initiation of social marketing campaigns to address these issues through changes to public policy and legislation would be an example of upstream social marketing. It is of interest, that although the NSW government has considered legislation to address these environmental determinants due to community pressure it has not pursued this approach to reducing the road toll.

Without addressing the environmental factors that influence, even facilitate and reinforce, young driver's risk behaviour social marketers are left with having to rely on just downstream approaches. As a consequence downstream social marketing activities such as social advertising campaigns can only ever expect to have limited impact in reducing the risk behaviour of young drivers.

Addressing Childhood Obesity in Australia - The Get Moving Campaign

According to the World Health Organisation (WHO, 2003) childhood obesity has reached epidemic proportions in some areas of the world and is rising rapidly in others. It is estimated that there are more than 22 million children under five overweight worldwide (WHO, 2003).

In Australia, childhood obesity levels rival those in the US and exceed those in the UK with 5-6% of children now classified as obese (Booth *et al.*, 2001). The Federal Government has responded to the Australian childhood obesity issue with a four year, \$116 million initiative called 'Building a Health Active Australia'. Part of this initiative is the 'Get Moving' campaign aimed at 5-12 year old children (Australian Government 2006). The key message of this campaign carried through television, radio and print advertisements is to "get moving for an hour a day". It is too early to assess the success or otherwise of this campaign.

The 'Get Moving' campaign has been developed by the Social Marketing Unit of the Federal Department of Health and Ageing and is an example of 'downstream' social marketing as its focus is on influencing the behaviour of individual children. However, research indicates that attempts at addressing obesity at the level of the individual child has only limited effect (e.g., Golan and Crow, 2004; Golan, Fainaru and Weizman 1998). A significant factor affecting current levels of childhood obesity has been a rise in "obesogenic" environments (Swinburn, Egger and Raza, 1999, p. 568). That is, environments that promote obesity through their impact on the quality and quantity of food eaten and the level of exercise undertaken. According to Catford and Caterson (2003) obesogenic environments are multifaceted and include factors such as: the attractiveness of television, videos and computer games amongst children; increased food serving sizes along with price incentives to eat more; heavy marketing of high energy foods, drinks and takeaways that encourage children to pressure parents to buy unhealthy foods; greater availability of high-energy convenience foods, takeaways, and soft drinks as well as misleading or inadequate food labelling and consumer information. All these factors constitute 'upstream' environmental determinants of childhood obesity that need to be addressed before any downstream individual behaviour change intervention is likely to have a long lasting effect.

These two examples indicate that there is a *prima facie* and intuitive need for a dualistic approach to social marketing. The issue is where does down and upstream social marketing 'fit' together in any theoretical framework of social marketing practice?

Placing Downstream and Upstream Social Marketing into a Theoretical Framework

An important point to be gained from the preceding discussion of road safety and childhood obesity is the positioning of down and upstream social marketing together in any theoretical framework. Andreasen provides us with insights into how upstream social marketing can be applied to keeper groups such as communities, regulators, business and the media. However, lacking in the discussion to date is a theoretical framework to guide practitioners and others in identifying which of the keeper groups should be targeted in conjunction with the individuals whose behaviour social marketers may be attempting to influence. One theoretical approach that may address this issue is the "harm chain" concept developed by Polonsky, Carlson and Fry (2003, p. 350).

It is beyond the scope of this paper to present more than an overview of the harm chain concept which has its origins in stakeholder theory and the work of Freeman (1984) and others (e.g., Donaldson and Preston, 1995: Page, 2002). In its original form stakeholder theory is underpinned by a moral obligation for managers to consider and act in the interests of all of a firm's stakeholders and constituencies. From a managerial perspective stakeholder theory has been used as a descriptive model for enabling firms to achieve their organisational goals. Polonsky, Carlson and Fry (2003) moved stakeholder theory to a new level when they discussed how stakeholder theory could aid firms in identifying how to mitigate 'harm' and

guide public policy development through identifying when and where regulators could intervene in the harm chain. Their approach revolves around identifying three significant groups: those who cause harm, those affected by harm and those in a position to address harm. This latter group Polonsky, Carlson and Fry (2003) see almost exclusively as lawmakers and government regulators. An important component of their argument is that reducing harm requires a network approach that involves identifying all those involved not just those who are directly suffering the effects of the harmful situation. It is this component of the harm chain concept that makes it relevant to the debate on the use of down and upstream social marketing and how they 'fit' together into a theoretical framework.

Although further conceptual work is required, the harm chain concept would appear to lend itself to identifying not only when and where policy makers can intervene it could also be used to identify the role of other keeper groups such as the media and community groups in the harm chain. In this sense the model could be extended to consider not only those groups being harmed; those causing harm and those regulating harm (the policymakers) but also other keeper groups such as the media, the community and so on. This would facilitate the building of a 'picture' of harm in any one situation incorporating all the relevant groups that Andreasen (2006) suggests are critical in adopting an upstream social marketing approach. This is possible due to the harm chain concepts embeddedness in the broader concept of stakeholder theory. An added consideration in favour of the harm chain concept is that the model centres itself around the individual (those being harmed) and coherently links the focus of both down and upstream social marketing intervention together in the one model.

Conclusion

This paper has attempted to contribute to current social marketing theory by arguing the case for the dualistic use of both down and upstream social marketing interventions. Based on the call by Hastings and Donovan (2002), upstream social marketing can be conceptualised as involving the use of social marketing principles to identify and address environmental (both social and physical) factors limiting a social marketer's ability to influence an individual's behaviour. Andreasen (2006) has argued the debate over whether or not social marketers should adopt upstream social marketing is largely irrelevant and that social marketing needs to reposition itself so as to broaden its application and must adopt both down and upstream approaches to maintain its relevancy. The discussion in this paper supports his position.

If the argument is accepted that down and upstream social marketing are the way of the future then the issue becomes determining how they can be incorporated together into a theoretical framework to aid social marketing practitioners and others to identify who to target in any dualistic intervention strategy. This paper suggests that one suitable framework to consider is Polonsky, Carlson and Fry's (2003) harm chain concept. This concept explicitly identifies the link between the individual and other stakeholders in any given situation and provides guidance to policy makers and other keeper groups. Hoek and Maubach (2005) have already shown the relevance of the harm chain concept to the issue of pharmaceutical marketing direct to consumers in New Zealand. Based on their application of this concept there is justification for further empirical testing of the value of the harm chain concept in social marketing theory and practice as this appears a fruitful area for the further advancement of social marketing theory.

References

- Andreasen, A.R., 2006. *Social Marketing in the 21st Century*. Sage, Thousand Oaks, CA.
- Australian Government, 2006. The 'Get Moving' Campaign. Available from <http://www.healthactive.gov.au/getmoving/campaign.htm>, accessed 24 April 2006.
- Booth, M. L., Wake, M., Armstrong, T., Chey, T., Hesketh, K. Mathur, S. 2001. The epidemiology of overweight and obesity among Australian children and adolescents. *Australian and New Zealand Journal of Public Health*, 25, 162-69.
- Catford, J.C., Caterson, I.D., 2003. Snowballing obesity: Australians will get run over if they just sit there. *Medical Journal of Australia*, 179, 577-579.
- Donaldson, T., Preston, L., 1995. The stakeholder theory of corporation: Concepts, evidence, implications. *Academy of Management Review*, 20 (1), 65-91.
- Donovan, R.J., 2000. Understanding the social determinants of health. *Social Marketing Quarterly* 6 (3), 55-57.
- Freeman, R., 1984. *Strategic Management: A Stakeholder Approach*. Pitman, Boston, MA.
- Goldberg, M.E., 1995. Social Marketing: Are we fiddling while Rome burns? *Journal of Consumer Psychology* 4 (4), 347-370.
- Golan, M., Crow, S., 2004. Targeting parents exclusively in the treatment of childhood obesity: Long-term results. *Obesity Research*, 12, 357-361.
- Golan, M., Fainaru, M., Weizman, A., 1998. Role of behaviour modification in the treatment of childhood obesity with the parents as the exclusive agents of change. *International Journal of Obesity*, 22, 1217-1224.
- Hastings, G.B., MacFadyen, L., Andersen, S., 2000. Whose behaviour anyway? *Social Marketing Quarterly* 6 (2), 46-58.
- Hastings, G., Donovan, R.J., 2002. International initiatives: Introduction and overview. *Social Marketing Quarterly* 8 (1), 2-4.
- Hoek, J., Maubach, N., 2005. A model for addressing stakeholders' concerns about direct-to-consumer advertising of prescription medicines. *European Journal of Marketing* 39 (9/10), 1151-1165.
- Page, C. 2002. The development of organisation stakeholder salience in public health. *Journal of Public Health Management Practice*, 8 (5), 76-84.
- Polonsky, M.J., Carlson, L., Fry., 2003. The harm chain: A public policy development and stakeholder perspective. *Marketing Theory*, 3 (3), 345-64.
- Roads and Traffic Authority, 2005. Young driver safety. Available from http://www.rta.nsw.gov.au/roadsafety/downloads/crashes_involving_young_drivers.pdf, accessed 18 April 2006.

Swinburn, B.A., Egger, G.J., Raza, F., 1999. Dissecting obesogenic environments: The development and application of a framework for identifying and prioritising environmental interventions for obesity. *Preventative Medicine* 1999, 29, 563-570.

Wallack, L., 1990. Media advocacy: Promoting health through mass communication. In Glanz, K., Lewis, F.M., Rimer, B.K., (Eds), *Health Behaviour and Health Education*. Jossey-Bass, San Francisco, pp. 370-386

Wallack, L., Dorfman, L., Jernigan, D., Themba, M. 1993. *Media Advocacy and Public Health: Power for Prevention*. Sage, Newbury Park, CA.

World Health Organisation 2003. Obesity and overweight, Available from <http://www.who.int/dietphysicalactivity/publications/facts/obesity/en/print.html>., accessed 17 April 2006.