Routledge
Taylor & Francis Group

Social advocacy: a conceptual model to extend post-intervention effectiveness

Alexander Campbell [iD][a], Sameer Deshpande [iD][b], Sharyn Rundle-Thiele [iD][b] and Tracey West [iD][c]

aPeter Faber Business School, Australian Catholic University, Melbourne, Australia; bSocial Marketing @ Griffith, Griffith University, Brisbane, Australia; cDepartment of Accounting, Finance, and Economics, Griffith University, Gold Coast, Australia

ABSTRACT

Commercial marketing literature highlights benefits from brand advocates who recruit and promote in the interest of the commercial entity. However, a similar focus is lacking on how advocacy can extend the effectiveness of social change initiatives. We utilise a case study to demonstrate the benefit of social advocacy and its impact on behaviour change, and thereby propose an advocacy model. To develop this conceptual model, we discuss several key areas; behaviour change and advocacy, advocate identification, and how to influence advocacy within communities and individuals. This research provides a guiding framework for practitioners to develop programs and interventions with advocacy triggers and strategies to enhance the longevity and effectiveness of social change programs through participant-based advocacy. Thus, giving intervention programs in a variety of organisational structures e.g. non-profit, corporate, government etc. a specific model to increase the effectiveness of social programs. Our paper extends behaviour change literature by leveraging social marketing concepts to modify and extend the transtheoretical model.

Introduction

Social behaviour change literature rarely reports on the utility of advocacy and fails to discuss how to identify and develop behaviour change advocates. Commercial literature has long recognised the benefits of advocacy recognising cost savings that arise when consumers willingly exchange information and provide recommendations to others based on positive experiences (Chelminski & Coulter, 2011). At its strongest advocacy is referred to as brand evangelism, when consumers persuade brand adoption or discourage others away from competing brands (Becerra & Badrinarayanan, 2013; Scarpi, 2010). Brand loyalists may be part of a brand community, relaying messages of brand love to others (Coelho et al., 2019). This study builds on previous research from the marketing and behaviour change fields to create an interdisciplinary social advocacy model for use in advancing societal causes.

Corporate marketing uses brand loyalty and brand evangelism to promote brands, extending the lifetime value of its customer base. McKinsey's Consumer Decision Journey uses advocacy and loyalty to trigger re-engagement (Van Bommel et al., 2014). Advocacy has been considered in behaviour change programs (Lam & Mattson, 2019; Kennedy & Parsons, 2012; Kennedy, 2016; Wood, 2012). McDonald et al. (2012) reports that advocacy was used alongside the Transtheoretical model (TTM) to explore the impact of community involvement on behaviour change.

Considering a polylithic approach to behaviour change, the TTM is suitable because of the alignment of the advocacy construct with the four dimensions (stages of change, self-efficacy, the process of change, and decisional balance). Adopting the TTM can extend the longevity of intervention and post program effectiveness.

Behaviour change and advocacy

The concept of advocacy's utility in social change programs remains under-explored when compared to commercially focussed literature (Borden & Mahamane, 2020; Lam & Mattson, 2019; McDonald et al., 2012; Raeside et al., 2019; Udosen et al., 2019). Advocacy originates from corporate concept's of loyalty and word of mouth (WOM). Schouten et al. (2007) explain that consumers who are brand loyal or evangelical are more likely to be a part of a consumer collective, where groups share experiences. Consumers with a favourable attitude towards a brand, product, or service, have greater brand trust (Rotter, 1980).

The construct of advocacy has been applied within the health sector (Hubinette et al., 2017; Palmer et al., 2012). The Health Communication Advocacy Tool aims to help practitioners increase advocacy in the health sector (Lam & Mattson, 2019). Peer-based interventions have demonstrated positive outcomes, increasing cervical cancer screening (Mbachu et al., 2017) and HIV awareness (Ibrahim et al., 2012). Within the mental health context, participants with positive advocacy intentions showed favourable attitudes towards treatment (Collins et al., 2019). Community-based advocacy limited violence against women who had abusive partners, with results indicating participants who received advocacy services were twice as likely not to experience violence post program.

Change agents from various disciplines are pivotal in influencing societal change (Kennedy & Parsons, 2012; Kennedy, 2016). Efforts should be coordinated across all three levels, micro, meso, and macro (Parkinson et al., 2017), to leverage the benefits of advocacy within the program. Llewellyn and Northway (2008) developed multiple definitions of advocacy across all three ecological levels within the context of intellectual disabilities, which is referred to as the hierarchies of advocacy.

Theory application improves intervention outcomes (Michie & Abraham, 2004), and provides a knowledge base (Michie & Prestwich, 2010). Social support structures, including advocacy, are largely absent from behaviour change theories. Taken together, literature indicates that advocacy has received limited attention in behavioural change discipline.

Identifying advocacy

Advocacy is the consumer exchanging information and recommendations to others based on their positive experience (Chelminski & Coulter, 2011). Many forms exist

including peer advocacy, class advocacy, self-advocacy, legal advocacy, and community/ citizen advocacy (Cantley et al., 2003; Rapaport et al., 2005). Advocacy has also been defined as an attempt to influence policy through the decisions of government and institutions through civil society to achieve a collective societal goal (Boris & Mosher-Williams, 1998; Jenkins, 2006). Boris and Mosher-Williams (1998) state that combining civic partnerships, social capital, and the public's voice is vital to enact policy change. Findings from Chapman et al. (2012) affirms the need for more clarification around advocacy and what type of advocacy is appropriate, formally or informally. There is a basic under-standing of advocacy as a construct in a social context. However, there is limited knowl-edge of the types of advocacy and its effect (Chapman et al., 2012).

Commercially, advocates can originate from a brand community that relays messages of brand love to others (Coelho et al., 2019). Organisations with a high level of consumer engagement benefit from consumer advocacy (Barreto & Ramalho, 2019). Similarly, advocacy can also be considered altruistic behaviour, benefiting others (Price et al., 1995). Consumers may be connected to a brand based on their identity, and those who form a bond with the brand will start sharing knowledge with others (Jeon, 2017).

Brand Evangelism considered the highest level of advocacy. Evangelists lend vocal support to the brand, persuading others to purchase, positively reinforce brand adoption through WOM, provide brand referrals, and discourage consumption of competing brands (Becerra & Badrinarayanan, 2013; Scarpi, 2010).

Advocacy of behaviour change occurs when a participant's behaviour transcends beyond the maintenance and termination stages identified in the TTM (Prochaska & Norcross, 2001). From a social identity lens, changes in behaviour can become part of a person's identity (Underwood, Bond, & Bayer, 2001), leading to recommendations, role modelling of behaviours to the community, and social cohesion.

Advocacy is reciprocal; consumers advocate for the company, and the company advocates for its consumers' interests (Urban, 2005). Commercial entities benefit from continuing brand loyalty and engaged brand communities (Becerra & Badrinarayanan, 2013) through building mutual relationships. By understanding how advocacy, change managers can facilitate lasting behavioural change. Current models and theory lack this utility because advocacy is a construct requiring an intrinsic connection.

Influencing advocacy

A theoretically guided influence framework is needed. Advocates motivate others to change based on either intrinsic or extrinsic motivations; intrinsic being driven by goals aligned with social norms and their values; and extrinsic being those who seek reward-based outcomes to validate their self-worth (Kong et al., 2012). In a social context, intrinsic motivation is favourable. In contrast, extrinsic motivation is negatively or weakly associated with outcomes (Cecere et al., 2014; Lepper et al., 2005; Wolters et al., 1996).

Advocates influence greater customer retention and loyalty in a corporate context and strengthen revenue streams. Advocacy is a critical component of the loyalty ladder framework (Helen et al., 1999). When individuals connect with brand (intrinsic or extrin-sic), that brand becomes part of their identity, enhancing the probability of advocates influencing the market (Anderson, 1998). If you can create more individuals with a positive

experience, there is an increased likelihood of developing brand advocates (Mutyala, 2010). Brands use complex models such as the identity-motivated marketing relationship framework (Lam, 2012; Wolter & Cronin, 2017) to extend relationships with their consumers (Mousavi et al., 2017; Lam, 2012).

Consider experiential marketing, which takes a customer-centric approach by connecting through experiences, focusing on the individual's goals, image, emotions, values, and desires (Srinivasan & Srivastava, 2010). Individual's recall positive experiences and they communicate this to their networks, potentially increasing the salience and revenue of the product or service (Srinivasan & Srivastava, 2010). Advocates influence other community members to reengage further with the brand. Therefore, advocates communicate their satisfaction with the product/service and experience, influencing adoption and acceptance within their communities (Keller, 1993). These models recognise the value of social influence in supporting brands over the longer term. Advocacy goes beyond a transactional relationship, as advocates are motivated by kinship with the brand, leading to active promotion (Lowenstein, 2011).

Current intervention benchmarks focus on developing programs, products, and services, not post-intervention support structures that can create lasting behaviour change, including advocacy. Social marketing's benchmark criterion were initially penned to distinguish social marketing from other social science fields (e.g. public health) (Andreasen, 2002; French & Blair-Stevens, 2005). The criteria first emerged with Andreasen's (2002) six benchmarks evolving into the National Social Marketing Centre's eight benchmarks which aim to gauge how successful a social marketing intervention should be. Benchmarks are customer orientation; behaviour; theory; insights, exchange, competition, segmentation, and marketing mix (French & Blair-Stevens, 2006).

Current benchmarks do not consider the longevity of an intervention or post-intervention effectiveness. In a corporate context, advocacy is regularly used to maximise customer retention and loyalty and to sustain revenue streams; as consumers will favourably communicate their satisfaction with a product and or service, as adoption enhances acceptance (Lam, 2012; Wolter & Cronin, 2017).

Situating advocacy in a behaviour change theory

Several theories dominate social marketing practice. These are; Social Cognitive Theory (SCT); (Holes, 2016); Social Learning Theory (SLT) (Bandura, 1977; Ockene et al., 2000); Health Belief Model (HBM) (Glassman et al., 2018); Theory of Planned Behaviour (TPB) (Ajzen, 1991); Theory of Interpersonal Behaviour (TIB) (Ibrahim et al., 2018); and the Transtheoretical Model (TTM) (Prochaska & Norcross, 2001; Prochaska, 1992).

The TPB focuses on predicting behaviour, while the HBM seeks to understand people's psychologies to better predict and promote certain behaviours, ignoring current behaviours. Social advocacy or peer advocacy requires existing behaviours to be shared with others, which can lead to the development of habits. SCT, like TTM, takes individual self-efficacy into account; yet it looks at the role that the ecological environment plays in influencing decisions, choices, and direction. SCT does not factor in how people alter their behaviour by taking action or forming habits that lead to particular outcomes. The TTM model focuses on the individual process of change and how individuals can influence

others through decisional balance, personal self-efficacy, and the process of change. These connections could be applied to advocacy efforts.

We argue that the TTM incorporates habits. Through this process, positive behaviours are developed, enacted, and maintained. This leads to healthy habits and the termination of negative ones. Promoting positive behaviour should include individual and peer advocacy to ensure learning is genuinely shared with others. Therefore, advocacy is the fifth theoretical dimension of the TTM. For this reason, using TTM as the foundation to build the social advocacy framework seems appropriate.

Transtheoretical model

The TTM is popular in identifying an individual's readiness to change (Prochaska, 1992). The TTM explains how individuals move between states referred to as pre-contemplation, contemplation, preparation, action, maintenance, and termination (Prochaska & Norcross, 2001). The model considers: stages of change, self-efficacy, the process of change, and decisional balance (Migneault et al., 2005).

Individuals at each stage will be ready to change their current behaviour to desired behaviour (Prochaska & Velicer, 1997). TTM has been applied in health (Brown-Peterside et al., 2000; Weinstock et al., 2000), diet and nutrition (Spencer et al., 2007), and physical activity (Hutchison et al., 2009). The concept of advocacy has been applied to interventions through community involvement and a peer education setting. McDonald et al. (2012) propose directly pairing the TTM with community-based advocacy; advocacy campaigns should target individuals within the contemplation and preparation stage, as advocacy is developed within the active state of change. Thus, demonstrating the individual's willingness to change their behaviour can be influenced by the vocalisation or support of an advocate in or past the action stage.

Social support could be deemed an advocacy factor and a potential strategy to influence change. Extending social support to mediation, the TTM use within behaviour change shows preliminary evidence necessary in targeting behaviour (Lewis et al., 2006), with calls to explore social support further. Slater (1999) identified how to integrate disparate theories of media effects using the Transtheoretical framework, providing valuable insight into how practitioners can approach complicated behaviour change communication. This can also include the dimension of decisional balance, given progression of behaviour change is dependent on the advantages and disadvantages between the current and desired behaviours (Migneault et al., 2005). The societal perception may determine willingness to adopt change (Joseph et al., 1999).

Conceptual model

A conceptual model based on extending Prochaska and Norcross's (2001) TTM is proposed to address the gap in advocacy within behaviour change literature, see figure 1. Andreasen's (2002)'s social marketing benchmarks do not address participant advocacy post-intervention, limiting effectiveness assessments to behaviour change, thus, excluding the participants who advocate or promote change both during and after the conclusion of an intervention. Three additional steps to better understand social advocacy are proposed to extend the TTM: identity, community, and role modelling. The inclusion of

additional categories is an attempt to promote (brand) evangelists in behaviour change, who may promote an approach-avoidance relationship (Schmitt, 2013) and disseminate their experiences to recruit, dissuade, and promote (McConnell & Huba, 2002).

Based on the Stages of Change Model, this conceptual model delivers a framework for social advocacy that behaviour change professionals can use. The framework can be applied in initiatives across multiple social contexts. The proposed linear constructs utilise the concepts of identity, community, and role modelling. The model also includes a nonlinear element of advocacy, indicating that at any stage, advocacy can occur within the behaviour change process. We envision this model to aid the promotion of interventions and social programs through advocacy and the ability to segment target audiences on additional constructs.

The identity construct is based on Belk (1988)'s consumer-adaption of self-theory and works around the extension of self from a consumer perspective (Sheth & Solomon, 2014). Within this context of the consumer-based extension of self, we replace the idea of possession, defining the self with a behaviour or a social product the individual has adopted. We argue that those who have changed their behaviour rewrite their identity, who they perceive to be, and how others will now view them. For example, individuals who shift from traditional to vegan products will construct a new argument for their existing identity through health-based improvements (Mai & Hoffmann, 2015) and ethical and moral intentions (Conor et al., 2018; Graça et al., 2015). Meaning, if the individuals experience of behaviour change was favourable, a new identity is woven, and positive WOM occurs.

Theoretically, the individual progresses from a personal identity to a community identity, e.g. a vegan. The construct of identifying with a behavioural community resembles the commercialised concept of brand community. We define brand communities as a group of brand loyalists who influence, motivate, and foster relationships through engagement with like-minded members (Dessart et al., 2019; Ouwersloot et al., 2008; Zhou et al., 2012). The concept of brand communities is not to be mistaken as a specific subculture (de Burgh-woodman & Brace-govan, 2007), as the group of brand loyalists or enthusiasts do not necessarily share characteristics that are homogeneous amongst the
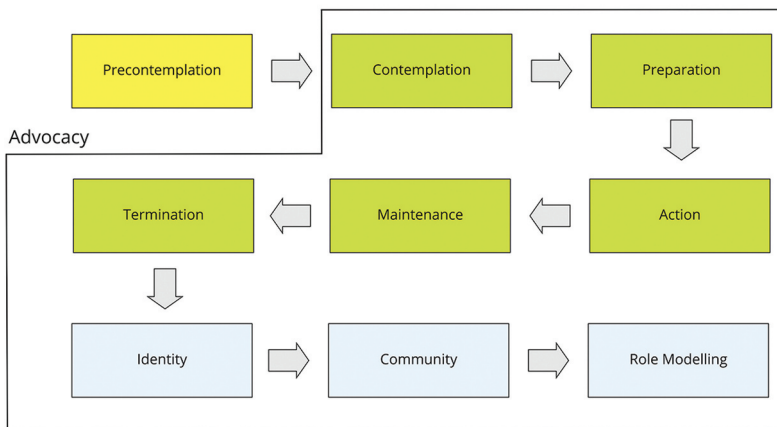
Figure 1. Social advocacy model – adapted from the TTM.

segment other than their brand love for the product, service, and or experience. This recognises that communities of people who embrace a positive response to behaviour change initiatives might have heterogeneous demographic characteristics. Brand communities influence increasing brand love, advocacy, loyalty appreciation, and relationships (Coelho et al., 2019; McAlexander et al., 2002). Zhou et al. (2012) infer two realms, 1) community and 2) brand. In the context of behaviour change, the brand is interchanged with the program's focal behaviour and intervention shifts.

The construct of role modelling is the final stage of the proposed social advocacy model. An individual considered a role model occurs when he/she transitions through the entire behaviour change process – an aspirational benchmark for others going through or contemplating a change. Evans et al. (2010) proposed a framework to tackle childhood obesity through ecologically focused interventions and social programs – which consider role modelling or peer educators' as essential influences on behaviour change. Behaviour change literature has interchangeably used peer educator, advisor, and support downstream interventions in the context of gender equality (Martam, 2016), financial capability (Campbell et al., 2022), sexual health (Mabuie, 2020), and nutrition (Martin et al., 2015; Taylor et al., 2000).

Peer advocacy as a construct depends on the progression through the TTM stages. We view advocacy as an upstream and downstream function, irrespective of the past literature. Advocacy can generate change at the self-identity and community level, shifting people's intentions, attitudes, and behaviours, allowing for role modelling in both macro or micro settings.

We postulate that individuals can experience empowerment via advocacy or influence others once they complete the behaviour change process.

Social advocacy in practice

The proposed conceptual model can be observed in the CRISIL Foundation CSR program, Mein Pragati ('I am progress' in Hindi). The program focuses on raising financial literacy, knowledge, and capability through a peer advocacy scheme implemented in Assam, India. The cross-sector collaboration occurs between Rashtriya Gramin Vikas Nidhi (RGVN) and communities (Campbell et al., 2022). Peer educators known as Sakhis ('friends' in Hindi) are enlisted to provide financial know-how for women from rural areas. Sakhis are selected based on their lived experience and participation in the Mein Pragati program. The Sakhis are invited to provide financial support and advice within their communities and work alongside Mein Pragati and RGVN. The prerequisite to being a peer educator is improved financial status and a demonstrated ability to secure financial independence, thus allowing for the transfer of their positive behaviours including financial knowledge, literacy, and capability. Mein Pragati uses social advocacy principles to extend program effectiveness, see Figure 2.

To apply the social advocacy model to the Mein Pragati program, the application of the model was split into three key stages, 1) participants of the program adopt positive financial behaviours, 2) participants of the program terminate negative financial behaviours and maintain positive financial habits, and 3) participants of the program start to advocate to other individuals and community, making the intervention more sustainable and extending its effectiveness. As the social advocacy model is an extension of the TTM,
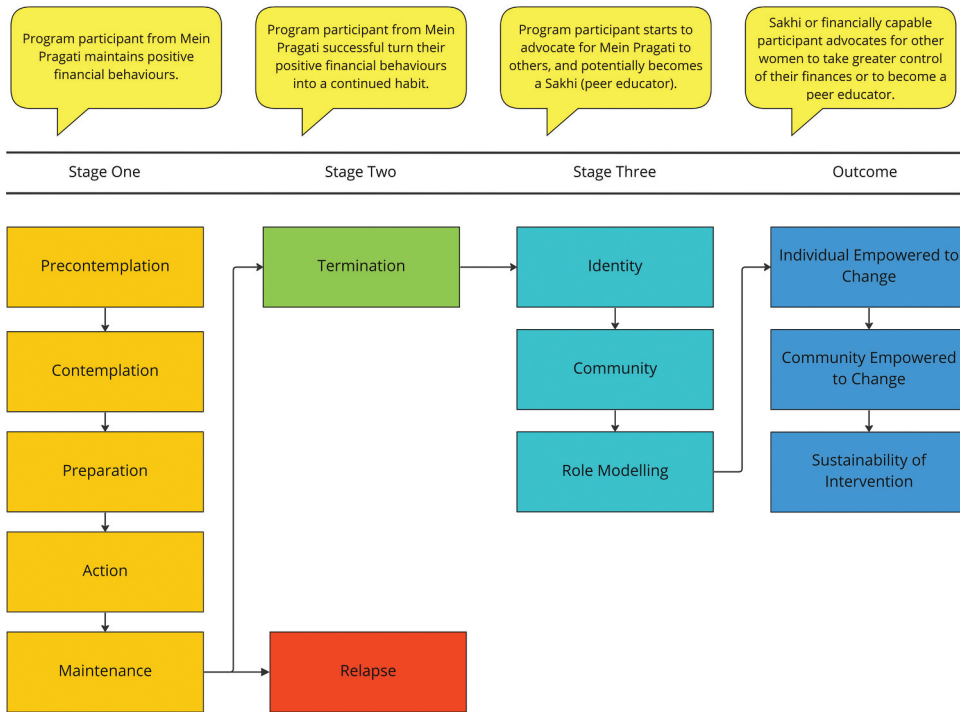
Figure 2. Social advocacy model applied to mein pragati.

stages one and two represent all stages of the TTM. In contrast, stage three highlights the role of advocacy to others, the community or other individuals. Mein Pragati made a notable and sustained impact on the rural community in Assam, India. For this initiative, the CRISIL Foundation won a CSR award from the Government of India ("CRISIL Foundation bags National CSR Award, 2019)

The social advocacy model can benefit all sectors of the behaviour change environment. Societal programs in corporate, nonprofit, and government settings can leverage participant advocacy, leading to more sustainable programs in terms of the effectiveness of the program's desired outcomes and impact.

Discussion & future research

This advocacy model provides an advocacy tool, which can be used to increase program adoption and the maintenance of the desired behaviour thereby extending program effectiveness. Regardless of the driver of change, governments, nonprofits, or corporates can use the social advocacy model within varying contexts. It will allow behaviour change practitioners to extend behavioural outcomes by empowering individuals through the change process, allowing for a transfer of their aggregated knowledge to others. The framework is focused on the continued delivery of change beyond intervention funding. However, the framework must be paired with an organisational structure for behaviour change. Strategy, systems, and processes are needed for social advocacy model

implementation to ensure that individuals going through the change process can transfer knowledge and empower others or communities.

The managerial contribution of the social advocacy framework is the provision of a series of strategies that practitioners can apply to develop advocacy for social programs and interventions. The conceptual model offers practitioners a nonlinear advocacy model guided by TTM that can be used to develop programs and interventions to ensure that social advocacy triggers and strategies are embedded to enhance longevity and effectiveness through participant-based advocacy, resulting in better allocation of resources to extend social outcomes and impact.

From a theoretical perspective, the paper helps contextualise the concept of social advocacy and define its purpose within behaviour change literature. The main contribution is developing a theoretically informed framework to promote advocacy with social & behaviour change programs/interventions. The framework will assist in the theoretical identification of an advocate and inform how advocates influence and implement advocacy within a change program and intervention.

As this is a conceptual model of behaviour change extension, future research is recommended to empirically test the validity of the theoretical contributions. The research would investigate varying drivers of change (government, nonprofit, and corporate) and social contexts (health, environment, and community). Thus, testing for real-world applications, outcomes, and impacts. Future research could also retrospectively investigate behaviour change programs to validate the model through a grounded theory approach. Another research gap presents itself in how to deliver an intervention using the social advocacy model, as there is a requirement for program development. In contrast, the proposed model is focused on the extension of change.

Disclosure statement

No potential conflict of interest was reported by the authors.

ORCID

Alexander Campbell 🔟 http://orcid.org/0000-0001-5576-5121
Sameer Deshpande 🔟 http://orcid.org/0000-0002-9832-8383
Sharyn Rundle-Thiele 🔟 http://orcid.org/0000-0003-2536-3767
Tracey West 🔟 http://orcid.org/0000-0002-6032-2023

References

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, *50*(2), 179–211. https://doi.org/10.1016/0749-5978(91)90020-T

Anderson, E. W. (1998). Customer satisfaction and word of mouth. *Journal of Service Research*, *1*(1), 5–17. https://doi.org/10.1177/109467059800100102

Andreasen, A. R. (2002). Marketing social marketing in the social change marketplace. *Journal of Public Policy & Marketing*, *21*(1), 3–13. https://doi.org/10.1509/jppm.21.1.3.17602

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, *84*(2), 191. https://doi.org/10.1037/0033-295X.84.2.191

Barreto, A. M., & Ramalho, D. (2019). The impact of involvement on engagement with brand posts. *Journal of Research in Interactive Marketing*, *13*(3), 277–301. https://doi.org/10.1108/JRIM-01-2018-0013

Becerra, E. P., & Badrinarayanan, V. (2013). The influence of brand trust and brand identification on brand evangelism. *Journal of Product & Brand Management* 22(5/6), 371–383 .

Belk, R. W. (1988). Possessions and the extended self. *The Journal of Consumer Research*, *15*(2), 139–168. https://doi.org/10.1086/209154

Borden, D. S., & Mahamane, S. (2020). Social marketing and outdoor recreational advocacy groups: Lessons from a rock climbing campaign. *Journal of Outdoor Recreation and Tourism*, *29*, 100262. https://doi.org/10.1016/j.jort.2019.100262

Boris, E., & Mosher-Williams, R. (1998). Nonprofit advocacy organizations: Assessing the definitions, classifications, and data. *Nonprofit and Voluntary Sector Quarterly*, *27*(4), 488–506. https://doi.org/10.1177/0899764098274006

Brown-Peterside, P., Redding, C. A., Ren, L., & Koblin, B. A. (2000). Acceptability of a stage-matched expert system intervention to increase condom use among women at high risk of HIV infection in New York City. *AIDS Education and Prevention*, *12*(2), 171.

Campbell, A., Deshpande, S., & Rundle-Thiele, S. (2022). Corporate social marketing. In K. Kubacki, L. Parker, C. Domegan, & L. Brennan (Eds.), *The Routledge companion to marketing and society*. Routledge. 192–206.

Cantley, C., Steven, K., & Smith, M. (2003). *'Hear what I Say': Developing dementia advocacy services*. Dementia North.

Cecere, G., Mancinelli, S., & Mazzanti, M. (2014). Waste prevention and social preferences: The role of intrinsic and extrinsic motivations. *Ecological Economics*, *107*, 163–176. https://doi.org/10.1016/j.ecolecon.2014.07.007

Chapman, M., Bannister, S., Davies, J., Fleming, S., Graham, C., Mcmaster, A., Seddon, A., Wheldon, A., & Whittell, B. (2012). Speaking up about advocacy: Findings from a partnership research project. *British Journal of Learning Disabilities*, *40*(1), 71–80. https://doi.org/10.1111/j.1468-3156.2011.00688.x

Chelminski, P., & Coulter, R. A. (2011). An examination of consumer advocacy and complaining behavior in the context of service failure. *The Journal of Services Marketing*, *25*(5), 361–370. https://doi.org/10.1108/08876041111149711

Coelho, A., Bairrada, C., & Peres, F. (2019). Brand communities' relational outcomes, through brand love. *Journal of Product & Brand Management*, *28*(2), 154–165. https://doi.org/10.1108/JPBM-09-2017-1593

Collins, R. L., Wong, E. C., Breslau, J., Burnam, M. A., Cefalu, M., & Roth, E. (2019). Social marketing of mental health treatment: California's mental illness stigma reduction campaign. *American Journal of Public Health*, *109*(S3), S228–235. https://doi.org/10.2105/AJPH.2019.305129

Conor, S., Kief, A., Kremer, F., Iyer, S., & Sieklucki, M. (2018). Plant based diets: Effects of framing on willingness to adopt plant-based diets.

CRISIL Foundation bags National CSR Award. (2019). Crisil.

de Burgh-woodman, H., & Brace-govan, J. (2007). We do not live to buy: Why subcultures are different from brand communities and the meaning for marketing discourse. *The International Journal of Sociology and Social Policy*, *27*(5/6), 193–207. https://doi.org/10.1108/01443330710757230

Dessart, L., Aldás-Manzano, J., & Veloutsou, C. (2019). Unveiling heterogeneous engagement-based loyalty in brand communities. *European Journal of Marketing*, *53*(9), 1854–1881. https://doi.org/10.1108/EJM-11-2017-0818

Evans, W. D., Christoffel, K. K., Necheles, J. W., & Becker, A. B. (2010). Social marketing as a childhood obesity prevention strategy. *Obesity*, *18*(n1s), S23. https://doi.org/10.1038/oby.2009.428

French, J., & Blair-Stevens, C. (2005). *Social marketing pocket guide*. National Social Marketing Centre of Excellence.

French, J., & Blair-Stevens, C. (2006). *Social marketing national benchmark criteria*. National Social Marketing Centre.

Glassman, T. J., Castor, T., Karmakar, M., Blavos, A., Dagenhard, P., Domigan, J., Sweeney, E., Diehr, A., & Kucharewski, R. (2018). A social marketing intervention to prevent drowning among inner-city youth. *Health Promotion Practice*, *19*(2), 175–183. https://doi.org/10.1177/1524839917732559

Graça, J., Calheiros, M. M., & Oliveira, A. (2015). Attached to meat?(un) Willingness and intentions to adopt a more plant-based diet. *Appetite*, *95*, 113–125. https://doi.org/10.1016/j.appet.2015.06.024

Helen, P., Payne, A., Christopher, M., & Clark, M. (1999). *Relationship marketing: Strategy and implementation*. The Chartered Institute of Marketing.

Holes, J. (2016). *Development of a social marketing campaign using digital media based through the social cognitive theory*. University of Nebraska at Omaha].

Hubinette, M., Dobson, S., Scott, I., & Sherbino, J. (2017). Health advocacy. *Medical Teacher*, *39*(2), 128–135. https://doi.org/10.1080/0142159X.2017.1245853

Hutchison, A. J., Breckon, J. D., & Johnston, L. H. (2009). Physical activity behavior change interventions based on the transtheoretical model: A systematic review. *Health Education & Behavior*, *36*(5), 829–845. https://doi.org/10.1177/1090198108318491

Ibrahim, A., Knox, K., Rundle-Thiele, S., & Arli, D. (2018). Segmenting a water use market: Theory of interpersonal behavior insights. *Social Marketing Quarterly*, *24*(1), 3–17. https://doi.org/10.1177/1524500417741277

Ibrahim, N., Rampal, L., Jamil, Z., & Zain, A. M. (2012). Effectiveness of peer-led education on knowledge, attitude and risk behavior practices related to HIV among students at a Malaysian public university—a randomized controlled trial. *Preventive Medicine*, *55*(5), 505–510. https://doi.org/10.1016/j.ypmed.2012.09.003

Jenkins, J. C. (2006). Nonprofit organizations and political advocacy. *The Nonprofit Sector: A Research Handbook*, *2*, 307–331.

Jeon, J. -E. (2017). The impact of brand concept on brand equity. *Asia Pacific Journal of Innovation and Entrepreneurship*, *11*(2), 233–245. https://doi.org/10.1108/APJIE-08-2017-030

Joseph, J., Breslin, C., & Skinner, H. (1999). *Critical perspectives on the transtheoretical model and stages of change*. The Guilford Press.

Keller, K. L. (1993). Conceptualizing, measuring, and managing customer-based brand equity. *Journal of Marketing*, *57*(1), 1–22. https://doi.org/10.1177/002224299305700101

Kennedy, A. M. (2016). Macro-social marketing. *Journal of Macromarketing*, *36*(3), 354–365. https://doi.org/10.1177/0276146715617509

Kennedy, A. M., & Parsons, A. (2012). Macro-social marketing and social engineering: A systems approach. *Journal of Social Marketing*, *2*(1), 37–51. https://doi.org/10.1108/20426761211203247

Kong, J.S. -L., Kwok, R.C. -W., & Fang, Y. (2012). The effects of peer intrinsic and extrinsic motivation on MMOG game-based collaborative learning. *Information & Management*, *49*(1), 1–9. https://doi.org/10.1016/j.im.2011.10.004

Lam, S. K. (2012). Identity-motivated marketing relationships: Research synthesis, controversies, and research agenda. *AMS Review*, *2*(2), 72–87. https://doi.org/10.1007/s13162-012-0028-3

Lam, C., & Mattson, M. (2019). *The health communication advocacy tool: An approach toward addressing health inequity (communicating for social change)*. Springer.

Lepper, M. R., Corpus, J. H., & Iyengar, S. S. (2005). Intrinsic and extrinsic motivational orientations in the classroom: Age differences and academic correlates. *Journal of Educational Psychology*, *97*(2), 184. https://doi.org/10.1037/0022-0663.97.2.184

Lewis, B. A., Forsyth, L. H., Pinto, B. M., Bock, B. C., Roberts, M., & Marcus, B. H. (2006). Psychosocial mediators of physical activity in a randomized controlled intervention trial. *Journal of Sport & Exercise Psychology*, *28*(2), 193–204. https://doi.org/10.1123/jsep.28.2.193

Llewellyn, P., & Northway, R. (2008). The views and experiences of people with intellectual disabilities concerning advocacy: A focus group study. *Journal of Intellectual Disabilities*, *12*(3), 213–228.

Lowenstein, M. W. (2011). *The customer advocate and the customer saboteur: Linking social word-of-mouth, brand impression, and stakeholder behavior*. Quality Press.

Mabuie, M. A. (2020). Role of peer educators in behaviour change communication interventions for HIV prevention among people who inject drugs: Systematic review article. *Technium Social Sciences Journal*, *10*, 189. https://doi.org/10.47577/tssj.v10i1.1404

Mai, R., & Hoffmann, S. (2015). How to combat the unhealthy= tasty intuition: The influencing role of health consciousness. *Journal of Public Policy & Marketing*, *34*(1), 63–83.

Martam, I. (2016). Strategic social marketing to foster gender equality in Indonesia. *Journal of Marketing Management*, *32*(11–12), 1174–1182. https://doi.org/10.1080/0267257X.2016.1193989

Martin, S. L., Muhomah, T., Thuita, F., Bingham, A., & Mukuria, A. G. (2015). What motivates maternal and child nutrition peer educators? Experiences of fathers and grandmothers in western Kenya. *Social Science & Medicine*, *143*, 45–53. https://doi.org/10.1016/j.socscimed.2015.08.036

Mbachu, C., Dim, C., & Ezeoke, U. (2017). Effects of peer health education on perception and practice of screening for cervical cancer among urban residential women in south-east Nigeria: A before and after study. *BMC Women's Health*, *17*(1), 1–8. https://doi.org/10.1186/s12905-017-0399-6

McAlexander, J. H., Schouten, J. W., & Koenig, H. F. (2002). Building brand community. *Journal of Marketing*, *66*(1), 38–54. https://doi.org/10.1509/jmkg.66.1.38.18451

McConnell, B., & Huba, J. (2002). *Creating customer evangelists: How loyal customers become a volunteer sales force*. Dearborn Trade Publishing.

McDonald, K. A., Papadopoulos, A., & Sunderland, E. (2012). Advocacy strategies for school-based sex education in guatemala: Applying the transtheoretical model to results from an impact evaluation. *International Journal of Sexual Health*, *24*(2), 124–136. https://doi.org/10.1080/19317611.2011.640525

Michie, S., & Abraham, C. (2004). Interventions to change health behaviours: Evidence-based or evidence-inspired? *Psychology & Health*, *19*(1), 29–49. https://doi.org/10.1080/0887044031000141199

Michie, S., & Prestwich, A. (2010). Are interventions theory-based? Development of a theory coding scheme. *Health Psychology*, *29*(1), 1. https://doi.org/10.1037/a0016939

Migneault, J. P., Adams, T. B., & Read, J. P. (2005). Application of the transtheoretical model to substance abuse: Historical development and future directions. *Drug and Alcohol Review*, *24*(5), 437–448. https://doi.org/10.1080/09595230500290866

Mousavi, S., Roper, S., & Keeling, K. A. (2017). Interpreting social identity in online brand communities: Considering posters and lurkers. *Psychology & Marketing*, *34*(4), 376–393. https://doi.org/10.1002/mar.20995

Mutyala, S. 2010. The loyalty ladder: A sideways look.*Eight Leaves*. Retrieved March, 7, 2022, from. http://www.eightleavesmedia.com/2010/04/the

Ockene, J. K., Mermelstein, R. J., Bonollo, D. S., Emmons, K. M., Perkins, K. A., Voorhees, C. C., & Hollis, J. F. (2000). Relapse and maintenance issues for smoking cessation. *Health Psychology*, *19* (1S), 17. https://doi.org/10.1037/0278-6133.19.Suppl1.17

Ouwersloot, H., Odekerken-schröder, G., & de Chernatony, L. (2008). Who's who in brand communities – and why? *European Journal of Marketing*, *42*, 571–585. https://doi.org/10.1108/03090560810862516

Palmer, D., Nixon, J., Reynolds, S., Panayiotou, A., Palmer, A., & Meyerowitz, R. (2012). Getting to know you: Reflections on a specialist independent mental health advocacy service for Bexley and Bromley residents in forensic settings. *Mental Health Review Journal*, *17*(1), 5–13. https://doi.org/10.1108/13619321211231761

Parkinson, J., Dubelaar, C., Carins, J., Holden, S., Newton, F., & Pescud, M. (2017). Approaching the wicked problem of obesity: An introduction to the food system compass. *Journal of Social Marketing*, *7*(4), 387–404. https://doi.org/10.1108/JSOCM-03-2017-0021

Price, L. L., Feick, L. F., & Guskey, A. (1995). Everyday market helping behavior. *Journal of Public Policy & Marketing*, *14*(2), 255–266. https://doi.org/10.1177/074391569501400207

Prochaska, J. O. (1992). Stage of change in the modification of problem behaviors. *Progress in Behavior Modification*, 28, 184–218.

Prochaska, J. O., & Norcross, J. C. (2001). Stages of change. *Psychotherapy: Theory, Research, Practice, Training*, *38*(4), 443. https://doi.org/10.1037/0033-3204.38.4.443

Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion*, *12*(1), 38–48. https://doi.org/10.4278/0890-1171-12.1.38

Raeside, R., Partridge, S. R., Singleton, A., & Redfern, J. (2019). Cardiovascular disease prevention in adolescents: eHealth, co-creation, and advocacy. *Medical Sciences*, *7*(2), 34. https://doi.org/10.3390/medsci7020034

Rapaport, J., Manthorpe, J., Moriarty, J., Hussein, S., & Collins, J. (2005). Advocacy and people with learning disabilities in the UK: How can local funders find value for money? *Journal of Intellectual Disabilities*, *9*(4), 299–319. https://doi.org/10.1177/1744629505059169

Rotter, J. B. (1980). Interpersonal trust, trustworthiness, and gullibility. *The American Psychologist*, *35*(1), 1. https://doi.org/10.1037/0003-066X.35.1.1

Scarpi, D. (2010). Does size matter? An examination of small and large web-based brand communities. *Journal of Interactive Marketing*, *24*(1), 14–21. https://doi.org/10.1016/j.intmar.2009.10.002

Schmitt, B. (2013). The consumer psychology of customer–brand relationships: Extending the AA relationship model. *Journal of Consumer Psychology*, *23*(2), 249–252. https://doi.org/10.1016/j.jcps.2013.01.003

Schouten, J. W., McAlexander, J. H., & Koenig, H. F. (2007). Transcendent customer experience and brand community. *Journal of the Academy of Marketing Science*, *35*(3), 357–368. https://doi.org/10.1007/s11747-007-0034-4

Sheth, J. N., & Solomon, M. R. (2014). Extending the extended self in a digital world. *Journal of Marketing Theory and Practice*, *22*(2), 123–132. https://doi.org/10.2753/MTP1069-6679220201

Slater, M. D. (1999). Integrating application of media effects, persuasion, and behavior change theories to communication campaigns: A stages-of-change framework. *Health Communication*, *11*(4), 335–354. https://doi.org/10.1207/S15327027HC1104_2

Spencer, L., Wharton, C., Moyle, S., & Adams, T. (2007). The transtheoretical model as applied to dietary behaviour and outcomes. *Nutrition Research Reviews*, *20*(1), 46–73. https://doi.org/10.1017/S0954422407747881

Srinivasan, S. R., & Srivastava, R. K. (2010). Creating the futuristic retail experience through experiential marketing: Is it possible? An exploratory study. *Journal of Retail & Leisure Property*, *9*(3), 193–199. https://doi.org/10.1057/rlp.2010.12

Taylor, T., Serrano, E., Anderson, J., & Kendall, P. (2000). Knowledge, skills, and behavior improvements on peer educators and low-income Hispanic participants after a stage of change-based bilingual nutrition education program. *Journal of Community Health*, *25*(3), 241–262. https://doi.org/10.1023/A:1005160216289

Udosen, E. E., Henshaw, A. A., & Ogri, E. U. (2019). Stakeholders advocacy and the campaign against malaria epidemic in Cross River State: A social change perspective. *Lwati: A Journal of Contemporary Research*, *16*(2), 153–175.

Underwood, R., Bond, E., & Baer, R. (2001). Building service brands via social identity: Lessons from the sports marketplace. *Journal of Marketing Theory and Practice*, *9*(1), 1–13.

Urban, G. L. (2005). Customer advocacy: A new era in marketing? *Journal of Public Policy & Marketing*, *24*(1), 155–159. https://doi.org/10.1509/jppm.24.1.155.63887

Van Bommel, E., Edelman, D., & Ungerman, K. (2014). Digitizing the consumer decision journey. *McKinsey Quarterly: Insights & Publications*. https://www.mckinsey.com/capabilities/growth-marketing-and-sales/our-insights/digitizing-the-consumer-decision-journey .

Weinstock, M. A., Rossi, J. S., Redding, C. A., Maddock, J. E., & Cottrill, S. D. (2000). Sun protection behaviors and stages of change for the primary prevention of skin cancers among beachgoers in southeastern New England. *Annals of Behavioral Medicine*, *22*(4), 286–293. https://doi.org/10.1007/BF02895664

Wolter, J. S., & Cronin, J. J., Jr. (2017). Unique influences of cognitive and affective customer-company identification. *Journal of Business Research*, *78*, 172–179. https://doi.org/10.1016/j.jbusres.2017.05.010

Wolters, C. A., Shirley, L. Y., & Pintrich, P. R. (1996). The relation between goal orientation and students' motivational beliefs and self-regulated learning. *Learning and Individual Differences*, *8*(3), 211–238. https://doi.org/10.1016/S1041-6080(96)90015-1

Wood, M. (2012). Marketing social marketing. *Journal of Social Marketing*, *2*(2), 94–102. https://doi.org/10.1108/20426761211243937

Zhou, Z., Zhang, Q., Su, C., & Zhou, N. (2012). How do brand communities generate brand relationships? Intermediate mechanisms. *Journal of Business Research*, *65*(7), 890–895. https://doi.org/10.1016/j.jbusres.2011.06.034