

Use of Social Marketing Principles in Sexual Health: An Exploratory Review

M Bilal Akbar

b.akbar@derby.ac.uk

Lecturer in Marketing, University of Derby

Kedleston Road, Derby DE22 1GB

Prof. Jeff French

Jeff.French@strategic-social-marketing.org

Strategic Social Marketing

Attabara, Conford, Liphook, GU30 7QW

Dr Alison Lawson

a.lawson@derby.ac.uk

Head of Marketing Division, University of Derby

Kedleston Road, Derby DE22 1GB

Abstract

Purpose – This paper presents a systematic review of the use of social marketing principles in sexual health studies in order to determine the effectiveness of the programmes.

Method – Systematic literature review method was used, and Andreasen's (2002) benchmark criteria were adopted to analyse the use of social marketing principles in the selected studies.

Findings – There is evidence of full use of some elements of Andreasen's (2002) benchmark criteria, for example, consumer research, behaviour change objectives and segmentation. The use of the marketing mix theory and exchange elements were limited, whereas the evidence of the use of competition is not noted. In addition, the majority of the selected studies focus on short-term objectives leading to varying and inconsistent outcomes. Overall, no single element of Andreasen's (2002) benchmark criteria was independently associated with the success of any of the selected studies.

Implication - The review highlights a need to use more social marketing principles in planning and implementing sexual health programmes to enhance their effectiveness. Improvement in performance might be achieved through the development and application of a new social marketing informed methodology for designing social programmes on sexual health.

Keywords - Social Marketing, Sexual health, Behaviour Change

Introduction

A number of literature reviews emerged in the past to record and analyse the progress of social marketing in various fields such as those by Malafarina & Loken (1993), Gordon et al. (2006), Stead et al. (2007), Wakhisi Simiyu et al. (2011), Carins & Rundle-Thiele (2014), Kubacki et al. (2015), Buyucek et al. (2016), Xia et al. (2016), Firestone et al. (2017) and Sawada et al. (2019). These reviews cover subjects such as alcohol use, drink driving, obesity, health issues, environment and tobacco. To date, there has been no review that analyses the use of social marketing in sexual health programmes, which indicates a gap in the literature. This exploratory study seeks to fill this gap by reviewing the literature on the use of social marketing principles in sexual health programmes.

Background

A study by the Office for National Statistics UK (2016) suggests a fall in conception rate among teenage females, witnessed in the UK in recent years, because of effective social programmes to improve access to contraceptives, a shift in aspirations of young women towards education, and the perception of stigma associated with being a teenage mother. However, a later study by the Office for National Statistics UK (2017) identifies 51.7% of under-18 conceptions resulted in an abortion, the highest percentage in over 25 years. These numbers highlight a need to prevent unwanted teenage pregnancy through better sex education for young people through behaviour change programmes, promoting contraception in an effective way and improving access to sexual and reproductive health services.

More recently, a report by Public Health England (2019) shows a significant increase in STIs among young people in England. The report indicates that “*there were approximately 420,000 diagnoses of STIs in England and of those, chlamydia accounted for nearly half of them, 200,000 diagnosis of chlamydia and over 44,000 diagnoses of gonorrhoea*” (Public Health England, 2019, p. 12). A large number of these STI diagnoses are amongst young people aged 15 to 24, who account for 37% of gonorrhoea diagnoses and 63% of chlamydia diagnoses.

A wide set of reasons for STIs rise among young people in England are noted. For example, lack of sexual health awareness and access to sexual health clinics and sexual health-related products, lack of sexual health education and effectiveness of existing channels that provide sexual health education and products (Public Health England, 2019; Iacobucci, 2018). Simons (2017) concludes that the transmission of STIs is a noteworthy public health issue in the UK which impacts all age groups; however young people are particularly at risk due to

many factors including increased sexual activity, lack of knowledge and skill surrounding sexual health.

Role of Social Marketing in Sexual Health

Social marketing has become an interest of UK health professionals, practitioners and policymakers (Chan, 2014). Chan's (2014) study concludes that the role of social marketing in the UK health care sector conventionally is to encourage citizens to make healthier choices. In addition to this, the use of social marketing to control unintended pregnancies and other sexual health promotion has been applied in the UK for many years (Wakhisi Simiyu et al., 2011). However, the evidence of the effectiveness of social marketing in sexual health interventions in high-income countries is scarce; as only a few studies have emerged from the USA on contraception, unintended pregnancy and STIs screening up to the first few years of the 21st century (Stead et al., 2007).

Wakhisi Simiyu's et al. (2011) revealed that social marketing is an effective way to control unintended teenage pregnancies. Wakhisi Simiyu's et al. (2011) recommended that commercial marketers should promote the advantages of contraceptives by highlighting the benefits of contraceptive products such as condoms and the contraceptive pill as a product, instead of the disease prevention technique. With the lack of effectiveness of current contraceptive marketing, some consumers take a false sense of security, often resulting in the spread of STDs or unwanted pregnancy (Kirchengast, 2016). To control these issues, efficient contraceptive marketing campaigns, using the principles of social marketing, could also be developed to address this issue.

Considering the role of social marketing regarding distribution channels of contraceptives, specifically condoms and contraceptive pills, Webster & Lusch (2013) claim that it is essential not only to look at the barriers and facilitators from the individual's point of view but also at the social system level., including the whole supply chain. Therefore, Russell-Bennett, Wood, & Previte (2013) recommend that it is time to develop fresh thinking in social marketing about the promotion of products and services specifically related to contraception. Moreover, two oft-cited challenges to condom purchase are noted in the literature which requires urgent solutions: 1) consumer embarrassment and 2) retailer/management challenges in the setting of social marketing (Ashwood et al., 2011; Dahl et al., 2001, 2005). These studies propose that condoms and other contraceptive products are associated with a high level of

embarrassment, which is a major hindrance in purchase behaviour, consequently leading to unsafe sexual activities.

Projecting an image of promiscuity and low confidence of purchasing condom among consumers are also cited as the main reason for the negative purchase behaviour leading to unprotected sex (Ashwood et al., 2011). Dahl et al. (2005) advise an alteration of the purchase environment would enhance the outcomes of condom purchase behaviour among young people. Furthermore, Nguyen et al. (2014) recommend that social marketing must be used to change or modify behaviours regarding sexual health.

Method

A systematic literature review was conducted in accordance with the PRISMA (Preferred Reporting Items for Systematic Reviews) statement (Moher et al., 2014). The following keywords were used in the available databases such as Taylor & Francis Ltd., BMJ Publishing Group, Emerald Publishing, Springer Nature and American Publish Health Association.

- Social marketing
- Social campaign
- Contraception
- Condom
- Sex education
- Sexual health
- Social well-being

The search included ‘find all terms’, ‘full text available’, ‘apply related words’ and ‘search within the full text of articles’ to ensure broad coverage. Academic journals were considered for inclusion only if they were published in English, and if the research had been carried out in the USA or the UK. Studies emerging from the UK and the USA were considered to avoid variations in the outcomes as a result of significant cultural differences. Al-Bannay, Jarus, Jongbloed, Yazigi, & Dean (2014) suggest cultural factors impact the outcomes of health promotion studies intentionally or unintentionally. Moreover, consumers from different cultures may react differently to certain interventions which may cause inconsistency in the outcomes (Tsai, Knutson, & Fung, 2006; Tsai, 2007). Therefore, only the UK and the USA were selected to avoid disparity among the outcomes of the selected studies based on significant cultural differences. Other reasons for this selection are the use of the same

languages, similar cultural, social and moral values of both countries, even though the organisational structure of healthcare sector is different in both countries (Ham, 2005).

Studies which were published between 2009 and 2019 were selected. This timeline is selected for two reasons. Firstly, previous studies on sexual health were poorly designed in terms of research methodology resulting in potential flawed outcomes and therefore failed to be part of previous systematic reviews (Stead et al., 2007). Secondly, there have been significant advancements in social marketing as a field in the last ten years with a substantially increased investment in social marketing initiatives in various areas (Deshpande, 2019).

Three criteria were developed for further screening and selection of relevant studies.

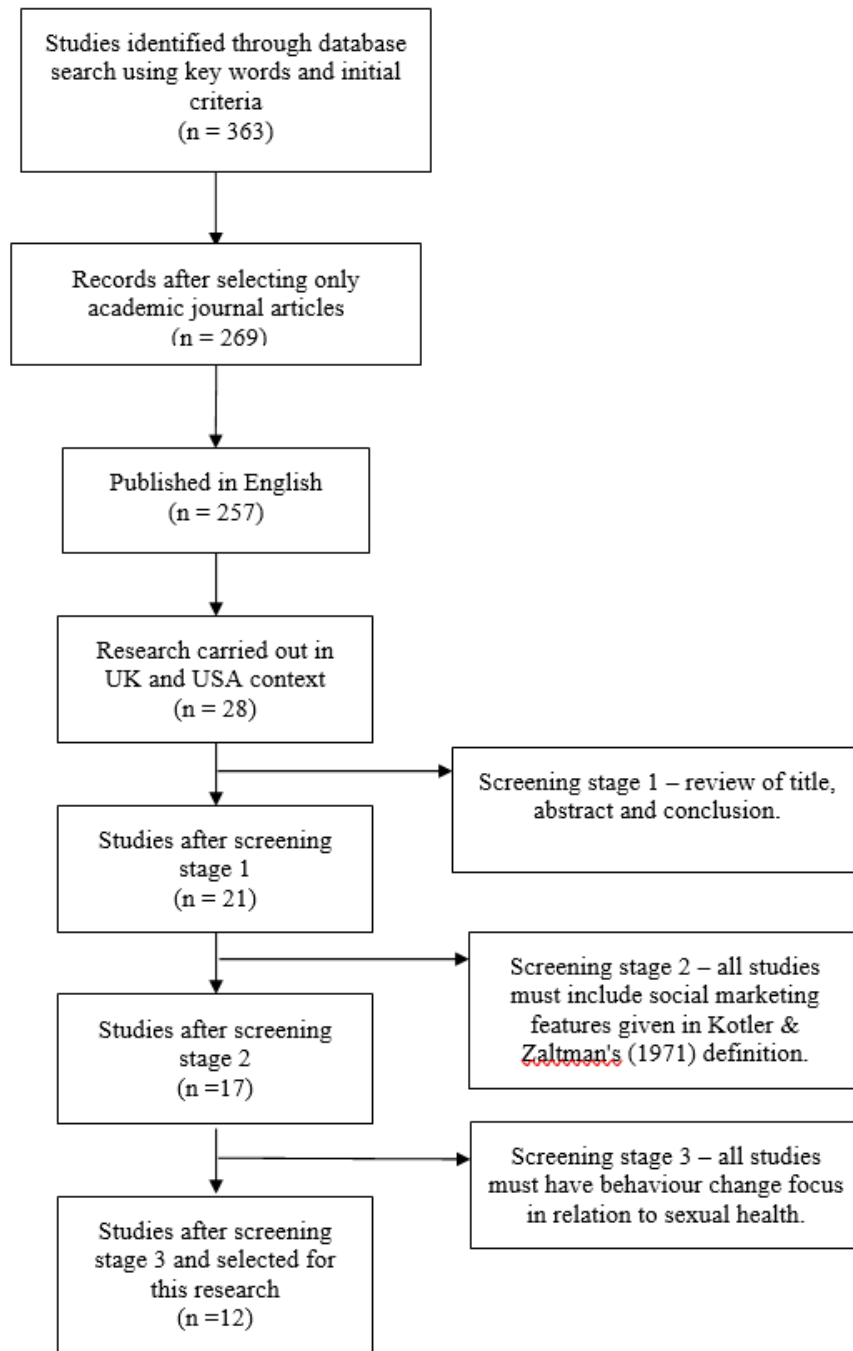
Screening stage 1: Review of the articles - the title, keywords, abstract and conclusion of all articles were reviewed using the search terms. Studies that did not include the given search terms in these sections were then excluded from the review.

Screening stage 2 - Features of social marketing - Kotler & Zaltman's (1971) definition of social marketing identifies key features of social marketing. "*The application of principles and tools of marketing to achieve socially desirable goals, that is, benefits for society rather than for profit or other organisational goals*" (Kotler & Zaltman, 1971, p3). All included studies at this stage must have these features.

Screening stage 3 - Focus on sexual health - All included studies at this stage must have a focus on behaviour change regarding sexual health.

A total of 363 articles was returned in the initial search. After a careful review of using the criteria outlined above, a total of twelve studies were selected. Figure 1 presents the results of each phase of the literature search.

Figure 1 Flow Diagram of studies' selection process



Discussion

A total of twelve studies were included for the discussion and data were extracted based on the study's aim, the elements of Andraesen's (2002) criteria used in the studies and key findings (see Table 1). Table 1 shows the geographical areas where the articles were conducted, with 83% researched in the USA and 17%, in the UK. This highlights that the focus on sexual health research in the UK has been minimal as compared to the USA. The results further show that

67% of studies were published between 2011 and 2012, and only one study was recorded in 2009, 2010, 2014 and 2016. All the selected studies have varied types of interventions from community-based programmes to the internet, transmedia, experiments, school, college and university-based interventions.

Table 1 Overview of the selected studies

No	Title, authors, publication year and place.	Study aim	Elements of Andreasen's benchmark criteria used in the study	Results
1	Public opinion on school-based sex education in South Carolina (Alton et al., 2009), USA.	To assess current levels of community support for sex education in South Carolina's public schools.	<ul style="list-style-type: none"> • Behaviour change objectives • Consumer research • Segmentation • The marketing mix (Product and promotion) 	The results show that most of the respondents (81%) show support for sex education that emphasises abstinence but at the same time teaches about the benefits and importance of using contraceptives to avoid STDs and unwanted pregnancies.
2	Caution, the use of humour may lead to confusion: evaluation of a video podcast of the Midwest teen sex show (Campo et al., 2010), USA.	To create powerful websites to educate young people about sexuality (18-30 years old) how to have sex education websites more effective.	<ul style="list-style-type: none"> • Behaviour change objectives • Consumer research • Segmentation • The marketing mix (Product and promotion) 	The results show that humour, key messages and memorable messages encouraged target group through video podcast about sex and sexuality.
3	Predictors of non-condom use intentions by university students in Britain and Greece: The impact of attitudes, time perspective, relationship status, and habit (Protogerou & Turner-Cobb, 2011) Britain and Greece.	To investigate the impact of socio-cognitive factors (attitudes and norms), time perspective, relationship status, and past sexual behaviour on intended non-condom use in 104 Greek and 93 British university undergraduates.	<ul style="list-style-type: none"> • Behaviour change objectives • Consumer research • Segmentation • The marketing mix (Product and promotion) 	The results show that attitudes (i.e. unstable relationship context) and past behaviour are the strongest predictors of non-condom use intentions for participants. The value of considering the combined effects of relationship status, habit and attitudes, when investigating undergraduate non-condom use intentions and designing interventions.
4	Sexual satisfaction and sexual health among university students in the United States (Higgins et al., 2011), USA.	To evaluate sexual satisfaction and sexual health among university students in the United States.	<ul style="list-style-type: none"> • Behaviour change objectives • Consumer research • Segmentation • Product and promotion 	The results show that some of the young people who internalised negative messages about sex while not participating in sexual activity were less satisfied when sexually active. Moreover, sexual guilt among young people can be the main reason for not using contraception, including condoms.
5	Efficacy of a randomised cell phone-based counselling intervention in postponing subsequent pregnancy among teen mothers (Katz et al., 2011) Washington, DC.	To compare time to a repeat pregnancy between the intervention and usual care groups and to determine whether treatment intensity influenced time to subsequent conception.	<ul style="list-style-type: none"> • Behaviour change objectives • Consumer research • Segmentation • The marketing mix (Product and promotion) 	Use of mobile phones for the delivery of the curriculum was a novel feature of the intervention and was very successful and cost-effective. However, the Girl Talk programme intervention to reduce teenage pregnancy was not successful in reducing the time to subsequent pregnancy across the 24-month follow-up interval. This programme was closed in the second year because it was not prepared to provide special education services

				needed (academic/behavioural/emotional) to the target audience to progress.
6	Inoculation's efficacy with young adults' risky behaviours: can inoculation confer cross-protection over related but untreated issues? (Parker, Ivanov & Compton, 2012) USA.	To examine investigation examined the potential of inoculation to protect young adults' attitudes from pressures to engage in risky behaviours (unprotected sex and binge drinking) as well as the inoculation's efficacy in conferring umbrella protection (cross-protection) over related, but experimentally untreated, attitudes.	<ul style="list-style-type: none"> • Behaviour change objectives • Consumer research • Segmentation • The marketing mix (Product and promotion) 	The results show that inoculation could protect the attitudes of young adults from counter attitudinal pressures to engage in unprotected sex (treated issue) and binge drinking (untreated issue). Practical applications of these findings are explored, including the use of inoculation when designing health messages and more thorough assessments of health campaigns designed to discourage risky behaviours.
7	Adolescent pregnancy prevention: Highlights from a Citywide Effort (Azar, 2012), USA.	To reduce the pregnancy rate among young people of Milwaukee.	<ul style="list-style-type: none"> • Behaviour change objectives • Consumer research • Segmentation • The marketing mix (Product and promotion) 	The decrease in the adolescent birth-rate of Milwaukee is noteworthy.
8	Health educator believability and college student self-rated health (Zullig et al., 2012), USA.	To evaluate the self-rated health status among college students who reported receiving most of their health-related information from health educators.	<ul style="list-style-type: none"> • Behaviour change objectives • Consumer research • Segmentation • The marketing mix (Product and promotion) 	This study concludes that the role of health educators has a positive impact on college students. Progressive developments in the health education field are showing valuable impacts on college student health status. However, the results cannot be generalised nationally because the NCHA survey includes self-selected participants.
9	Sexuality information seeking and sexual function among women attending in-home sex toy parties (Jozkowski et al., 2012), USA.	To examine the extent to which in-home sex-toy parties may serve as a venue for sexuality-related information seeking by women who attend them and to examine whether the types of information sought by party attendees share relations with scores on a measure of sexual function.	<ul style="list-style-type: none"> • Behaviour change objectives • Consumer research • Segmentation • The marketing mix (Product and promotion) 	This study concludes that many women asked about recommendations regarding products used at sex-toy parties. This further suggests that participants rely on party organisers about to provide recommendations. Therefore, accurate information about women's sexuality and enhancement products should be provided by the organisers.
10	Sex education targeting African communities in the United Kingdom: is it fit for purpose? (Schmidt et al., 2012), UK.	To gain insights into the perception of sex education and health-promotion messages by some Black and Minority Ethnic (BME) communities living in London.	<ul style="list-style-type: none"> • Behaviour change objectives • Consumer research • Segmentation • The marketing mix (Product and promotion) • Exchange 	Key findings note that many factors influence the perception of sex education and health-promotion messages by study participants and discuss some complex interrelationships between the traditions and cultural norms surrounding their lives in Africa and the European context within which they find themselves today.

11	An examination of emergency contraception use by undergraduate college students in the Midwest Using the integrated behavioural model (Wohlwend et al., 2014), USA.	To identify the factors that influence undergraduate college student use of emergency contraception (EC) and their level of knowledge about the product, to assist in the development of intervention programmes to increase its use, which could lead to lower rates of unintended pregnancies in this population.	<ul style="list-style-type: none"> • Behaviour change objectives • Consumer research • Segmentation • The marketing mix (Product and promotion) 	Knowledge of emergency contraception is low; however, as knowledge increases the use of emergency contraception increases.
12	East Los High: transmedia edutainment to promote the sexual and reproductive health of young Latina/o Americans (Wang & Singhal, 2016), USA.	To evaluate East Los High, which is a sexual and reproductive health intervention to promote the sexual and reproductive health of young Latina/o Americans.	<ul style="list-style-type: none"> • Behaviour change objectives • Consumer research • Segmentation • The marketing mix (Product and promotion) • Exchange 	The East Los High programme was effectively implemented as it was compelling, educational and transformative and spread awareness regarding the use of a condom, birth control pills and emergency contraception.

Andreasen's (2002) benchmark criteria were used (see Table 2) to analyse the use of social marketing principles in the selected studies as they have been successfully used in a plethora of previous systematic reviews to analyse the effectiveness of social marketing; such as Kubacki, Ronto, Lahtinen, Pang, & Rundle-Thiele (2017), Kubacki et al. (2015) and Carins & Rundle-Thiele (2014).

Table 2 Andreasen's (2002) Benchmark Criteria

Benchmark	Explanation
Behaviour change	The intervention seeks to change behaviour and has specific, measurable behavioural objectives.
Consumer research	Intervention is based on an understanding of consumer experiences, values and needs. Formative research is conducted to identify these. Intervention elements are pre-tested with the target group.
Segmentation and targeting	Different segmentation variables are considered when selecting the intervention target group. The intervention strategy is tailored for the selected segments.
Marketing mix	Intervention considers the best strategic application of the marketing mix. This consists of the four Ps of product, price, place and promotion. Other Ps might include policy change or people (e.g., training is provided to intervention delivery agents). Interventions, which only use the promotion P, are social advertising, not social, marketing.
Exchange	Intervention considers what will motivate people to engage voluntarily with the intervention and offers them something beneficial in return. The offered benefit may be intangible (e.g. personal satisfaction) or tangible (e.g. rewards for participating in the programme me and making behavioural changes).
Competition	Competing forces to behaviour change are analysed. Intervention considers the appeal of competing behaviours (including current behaviour) and uses strategies that seek to remove or minimise this competition.

Behaviour change - the main objective of social marketing programmes is to change behaviours (French, 2017). The analysis shows that all twelve studies have specific behaviour change objectives about sex education, sexual health, sexual behaviour, sexuality and sex education, sex information, use of contraception, condom use and other sexual health-related subjects.

Consumer research - consumer research offers an opportunity to learn about the target audience and social issues in order to design an effective social marketing programme (Andreasen, 2002). All twelve studies carried out primary research (in the form of consumer research) before the commencement of the main programme. The programmes took different forms such as surveys, experiments, in-depth interviews, focus groups, and other types of direct interaction with the target audience, for example, mobile phone (daily/weekly talk) and telephone interviews. Three studies include more intense involvement of the target audience through three-phase experiments (Parker, Ivanov & Compton, 2012), in-depth interviews (Wang & Singhal, 2016) and face-to-face interaction and collection of data through telephone

(Katz et al., 2011). However, none of the selected studies used continuous consumer research to track the changing needs of the target audience to modify the social behaviour change programme, which is a noted emerging theme in the social marketing literature (Nicholson & Xiao, 2011; Saunders, Barrington, & Sridharan, 2015).

Segmentation and targeting and the marketing mix – Andreasen (2002, p.104) suggests “*the aim of segmentation and targeting in social marketing is to ensure maximum efficiency and effectiveness in the use of scarce resources*”. Traditionally, the aim of segmentation and targeting is to identify a group of people with similar needs and wants (Dibb, 2000). The use of segmentation and targeting was limited in all twelve studies mainly to the age group, education regarding sexual health, gender, ethnicity and area or a specific community of research participants. Social messages were sent through various media channels using the ‘promotion’ element of the marketing mix theory. However, the overall evidence of using all components of the marketing mix theory is negligible in all selected studies, even though the marketing mix theory is known to be the key principle of social marketing (Kotler & Zaltman, 1971; Andreasen, 2002; French et al., 2010; Lefebvre, 2011). A limitation of this is that the selected studies were published in Public Health and Sexual Health journals, which do not have a focus on marketing and communication strategies. Previously, Carins & Rundle-Thiele (2014) indicate that there must be evidence to use at least two elements of the marketing mix to classify an intervention to use the marketing mix theory. Consistent with this, it is noted that all selected studies used at least two marketing mix elements (predominantly promotion and product) and therefore classified as using the marketing mix. It can be argued that the marketing mix theory is an organisation-focus approach (Popovic, 2006) which may not be suitable for current social marketing practice. The marketing mix theory should be replaced by 4Cs of marketing (by Lauterborn, 1990) to shift the emphasis from the organisation to the consumer (Peattie & Peattie, 2003; Lee & Kotler, 2011). None of the selected studies used the 4Cs of marketing to understand deeper insight into the selected audience. It may be that social marketing theory has not moved outside the marketing discipline to have an impact on other related specialisms such as health promotion.

Overall, the results show that behavioural change objectives, consumer research, and the marketing mix theory play a significant role in increasing programme effectiveness, which is consistent with previous systematic reviews (Carins and Rundle-Thiele, 2014; Kubacki et al., 2015; Kubacki et al., 2017). For example, Kubacki et al. (2017, p.10) mention that “*Our*

results also show that three of the benchmark criteria, namely, behavioural objectives, formative research and marketing mix are well utilised in social marketing interventions aiming to increase physical activity". In addition, this review also provides evidence on the effective use of segmentation and targeting, which has not been observed in previous reviews (Carins and Rundle-Thiele, 2014; Kubacki et al., 2015; Kubacki et al., 2017).

Exchange and competition - explaining the importance of the 'exchange' element from Andreasen's benchmark criteria, French & Russell-Bennett (2015, p:6) state: "*It is the fundamental principle of using the exchange to create social value that sits at the heart of our attempts to understand and define social marketing theory and practice*". Only two articles offered either tangible (e.g. gift cards, vouchers) or intangible rewards (e.g. imagined future scenarios) to the target audience (Wang & Singhal, 2016; Protogerou & Turner-Cobb, 2011). The remaining ten studies do not offer either tangible or intangible exchanges because of a lack of financial resources. Additionally, all twelve studies identified competition from personal, social, and cultural factors; e.g. peer pressure, low self-esteem, lack of suitable communication and media channels, lack of education about sexual health and sexuality, lack of audience engagement and poverty. However, strategies that seek to remove or minimise these competing behaviours were not evident in all studies. These results support the findings of previous reviews such as Carins and Rundle-Thiele (2014), Kubacki et al. (2015) and Kubacki et al. (2017) that the focus on exchange and competition elements is either limited or insignificant in social marketing programmes.

Social marketing principles, other than Andreasen's (2002) criteria, were recognised in some studies. For example 'integration of stakeholders' is acknowledged in three out of twelve studies which is one of the key emerging principles of social marketing as a strategic discipline (Lee, Rothschild, & Smith, 2011). A reason for this may be because the focus of these three studies is on all three modes of social marketing, i.e. upstream, midstream, downstream (Khajeh et al., 2015). Overall, all twelve studies used some social marketing principles to change sexual health behaviour. However, none of these studies is fully designed as a social marketing programme which is consistent with the views of previous reviews (Wakhisi Simiyu et al., 2011; Kubacki et al., 2015; Kubacki et al., 2017). Furthermore, the results are in line with the views of Carins & Rundle-Thiele (2014) that a behaviour change is more likely to take place when more elements of Andreasen's (2002) benchmark criteria are used. The lack of use of all elements of Andreasen's (2002) benchmark criteria in the selected studies may be the

result of no social marketing planning methodology being in the change programmes reported in these studies. Another reason may be that social marketing is not considered an authentic behaviour change technique in a sexual health setting. Kubacki et al. (2017) note that social marketing researchers need to present both the outcomes of their intervention and the full reporting of the process used to develop and design the intervention including planning, implementation and evaluation in order to identify the common success factors. This would increase and improve the body of knowledge in this discipline, which would enable improved learning for theory and practice. Although all the selected studies used some principles of social marketing, the implementation of the programmes varied in content, intensity and outcomes. Two of the studies emphasised the long-term impact: a five-year initiative to target Milwaukee's population to control adolescent pregnancies (Azar, 2012) and a randomised mobile phone-based intervention which failed in its second year because it was not prepared to offer special education services to the target audience to influence their behaviour permanently (Jozkowski et al., 2012). The remaining ten studies used short-term objectives and showed diverse outcomes and low, but positive, impact on their target audiences which complements the results of previous reviews such as Kubacki et al. (2017).

While evaluating the selected studies, it is recognised that the idea of using long-term objectives is limited. Only one study with long-term objectives emphasises intangible rewards (e.g. individual self-awareness, motivation, education and skills) helped to develop behavioural sustainability and showed that long-term objectives have a substantial impact on the target audience as compared to short-term objectives. However, one of these two studies failed to continue the programme to achieve its long-term objectives; because of lack of financial support. Ten of the twelve studies had short term goals and failed to develop sustainability in the desired behaviour as a result. One study aimed to develop sustainability in the desired behaviour through the use of tangible rewards, e.g. gift cards and vouchers (Wang & Singhal, 2016) but failed because of having short-term objectives and minimal resources.

Overall, all selected studies appear to achieve the intended behaviour change objectives; no social marketing principles were independently associated with the effectiveness of the programme or behavioural outcomes.

Conclusion

This exploratory study has sought to review the use of social marketing principles in sexual health programmes by focusing on social marketing theory in practice. Results indicate social marketing can be an effective approach for planning and designing behaviour change intervention for sexual health, but the evidence is limited to specific outcomes and or contexts. The results further show that none of the selected studies was necessarily designed as a full social marketing intervention. This is maybe because the selected studies do not rate social marketing principles appropriate when involved in sexual health programmes; also, the study teams were not aware of social marketing theory and planning principles. The outcomes from the selected studies were varied and inconsistent because no standard planning methodology was used.

Overall, two key conclusions can be drawn: first, because the results of the selected studies are inconsistent, there is a case that more social marketing principles in sexual health programmes should be used, considering the proven role of social marketing as an effective behaviour change approach. Second, as the field of social marketing has progressed over recent years regarding both theory and practice, it would, therefore, be timely to develop a new and consistent social marketing methodology for designing programmes on sexual health to get consistent results and that would be transferrable to other disciplines such as health promotion. This form of development would help to bridge the gap between academia and practice thus fostering better partnerships between social marketing researchers, health researchers and practitioners and both commercial and not for profit marketers promoting sexual health products.

Implications

This research contributes to knowledge in the form of presenting the first systematic literature review on the use of social marketing principles for programmes designed to change or influence behaviours around sexual health. This analysis is important because the body of knowledge on the effectiveness of social marketing is limited, and studies of this nature are needed to supplement existing data and provide evidence for use in future research. The review has also established Andreasen's (2002) benchmark criteria as useful in determining whether a behaviour change programme can truly be considered as social marketing. The review suggests the use of the full range of social marketing principles (e.g. the use of all six elements

of Andreasen's (2002) benchmark criteria) should be used by practitioners planning and designing behaviour change programmes in order to gain more effective outcomes. Programmes that did not use all of the benchmark criteria were not as successful as they could have been. These results are of particular relevance to those working in the area of sexual health, although the findings may also be applicable to other sectors. It is recommended that practitioners working in sexual health behaviour change programmes in, for example, local authorities, health and social care settings, charities or in national settings such as Public Health England, consider all of Andreasen's (2002) benchmark criteria before, during and after planning and designing their programmes.

Limitations and Further Research

This review has several limitations which must be considered while interpreting the results. First, the review included studies selected through specific databases, and some studies may vary if using a different set of databases. Second, the selected studies were not self-identified as social marketing programmes; instead, a definition of social marketing by Kotler & Zaltman (1971) was used. Kotler & Zaltman's (1971) social marketing definition can be seen as outdated, but the main point that socially-desirable behaviour change is the ultimate goal is still important today. Further studies could use the consensus definition of social marketing (ISMA et al., 2017). Third, some research in this area does not use the term 'social marketing' and may use other descriptors from other disciplines. This means that some relevant studies may not have been returned by the initial search terms. Fourth, studies published only in the English language were selected; further reviews could include studies beyond the English language. Fifth, Andreasen's (2002) benchmark criteria were selected to analyse the use of social marketing principles. This could be replaced by Robinson-Maynard, Meaton, & Lowry's (2013) 19 step criteria or global consensus principles published in 2017 by International Social Marketing Association in further studies which are more recent and up to date, but more complex to apply (Akbar et al., 2019). Lastly, all selected studies were either researched in the UK or USA; further research could include studies from other countries, with the caveat that cultural context should be considered.

It is recommended that specific social marketing criteria, such as Andreasen's (2002) benchmarks or Robinson-Maynard, Meaton & Lowry's (2013) 19 steps, be used in a future behaviour change programme focusing on sexual health such that these may then be evaluated

for success, thereby further adding to the evidence and knowledge base in this area, drawing theory and practice closer together.

References

- Akbar, M. B., French, J., & Lawson, A. (2019). *Critical review on social marketing planning approaches*. 4087.
- Al-Bannay, H., Jarus, T., Jongbloed, L., Yazigi, M., & Dean, E. (2014). Culture as a variable in health research: Perspectives and caveats. In *Health Promotion International* (Vol. 29, Issue 3, pp. 549–557). <https://doi.org/10.1093/heapro/dat002>
- Alden, D., Basil, M., & Deshpande, S. (2011). Communications in social marketing. In H. Gerard & A. Kathryn (Eds.), *The SAGE Handbook of Social Marketing*. SAGE.
- Alton, F. L., Valois, R. F., Oldendick, R., & Drane, J. W. (2009). Public opinion on school-based sex education in South Carolina. *American Journal of Sexuality Education*, 4(2), 116–138. <https://doi.org/10.1080/15546120903001381>
- 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>
- Ashwood, D., Farris, K. B., Campo, S., Aquilino, M. L., & Losch, M. (2011). Unlocking the condoms: The effect on sales and theft. *Pharmacy Practice*, 9(1), 44–47.
- Azar, B. (2012). Adolescent pregnancy prevention : Highlights from a citywide effort. *American Journal of Public Health*, 102(10), 1837–1841. <https://doi.org/10.2105/AJPH.2012.300935>
- Buyucek, N., Kubacki, K., Rundle-Thiele, S., & Pang, B. (2016). A systematic review of stakeholder involvement in social marketing interventions. *Australasian Marketing Journal*. <https://doi.org/10.1016/j.ausmj.2015.11.001>
- Campo, S., Askelson, N. M., Spies, E. L., & Losch, M. (2010). Caution, the use of humor may lead to confusion: Evaluation of a video podcast of the midwest teen sex show. *American Journal of Sexuality Education*, 5(3), 201–216. <https://doi.org/10.1080/15546128.2010.503857>
- Carins, J. E., & Rundle-Thiele, S. R. (2014). Eating for the better: A social marketing review (2000–2012). In *Public Health Nutrition* (Vol. 17, Issue 7, pp. 1628–1639). <https://doi.org/10.1017/S1368980013001365>

- Chan, K. (2014). *Social marketing and public health: an ethnographic investigation*. University of Cambridge.
- Dahl, D. W., Darke, P. R., Gorn, G. J., & Weinberg, C. B. (2005). Promiscuous or confident? Attitudinal ambivalence toward condom Purchase. In *Journal of Applied Social Psychology* (Vol. 35, Issue 4, pp. 869–887). <https://doi.org/10.1111/j.1559-1816.2005.tb02150.x>
- Dahl, D. W., Manchanda, R. V., & Argo, J. J. (2001). Embarrassment in consumer purchase: The roles of social presence and purchase familiarity. *Journal of Consumer Research*, 28(3), 473–481. <https://doi.org/10.1086/323734>
- Deshpande, S. (2019). Social Marketing’s Strengths, Weaknesses, Opportunities, and Threats (SWOT): A Commentary. *Social Marketing Quarterly*, 1–12. <https://doi.org/10.1177/1524500419881770>
- Dibb, S. (2000). Market Segmentation: Conceptual and Methodological Foundations (2nd edition). *Journal of Targeting, Measurement and Analysis for Marketing*. <https://doi.org/10.1057/palgrave.jt.5740007>
- Firestone, R., Rowe, C. J., Modi, S. N., & Sievers, D. (2017). The effectiveness of social marketing in global health: A systematic review. In *Health Policy and Planning*. <https://doi.org/10.1093/heapol/czw088>
- French, J. (2017). *Social Marketing and Public Health: Theory and Practice* (2nd ed.). Oxford University Press.
- French, J., & Russell-Bennett, R. (2015). A hierarchical model of social marketing. *Journal of Social Marketing*, 5(2), 139–159. <https://doi.org/10.1108/JSOCM-06-2014-0042>
- French, Jeff, Blair-Stevens, C., McVey, D., & Merritt, R. (2010). Social Marketing and Public Health. In *Social Marketing and Public Health*. <https://doi.org/10.1093/acprof:oso/9780199550692.001.0001>
- Gordon, R., McDermott, L., Stead, M., & Angus, K. (2006). The effectiveness of social marketing interventions for health improvement: What’s the evidence? *Public Health*, 120(12), 1133–1139. <https://doi.org/10.1016/j.puhe.2006.10.008>
- Ham, C. (2005). Money can’t buy you satisfaction. *BMJ: British Medical Journal*,

330(7491), 597–599. <https://doi.org/10.1136/bmj.330.7491.597>

Higgins, J. A., Mullinax, M., Trussell, J., Kenneth Davidson, J., & Moore, N. B. (2011). Sexual satisfaction and sexual health among university students in the United States. *American Journal of Public Health, 101*(9), 1643–1654. <https://doi.org/10.2105/AJPH.2011.300154>

Iacobucci, G. (2018). Syphilis and gonorrhoea cases rose by a fifth in England last year. *BMJ (Clinical Research Ed.)*. <https://doi.org/10.1136/bmj.k2502>

ISMA, AASM, & ESMA. (2017). *GLOBAL CONSENSUS ON SOCIAL MARKETING PRINCIPLES, CONCEPTS AND TECHNIQUES*.

Jozkowski, K. N., Schick, V., Herbenick, D., Reece, M., Higgins, J. A., Mullinax, M., Trussell, J., Kenneth Davidson, J., Moore, N. B., Schmidt, E., Olomo, F., Corcoran, N., Alton, F. L., Valois, R. F., Oldendick, R., Drane, J. W., Zullig, K. J., Reger-Nash, B., Valois, R. F., ... Singhal, A. (2012). Efficacy of a Randomized Cell Phone-Based Counseling Intervention in Postponing Subsequent Pregnancy Among Teen Mothers. *American Journal of Public Health, 102*(3), 1837–1841. <https://doi.org/10.2105/AJPH.2011.300154>

Katz, K. S., Rodan, M., Milligan, R., Tan, S., Courtney, L., Gantz, M., Blake, S. M., McClain, L., Davis, M., Kiely, M., & Subramanian, S. (2011). Efficacy of a randomized cell phone-based counseling intervention in postponing subsequent pregnancy among teen mothers. *Maternal and Child Health Journal, 15*(S1), 42–53. <https://doi.org/10.1007/s10995-011-0860-3>

Khajeh, E., Dabestani, R., & Fathi, S. (2015). The role of upstream and downstream social marketing in electricity consumption management. *International Journal of Business Innovation and Research*. <https://doi.org/10.1504/IJBIR.2015.069138>

Kirchengast, S. (2016). Teenage Pregnancies: A Worldwide Social and Medical Problem. In *An Analysis of Contemporary Social Welfare Issues*. <https://doi.org/10.5772/65462>

Kotler, P., Zaltman, G., Kotier, P., Zaltman, G., Kotler, P., & Zaltman, G. (1971). Social marketing: An approach to planned social change. *Journal of Marketing, 35*(3), 3. <https://doi.org/10.2307/1249783>

- Kubacki, K., Ronto, R., Lahtinen, V., Pang, B., & Rundle-Thiele, S. (2017). Social marketing interventions aiming to increase physical activity among adults: A systematic review. In *Health Education*. <https://doi.org/10.1108/HE-02-2016-0008>
- Kubacki, K., Rundle-Thiele, S., Lahtinen, V., & Parkinson, J. (2015). A systematic review assessing the extent of social marketing principle use in interventions targeting children (2000-2014). *Young Consumers*, *16*(2), 141–158. <https://doi.org/10.1108/YC-08-2014-00466>
- Kubacki, K., Rundle-Thiele, S., Pang, B., & Buyucek, N. (2015). Minimizing alcohol harm: A systematic social marketing review (2000-2014). *Journal of Business Research*. <https://doi.org/10.1016/j.jbusres.2015.03.023>
- Lauterborn, B. (1990). Talk Back. *Journal of Physical Education, Recreation & Dance*, *61*(6), 81–83. <https://doi.org/10.1080/07303084.1990.10604560>
- Lee, N., & Kotler, P. (2011). *Social Marketing: Influencing Behaviors for Good.*; 4; SAGE Publications: Thousand Oaks; pp 9. In *Social Marketing Services Inc.*
- Lee, N. R., Rothschild, L., & Smith, W. (2011). *What Social Marketing Is and Isn't: A Declaration of Distinctions*. http://www.socialmarketingpanorama.com/social_marketing_panorama/2011/03/what-social-marketing-is-and-isnt-a-declaration-of-distinctions.html
- Lefebvre, R. C. (2011). An integrative model for social marketing. *Journal of Social Marketing*, *1*(1), 54–72. <https://doi.org/10.1108/20426761111104437>
- Malafarina, K., & Loken, B. (1993). Progress and limitations of social marketing: A review of empirical literature on the consumption of social ideas. *Advances in Consumer Research*, *20*(1), 397–404.
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., Antes, G., Atkins, D., Barbour, V., Barrowman, N., Berlin, J. A., Clark, J., Clarke, M., Cook, D., D'Amico, R., Deeks, J. J., Devereaux, P. J., Dickersin, K., Egger, M., Ernst, E., Gøtzsche, P. C., ... Tugwell, P. (2014). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *Revista Espanola de Nutricion Humana y Dietetica*. <https://doi.org/10.14306/renhyd.18.3.114>

- Nguyen, H. H., Parker, L., Brennan, L., & Clements, A. (2014). The taboo question: condom retailing in Vietnam and social marketing implications. *Journal of Social Marketing*, 4(2), 133–154. <https://doi.org/10.1016/j.buildenv.2013.04.022>.This
- Nicholson, M., & Xiao, S. H. (2011). Consumer behaviour analysis and social marketing practice. *Service Industries Journal*, 31(15), 2529–2542. <https://doi.org/10.1080/02642069.2011.531124>
- Office for National Statistics UK. (2017). *Conceptions in England and Wales*.
- Parker, K. A., Ivanov, B., & Compton, J. (2012). Inoculation’s efficacy with young adults’ risky behaviors: Can inoculation confer cross-protection over related but untreated issues? *Health Communication*, 27(3), 223–233. <https://doi.org/10.1080/10410236.2011.575541>
- Peattie, S., & Peattie, K. (2003). Ready to Fly Solo? Reducing Social Marketing’s Dependence on Commercial Marketing Theory. *Marketing Theory*, 3(3), 365–385. <https://doi.org/10.1177/147059310333006>
- Popovic, D. (2006). Modelling the marketing of high-tech start-ups. *Journal of Targeting, Measurement & Analysis for Marketing*, 14(3), 260–276. <https://doi.org/10.1057/palgrave.jt.5740186>
- Protogerou, C., & Turner-Cobb, J. (2011). Predictors of non-condom use intentions by university students in Britain and Greece: The impact of attitudes, time perspective, relationship status, and habit. *Journal of Child and Adolescent Mental Health*, 23(2), 91–106. <https://doi.org/10.2989/17280583.2011.634548>
- Public Health England. (2019). Sexually transmitted infections and screening for chlamydia in England 2018. *Health Protection Report*.
- Robinson-Maynard, A., Meaton, J., & Lowry, R. (2013). Identifying key criteria as predictors of success in social marketing: Establishing an evaluation template and grid. In *Contemporary issues in social marketing*. : Cambridge Scholars Publishing.
- Russell-Bennett, R., Wood, M., & Previte, J. (2013). Fresh ideas: services thinking for social marketing. *Journal of Social Marketing*, 3(3), 223–238. <https://doi.org/10.1108/JSOCM-02-2013-0017>

- Saunders, S. G., Barrington, D. J., & Sridharan, S. (2015). Redefining social marketing: Beyond behavioural change. *Journal of Social Marketing*, 5(2), 160–168.
<https://doi.org/10.1108/JSOCM-03-2014-0021>
- Sawada, K., Wada, K., Shahrook, S., Ota, E., Takemi, Y., & Mori, R. (2019). Social marketing including financial incentive programs at worksite cafeterias for preventing obesity: A systematic review. In *Systematic Reviews*. <https://doi.org/10.1186/s13643-019-0965-0>
- Schmidt, E., Olomo, F., & Corcoran, N. (2012). Sex education targeting African communities in the United Kingdom: is it fit for purpose? *Sex Education*, 12(1), 65–78.
<https://doi.org/10.1080/14681811.2011.601164>
- Simons, S. (2017). Health promotion regarding STIs in young people. *Links to Health and Social Care*, 2(1), 49–62.
- Stead, M., Gordon, R., Angus, K., & McDermott, L. (2007). A systematic review of social marketing effectiveness. *Health Education*, 107(2), 126–191.
<https://doi.org/10.1108/09654280710731548>
- Tsai, J. L. (2007). Ideal Affect: Cultural Causes and Behavioral Consequences. *Perspectives on Psychological Science*, 2(3), 242–259. <https://doi.org/10.1111/j.1745-6916.2007.00043.x>
- Tsai, J. L., Knutson, B., & Fung, H. H. (2006). Cultural variation in affect valuation. *Journal of Personality and Social Psychology*, 90(2), 288–307. <https://doi.org/10.1037/0022-3514.90.2.288>
- Wakhisi Simiyu, A., Allotey, P., Dhillon, N., & Reidpath, D. D. (2011). The effectiveness of social marketing in reduction of teenage pregnancies: A review of studies in developed countries. *Social Marketing Quarterly*. <https://doi.org/10.1080/15245004.2010.546941>
- Wang, H., & Singhal, A. (2016). East Los High: Transmedia edutainment to promote the sexual and reproductive health of young Latina/o Americans. *American Journal of Public Health*, 106(6), 1002–1010. <https://doi.org/10.2105/AJPH.2016.303072>
- Webster, F. E., & Lusch, R. F. (2013). Elevating marketing: Marketing is dead! Long live marketing! *Journal of the Academy of Marketing Science*, 41(4), 389–399.

<https://doi.org/10.1007/s11747-013-0331-z>

- Wohlwend, J., Glassman, T., Dake, J., Jordan, T., Khuder, S., & Kimmel, S. (2014). An examination of emergency contraception use by undergraduate college students in the Midwest using the integrated behavioural model. In *Sex Education* (Vol. 14, Issue 3, pp. 257–271). Taylor & Francis. <https://doi.org/10.1080/14681811.2013.869205>
- Xia, Y., Deshpande, S., & Bonates, T. (2016). Effectiveness of social marketing interventions to promote physical activity among adults: A systematic review. In *Journal of Physical Activity and Health*. <https://doi.org/10.1123/jpah.2015-0189>
- Zullig, K. J., Reger-Nash, B., & Valois, R. F. (2012). Health educator believability and college student self-rated health. *Journal of American College Health*, 60(4), 296–302. <https://doi.org/10.1080/07448481.2011.604368>