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**Influencing health behaviours through social marketing:
Case study based on the National Institute for Health Development**

Bachelor's thesis

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Introduction

People often have lifestyles that provide short-term benefits and enjoyment, but come with long-term negative effects. Risk behaviours like drinking, smoking, unprotected sexual intercourse or drug abuse do not only bring about numerous health problems to individuals, but can cause wider social problems as well. In Estonian society the most topical of those risk behaviours in recent years has probably been excessive alcohol consumption.

According to World Health Organization (WHO) recommendations, alcohol consumption should not be more than six litres of pure alcohol per annum, otherwise it could potentially pose serious health risks (1999:90-91). In Estonia the average alcohol consumption per annum has been around 11-12 litres of pure alcohol per capita (aged 15 and over) and compared to previous years there has not been a significant change for the better (Table 1) (Orro *et al.* 2014:46-47).

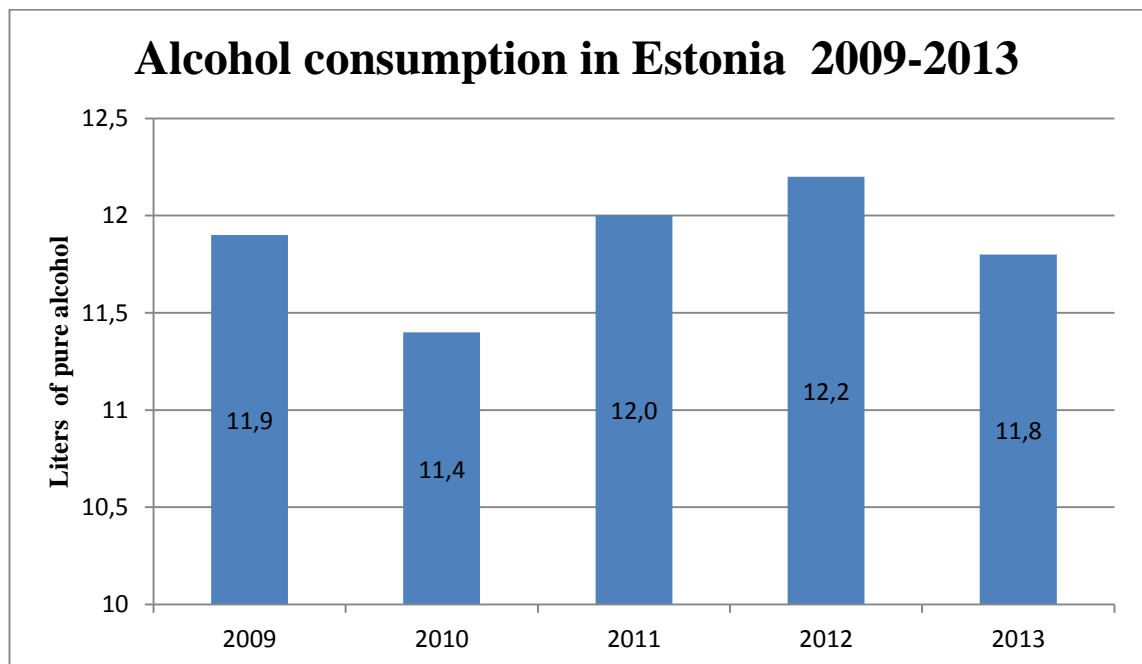


Table 1: *Alcohol consumption in Estonia 2009 – 2013 (statistics: Orro et al 2014:46 -47)*

Long-term effects of alcohol abuse are associated with significant health problems. Alcohol can cause death and serious injuries in various direct and indirect ways, and has been linked to more than 200 different diseases and injury conditions according to WHO Global status report (2014:11-13). The number of deaths in Estonia directly caused by diseases related to alcohol consumption has been around 500 cases annually, with the

most common causes being alcohol poisoning, alcoholic liver disease and cardiomyopathy (Orro *et al.* 2014:94). Excessive alcohol consumption does not only directly affect consumers, but can indirectly influence society as a whole by potentially increasing crime rates, health care costs and the number of accidents (Orro *et al.* 2014:79-97).

Having a good health policy is central to welfare provision by government and therefore it should be of great importance for the public sector to change consumer habits that hurt society, such as excessive alcohol consumption. Effective alcohol policy does not only require legislation and regulation, but also active efforts to change consumer attitudes. One of the ways to decrease negative effects of these social problems is to guide behaviours through social marketing efforts. Reviews have shown social marketing to be effective in dealing with large variety of social behaviour problems, including excessive substance abuse (for example: Gordon *et al.* 2006, Stead *et al.* 2007).

The National Institute for Health Development (Tervise Arengu Instituut - TAI) is a government established research and development institution with the mission to share health related knowledge, and influence health behaviours in Estonia. TAI has undertaken various efforts to decrease alcohol consumption in society, which also include numerous (self-defined) social marketing campaigns:

- 2009 “**Palju Sina jood?**” (“How much do you drink?”)
- 2010 “**Terviseks?**” (“Cheers?”)
- 2011 “**Iga jook jätab jälje**” (“Every drink leaves a mark”)
- 2012 “**Vabanduse leiab alati**” (“There is always an excuse”)
- 2014 “**Vähem on parem**” (“Less is better”)

The aim of this study is to evaluate implementation processes of these social marketing campaigns. In order for social marketing campaigns to have greater impact, it is important for the public health marketers to include key elements into the planning and implementation process. Over the years, various theoretical concepts on how social marketing campaigns should be implemented have been developed, such as Andreasen’s benchmark criteria (1994).

The main question of this thesis is: **Have Estonian public health marketers implemented campaigns that reflect the basic principles of social marketing?**

In order to find the answer to this main research question, the following sub-questions must be answered first:

Question 1: How are successful social marketing campaigns planned and implemented and what are the key components of social marketing campaigns?

Question 2: How are social marketing campaigns implemented in Estonia?

The first part of this thesis will provide a theoretical background and define key concepts which are necessary in order to understand the topic of social marketing. The second part of the thesis gives a brief overview of TAI and describes the campaigns undertaken by them in detail. In the third part of the thesis methodology of the research is addressed by explaining the processes for gathering primary data and by describing the methods of data analysis. The last part of the thesis provides a synopsis of the results and gives perspectives on how to implement more effective social marketing campaigns in the future.

1. Theoretical background

In this chapter the most important concepts and theories regarding social marketing are explained. Definition of social marketing will be provided alongside benchmark criteria for identifying genuine social marketing efforts. Similarities and fundamental differences between social- and traditional marketing concepts are explained. The answer to the first research sub-question will be provided - How are successful social marketing campaigns planned and implemented and what are the key components of social marketing campaigns?

1.1 Definition of social marketing

Social Marketing as a discipline was born in the 1970s thanks to the works of Kotler and Zaltman, who realized that the principles used in commercial marketing could alternatively be used to sell ideas and behaviours. They provided the first widely used definition for social marketing:

“Social marketing is the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution and marketing research“ (1971:5)

At first social marketing was mainly seen as a tool for promoting new ideas and providing consumers with information on important issues. Over the years the field of social marketing has evolved and the emphasis has shifted away from raising public awareness and individual approach to long-term behaviour change and social benefit. In a more recent definition of social marketing Kotler *et al.* proposed that:

“Social marketing is the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behaviour for the benefit of individuals, groups and society as a whole.” (2002:5)

Another popular definition is by Andreasen, that incorporates the importance of planning and evaluation processes and defines social marketing as:

“...the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the

voluntary behaviour of target audiences in order to improve their personal welfare and that of society.“ (1995:7)

There are numerous other authors who have provided definitions for social marketing (e.g. Kotler & Roberto 1989:6, French & Blair-Stevens 2011:13, Donovan & Henley 2003:11), but common overlapping themes across all of these definitions are that social marketing is an (1) application of traditional marketing principles to (2) influence target audiences to voluntarily change their behaviour in a way that (3) benefits both the individuals and the society as a whole.

French *et al.* (2010:24) make a point that social marketers also need to differentiate social advertising from social marketing. Social advertising campaigns are useful for raising public awareness and affecting opinions on social issues, but are often unsuccessful in producing long-term behaviour changes. Andreasen (2002:7) also stresses that media campaigns which are only informative in their nature cannot be considered as genuine social marketing campaigns. The bottom line of social marketing is behaviour change and in order to achieve that the marketing campaigns must go beyond communication efforts and incorporate other elements such as considerations of the marketing mix and competition analysis into the implementation process to increase chances of behavioural change.

1.2 Typical components of a social marketing campaign

In order for a social marketing campaign to be successful, there are numerous core concepts that should be considered during the development and implementation process of the campaign. Andreasen (1994:112-113; 2002:7) proposed that there are six essential theoretical benchmarks for identifying whether a social marketing process is being used or not (Table 2). Andreasen was able to find common over-lapping key elements that contributed to the success of the campaigns by reviewing numerous previously successful social marketing campaigns. In a later study Gordon *et al.* (2006) have suggested that genuine social marketing efforts should meet all six of Andreasen's benchmark criteria.

Benchmark	Description
1. Behaviour change	Aim of a social marketing campaign is to change people's behaviour (not to inform or change beliefs). Interventions should have clear and measurable behavioural goals.
2. Audience research and orientation	Various data collection and research methods should be used, in order to fully understand the target audience and their needs. Campaign elements should be pre-tested with the target group.
3. Segmentation and targeting	Based on audience research, different target audience segments should be identified and suitable marketing methods tailored to the selected segments.
4. Exchange	Potential benefits and costs of adopting a new behaviour need to be considered (costs can be tangible/intangible). Motivation for the exchange process must be provided.
5. Marketing Mix	All the elements of the marketing mix (product, place, price, promotion) should be considered during the product/service development.
6. Competition	Competing messages need to be identified and actively countered in order to ensure the target audience's attention.

Table 2: *Andreasen's benchmark criteria (2002)*

These six benchmark criteria will be used as a basis for evaluating the implementation process of social marketing campaigns against alcohol use in Estonia. Each component is described in more detail below.

1.2.1 Behaviour change

The main mission of social marketing is to alter target audience's behaviour in a positive way. New behaviour must be presented to the consumer and it must be seen as having higher value than the previous behaviour. Kotler and Lee (2011:9) propose that social marketers have the option to influence their target audience toward one of four

behavioural changes: 1) accept a new behaviour 2) reject potentially undesirable behaviour 3) modify current behaviour or 4) abandon an old undesirable behaviour.

A behavioural focus should not be in only achieving short-term changes, but in sustaining positive behaviours over time. In order to understand consumer perception and change for adapting and sustaining new behaviours Prochaska *et al.* (1992) have suggested The Trans-theoretical Model of Health Behaviour Change, more commonly known as “The Stages of Change” model.

“The Stages of Change” model used in social marketing is a helpful tool for understanding the process and the various stages that someone goes through when adopting a new behaviour. The central idea of “The Stages of Change” model is that behaviour change does not happen instantly, but in steps that require different marketing strategies in order to reach individuals and guide them towards healthier behaviours.

The Stages of Change model consist of six stages (Prochaska *et al.* 1992:1102-1104):

1. **Pre-contemplation:** People in this stage do not acknowledge that they have problems and therefore are not intending to change their behaviour. They are unaware of consequences their behaviour may bring and also unaware of the possible benefits of behavioural change.
2. **Contemplation:** Acknowledging that there is a problem and being aware of the potential benefits of behaviour change. Contemplating on change, but not yet committed to the cause. This is usually the longest of all the stages, where people are weighing different pros and cons of behaviour change.
3. **Preparation:** In this stage people are motivated and getting ready to change behaviour patterns. They are planning on taking action in the near future, gathering more information or experimenting with the new habits, but have not yet modified their behaviour.
4. **Action:** Stage where individuals make the first modifications to their current lifestyle and knowingly change their behaviour.
5. **Maintenance:** Maintaining the new behaviour patterns and resisting temptations of returning to previous ones.
6. **Termination:** Stage where the new behaviour becomes an automatic habit and individuals have no temptation to return to the previous one. The old behaviour is

now seen as an abnormality and it does not require extra willpower to maintain the new behaviour.

Relapse - If the “Action” or “Maintenance” stage is unsuccessful people often have a relapse phase and return to one of the previous stages and continue with old behaviours.

1.2.2 Audience research and orientation

Principles of consumer research and orientation are closely linked together; and are the central ideas of social marketing. According to Andreasen (1994:112) social marketers should not make assumptions about the characteristics of the target audience, but base them on formative research. Health behaviours cannot be forced upon, but they must come from within. In order for the social marketing campaigns to succeed the focus of the campaign creation process needs to be on the target audience and on their specific needs.

The first step of the research process should be identifying the primary target group. Then, formative research with the target group needs to be conducted using a wide range of research, analysis and data collection methods in order to fully understand what motivates or discourages people from adopting behaviours. Consumer research also provides information on consumer subgroups and cultural environment, which enables marketers segment and target those groups more easily (Grier & Bryant 2005:322).

In order to verify the validity of information gathered from consumer research, it is also important to pre-test social marketing campaigns. Andreasen (2006:108) writes that one of the most common mistakes made by social marketers is not pretesting social marketing campaigns. Pretesting enables marketers to determine campaign effectiveness and in-market performance based on consumer feedback. By not pretesting marketers make invalid assumptions about target audiences and their preferences, which in turn can lead to social marketing campaign messages not reaching the intended recipients. Finally, a campaign message can be crafted based on the research findings (Table 3).



Table 3: Process of customer research

Even if social marketers are aware of the importance of audience research before and after conducting a social marketing campaign, they may not realize its importance during the implementation process of the campaign. Young *et al.* (2004) write that consumer feedback should be sought at every stage of the social marketing campaign implementation process and if necessary changes should be made to the campaign during the implementation process, not only in planning or evaluation stages.

1.2.3 Segmentation and targeting

Target segmentation is the process of dividing a broad heterogeneous target market into more homogeneous sub-groups, based on specific needs, attitudes, values or behaviours. Zaltman and Duncan (1977) realized in the 1970s that one of the biggest mistakes social marketers made was the use of a single strategy in an attempt to bring social change. Programs that are targeted to “general public” are destined to fail. Not all consumers are alike and therefore should not be treated as so. They have different needs and perceive value of products or services differently. People are exposed to vast amounts of information on a daily basis and in order to stand out and truly reach them, the message must seem as personal as possible to target audience.

Market segmentation should be based on audience research and the goal is to document perceived costs and benefits, identify needs of specific target consumers and then formulate programs most suited to address those needs (Lefebvre & Flora 1988:303). This enables marketers to use limited resources well by directing campaign efforts at people most likely to adopt new behaviours.

Segmenting can be done using demographic factors, such as: gender, income, ethnicity, etc. In health promotions, segmenting can also be done based on psychological or behavioural variables: level of health consciousness, willingness to change or current behaviour patterns (Forthofer & Bryant 2000, Grier & Bryant 2005). Though market segmentation can take a considerable amount of time and effort, it is more effective than treating the entire market in an undifferentiated manner.

1.2.4 Exchange

According to exchange theory, individuals, groups or organizations have surplus resources that they want to exchange for profit and benefits (Lefebvre & Flora 1988:302). In order for the process of voluntary exchange to occur the perceived benefits of the product must outweigh the perceived costs for both parties. In social marketing the provided benefit for the target audience is usually a healthier lifestyle and the cost of participation is time or effort. The goal for social marketers is to identify what kind of emotional appeal motivates the target audience to change their behaviour, how they can be best approached and how much they are willing to pay for participation.

These exchanges can occur on a number of different levels, including coercion, demand or voluntary behaviour change (Lefebvre & Flora 1988:303). French (2011:158-159) has proposed that social marketers should analyse exchange value position based on a value/cost exchange matrix. It is based on rewarding/punishing and conscious/unconscious engagement. Combination of these factors creates four possible outcomes:

- **Hugs** – Rewards for accepting new behaviour, high cognitive engagement. Rewards (money, prizes, *etc.*) for reducing alcohol consumption.
- **Nudge** – Rewards, low cognitive engagement. Informing people about health benefits, which can be obtained by reducing alcohol consumption.
- **Shove** – Punishment for not accepting new behaviour, low cognitive engagement. Informing people about health harms that come with excessive alcohol consumption.
- **Smack** – Punishment, high cognitive engagement. Banning or fining excessive alcohol consumption. (2011:158-159)

According to a study on fear appeals by Witte and Allen (2000) the best way to change risk behaviours to more positive ones, is to have campaign messages that simultaneously evoke fear about unhealthy behaviours but at the same time also provide solutions and alternatives to risk behaviours. On the other hand, messages that do evoke fear, but do not include feasible recommendations for alternative behaviours, have the smallest chance of success and oftentimes lead to total rejection of the campaign's message.

1.2.5 Marketing Mix

Although social- and commercial marketing have many fundamental differences, some tools of commercial marketing, such as the marketing mix, can be used to implement social marketing campaigns more effectively. The marketing mix is a business tool used to assess products market position and it consists of four controllable parameters: product, price, place and promotion (first proposed by McCarthy 1964). It is closely related to the notion of exchange and it is used to create products or services that appeal to target audiences by being affordable and accessible. Elements of the marketing mix in social marketing (based on Lefebvre & Flora 1988:306-309; Grier & Bryant 2005:322-324):

Product – Traditional marketing is built on the idea of commodity exchange and the trade of goods - usually monetary compensation for the products or services. In case of social marketing this process involves welfare exchange, which can be harder to define because the product in social marketing is oftentimes not a physical offering and may come in form of services or ideas. The role for social marketers in terms of “product” should be to identify consumer perception of problems and offer solution to them. Then, package the social product in an attractive way for the target audience. The product is the basis on which the next elements of the marketing mix are developed.

Price – This means the cost of involvement, e.g. what the consumer must give up or overcome to receive the benefits of the product. In social marketing the price is often psychological or emotional and usually involves time and effort from consumers, such as taking actions or changing lifestyle. Price can be considered too high if it involves doing too inconvenient or time-consuming activities. The goal for social marketers is to price the product, so that the benefits outweigh the adoption costs.

Place - It is necessary to know where and when it is possible to engage potential customers and what motivates them to act and also to provide them with easy opportunities to do so. In case of tangible products this means product distribution channels, in case of intangible products this means the media channels used to spread the message. It is crucial to understand which communication channels are most effective for delivering campaign messages to target audiences.

Promotion – The process of actively engaging with the target audience and communicating the benefits of social marketing products. Promotion consists of media

advertising, public relations and media advocacy in order to increase problem awareness and create sustained public demand for the product or service.

1.2.6 Competition

Similar to commercial marketing social marketing takes place in an open competitive environment and therefore there are always alternative options available for consumers. It is necessary to identify all actual and potential competitors and to develop strategies for dealing with them (Donovan & Henley, 2003:209). Unlike commercial marketing where the competition usually comes from other companies or rival products, in social marketing the competition is much more varied and oftentimes harder to identify.

Prior to starting the implementation process of the campaign a competition analysis should be conducted, which includes both internal and external competition sources (French *et al.*, 2011:17):

- **Internal:** Psychological factors influencing individual behaviour decisions (habits, lethargy, addiction).
- **External:** Other influences competing for audience's attention and/or promoting negative behaviours. This can include counter-productive messages from private sector (alcohol producers), other social marketing interventions with alternative messages and behavioural goals (decreasing alcohol consumption vs not drinking at all), peer pressure from society or general political, social and economic influences that overshadow social marketing efforts.

2. Alcohol consumption prevention campaigns in Estonia

2.1 National Institute for Health Development

This case study is based on the harmful alcohol prevention campaigns conducted by the National Institute for Health Development (Tervise Arengu Instituut - TAI). TAI is a government established research and development institution, which was founded in May 2003 by merging three organizations: the Institute of Experimental and Clinical Medicine, the Estonian Health Education Centre and the Public Health and Social Training Centre (TAI: About us. 2012).

The main mission of TAI is stated as establishing and sharing health related knowledge. Other areas of activity are stated as: assessment of population health problems and health-affecting factors, health promotion efforts, influencing health policies and disease prevention programs. In order to promote healthier behaviours in Estonia, over the years TAI has also carried out numerous social marketing campaigns on subjects of healthier nutrition, HIV infection prevention and harmful alcohol consumption (TAI: About us. 2012).

In this thesis all five social marketing campaigns conducted by TAI during the period of 2009-2014 on the topic of harmful alcohol consumption are analysed.

- 2009 **“Palju Sina jood?”** (“How much do you drink?”)
- 2010 **“Terviseks?”** (“Cheers?”)
- 2011 **“Iga jook jätab jälje”** (“Every drink leaves a mark”)
- 2012 **“Vabanduse leiab alati“** (“There is always an excuse”)
- 2014 **“Vähem on parem”** (“Less is better”)

2.2 Social marketing campaigns

Campaign descriptions, information and excerpts from adverts were gathered from press statements by TAI, interviews with Helen Noormets (Head of the communication department at TAI), and from their official websites www.tai.ee and www.alkoinfo.ee. Examples of the advertisement materials used for campaign promotions can be found in the Appendix 3.

2.2.1 Campaign “Palju sina jood?” - (“How much do you drink?”)¹

This is the first social marketing campaign conducted by TAI against harmful alcohol consumption. The period of the campaign lasted between: 09.11.2009 –12.12.2009.

The main target group was defined as grown-ups of both genders between the ages of 25-45, who unbeknown to themselves consume alcohol regularly far over the recommended limits and could therefore potentially suffer health problems. The secondary target groups were defined as: general public, media and advocacy groups (TAI 2014).

The main goals of the campaign were stated as: 1) Open a debate in society and to inform people about the situation in general, and 2) to make people reassess their alcohol consumption habits and help them identify potentially problematic behaviours.

The campaign was mainly promoted using television, printed (newspapers), digital (websites & banners) and outdoor (posters at bus stops) advertisements (Appendix 3:46). Also information leaflets regarding consequences of alcohol consumption were made available at Neste gas stations, reverse vending machines and family health care centres.

An important element of the campaign promotion was the webpage www.alkoinfo.ee. In addition to providing useful health behaviour related knowledge, this website also gave people the opportunity (upon registration) to track their alcohol consumption volumes over a period of time and compare it against recommended limits (“Alcohol-calculator”). Another new feature was the “Alcohol-test”, which allowed people to evaluate their alcohol consumption habits. Depending on the result of the test people were then redirected to helpful links or encouraged to keep current positive behaviours.

¹ TAI: Palju sina jood. Press release. (2009).

The main slogans used for this campaign in advertisements were: „Palju sina jood?“ (How much do you drink?) and „Ära valeta endale!“ (Don not lie to yourself!).

2.2.2 Campaign “Terviseks?” – (“Cheers?”)²

The second social marketing campaign conducted by TAI against harmful alcohol consumption. The period of the campaign lasted between: 08.11.2010 – 05.12.2010. The target group remained unaltered, defined as grown-ups of both genders between the ages of 25 – 45.

There was a slight shift in the message and goals of this campaign. The main focus was to inform people of the potential health risks associated with regular long-term consumption of alcohol.

The campaign was promoted using television, printed, outdoor and digital advertisements. New media outlets used for advertising were local newspapers and cinemas. The previously created www.akoinfo.ee website was again prominently promoted in all the advertisements. This time the website also offered an opportunity to follow the lectures of doctors on the subject of alcohol harms to organism and to use interactive models to see the long-term effects it has on different organs.

The main slogan used for the campaign was an ironic: „Terviseks?“ (Cheers?). Some advertisements featured a secondary slogan „Palju sina jood?“ (How much do you drink?). The campaign advertisements were considerably darker in tone than before with the purpose of depicting different health conditions related to long-term alcoholism. For example, advertisements portraying people connected to I.V drips and television adverts showing an early death as a potential outcome of alcohol abuse (Appendix 3:47).

2.2.3 Campaign “Iga jook jätab jälje” – (“Every drink leaves a mark”)³

The period of the campaign lasted between: 07.11.2011 – 04.12.2011. The main target group was defined as people of both genders, between the ages of 25-45, who regularly consume alcohol over the recommended limits. The campaign slogan used was: “Iga jook jätab jälje” (Every drink leaves a mark)

² TAI: Terviseks?. Press release. (2010)

³ TAI: Iga jook jätab jälje. Press release. (2011).

Studies and previous campaign evaluations showed that people were generally aware of potential problems accompanying long-term alcohol use, but they did not consider themselves to be a part of the risk group (TAI 2014). The goal of the campaign was to inform people that alcohol consumption is not necessarily accompanied by immediate problems (social problems, accidents, health problems, *etc.*), but alcohol consumption, even at (what may feel as) modest volume, can lead to long-term problems that are not visible at first.

The campaign was considered a continuation of the previous “Terviseks?” campaign. The goals and messages were similar to the previous campaign in a sense that they tried to evoke fear about the consequences of alcohol consumption (though the adverts were less fear provoking and more in line with a dark humour classification).

The promotional channels remained the same as on the previous campaigns: television, outdoor, printed and digital advertisements. A web application „Napsuvalve“ (Shotguard) was created and could be accessed from the www.alkoinfo.ee website. This application enabled people to schedule reminder calls (to themselves or to friends) from: “Sinu Maks” (Your Liver), “Ajudoonor” (Brain Donor) or from famous Estonian celebrities Jan Uuspõld (comedian) and Tanel Padar (musician), who called to suggest that maybe you have had enough alcohol for today already (Appendix 3:48).

2.2.4 Campaign “Vabanduse leiab alati” – (“There is always an excuse”)⁴

This campaign was conducted in two parts. A spring campaign lasted between: 20.02.2012 – 11.03.2012 and follow up autumn campaign lasted between 05.11.2012 – 25.11.2012. The slogan was: „Vabanduse leiab alati“ (There is always an excuse). The main target group was defined as people of both genders, aged 25-45 who regularly consume alcohol over the recommended limits.

The main goals and messages of the campaign were very similar to previous campaigns (“Terviseks?” and “Iga jook jätab jälje”). The main problem was that people still did not acknowledge that they were part of the target demographic and that their alcohol consumption was over the recommended volumes and potentially responsible for their

⁴ TAI: Vabanduse leiab alati. Press release. (2012).

health problems. The website www.alkoinfo.ee provided people with the opportunity to ask questions from experts (doctors, psychologists or psychiatrists).

The campaign was promoted using television, radio, printed, outdoor and digital advertisements. Different visual advertisements were designed for men and women (Appendix 3:49). An application where people could list their reasons for saying “no” to alcohol was added to the www.alkoinfo.ee website. The previously released application “alcohol-calculator” was updated and a new mobile compatible version was released.

2.2.5 Campaign “Vähem on parem” - (“Less is better”)⁵

This campaign was also conducted in two parts. A spring campaign lasted between: 24.03.2014 – 13.04.2014 and follow up autumn campaign lasted between: 20.10.2014 – 16.11.2014. Compared to previous social marketing campaigns this one was targeted at younger people. Target group was defined as: men and women between 20-35 years, who drink more than they should, but who also have recently thought about quitting or lowering their alcohol consumption levels (TAI 2014).

This time there has been a visible shift in the message and behavioural goals. Instead of informing people of the potential consequences of regular drinking, this campaign provides examples of positive alternatives of what to do instead of having a night out and drinking. The focus was on people telling their stories about how they have managed to change their lives, how they use their time for alternative activities and how it has positively affected them over a period of time. The goal was to get people to think and question themselves about the role that alcohol plays in their day-to-day lives and how it would benefit them if they changed their drinking habits.

The main slogan used was: „Vähem on parem“ (Less is better). The campaign was promoted using a wide variety of marketing channels. Television, radio, printed, outdoor and digital advertisements were used as before. But in order to appeal to younger audience social media channels were actively used as well. Facebook community “Vähem on parem” was created (2040 group members as of 03.05.2015), which is used to spread health related knowledge. Also an application for mobile phones called Alko3memo was created, which enabled users to track their alcohol free days.

⁵ TAI: Vähem on parem. Press release. (2014).

3. Empirical Analysis

This chapter will cover the research methodology of this paper and link it to the theoretical background provided before. The purpose of this study was to find out, how public health marketers in Estonia carry out social marketing campaigns and whether they can really be considered genuine social marketing efforts.

This study is qualitative in its nature and descriptive case study approach was used with the aim to explore and explain, while also providing new insights into the topic. Deductive thematic analysis was used and data were analysed and interpreted using predetermined theoretical framework. The main question of this thesis is: **Have Estonian public health marketers implemented campaigns that reflect the basic principles of social marketing?** To help with the main research question, two sub-questions were proposed in the introduction:

Question 1: How are successful social marketing campaigns planned and implemented and what are the key components of social marketing campaigns?

Question 2: How are social marketing campaigns implemented in Estonia?

Answer for the research **Question 1** is found in the theoretical part of this thesis. In order to find answer to research **Questions 2** additional data needed to be collected.

3.1 Primary data

The primary method for data collection was conducting expert interviews. The interviews were semi-structured in their nature, with lengths of the interviews varying between 20 to 35 minutes. As described in the theoretical part of the thesis, genuine social marketing campaigns should meet six key benchmark criteria, which affect their effectiveness: Behaviour change, audience research, segmentation, exchange, marketing mix and competition. These categories were used as a basis to scheme and guide the interviews.

Two types of interviews were conducted: 1) Interviews with the representative of TAI. 2) Interviews with the marketing experts.

The interviews were conducted in Estonian and later translated into English. The interviews were recorded with permission from the participants, then transcribed and later coded using emergent themes. The interviews with the representatives of the media agencies were conducted using e-mail due to scheduling and geographical problems. The

interview questions can be found under the Appendix section of this thesis. The order of the interview questions differed from the schemes to some degree because additional questions were asked to specify some previous answers and to keep the natural flow of the conversation.

Purposive sampling was used for selecting the interviewees, based on the following criteria: 1) Interviewees were involved with the strategic development and implementation of the social marketing campaigns analysed in this case study. 2) They were generally familiar with the basic concepts of marketing and the topics going to be discussed in the interview. 3) They were authorized to represent their organisation.

The interviewees were from: The National Institute for Health Development (Tervise Arengu Instituut - TAI), Der Tank advertising agency and Rakett advertising agency. For this study three people were interviewed and total of four interviews conducted.

1. Semi-structured face-to-face interview with **TAI** representative **Helen Noormets**. Head of the communication department at TAI, who was directly involved with strategic planning and implementation processes of all of the campaigns analysed in this study. Interview date: **25.04.2014**. (citation: TAI 2014)
2. Follow-up interview with **TAI** representative **Helen Noormets** on **11.05.2015**. (citation: TAI 2015)
3. E-mail interview with creative director and marketing expert from **Der Tank** advertising agency, who was involved with the campaigns: “Iga jook jätab jälje” and “Terviseks?” Interview date **11.05.2015**.
4. E-mail interview with marketing expert and project manager from **Rakett** advertising agency, who was involved with the campaigns: “Vähem on parem” and “Vabanduse leiab alati”. Interview date **12.05.2015**.

On numerous occasions the interviewees referred to additional sources in their answers: campaign statements, -summaries and websites. These sources are considered to be part of the answers and used in the data analysis.

4. Analysis

As described in the theoretical part of the thesis, genuine social marketing efforts can be evaluated based on six benchmark criteria. Based on that, this chapter is divided into six corresponding parts.

4.1 Evaluation based on Andreasen's benchmark criteria

4.1.1 Behaviour change

Benchmarks:

- Aim of a social marketing campaign is to change behaviours.
- Media campaigns which are only informative in their nature cannot be considered genuine social marketing campaigns.
- Interventions should have clearly defined and measurable goals.

Based on the interviews and the mission statements it can be said that all of the campaigns had clearly defined behavioural goals. Though the first campaign “Palju sina jood” was mainly concerned with raising public awareness and was more informative in its nature, there were still secondary behavioural goals present. The other campaigns were behaviour oriented and called for people to modify or abandon their previous behaviours. The most recent campaign (“Vähem on parem”) proposed new behaviours:

TAI: *“We try to define behavioural goals clearly in the mission statements.”*
(2015)

TAI: *“Our goals have changed step-by-step. First year our goal was to open a debate in the society (about the problem of alcohol consumption) (...) Over the next three years we focused more on communicating about the consequences of bad health behaviour.(...) (This year) We went back to the beginning. When at first we asked: “How much do you drink?” Then now we ask: “Why do you drink?”(...) We are now planning on continuing with this theme for couple of years – supporting the positive health behaviour norms.”* (2014)

Der Tank: *“Generally to inform certain groups in society about alcohol harms on health. For specific campaigns, there are different (behavioural) aspects (...) the goal for creative solutions, was to emphasize the link between drinking and health problems, and to guide the target audience to the campaign website”*

Numerous different methods were used for evaluating results of the campaigns, such as consumer surveys, follow-up studies and website user statistics:

TAI: “We measure campaigns visibility and how well people understood the message. We also measure change in behaviour intent because behaviour change is not realistically measurable” (2014)

TAI: “We have used TNS Omnibus surveys and user statistics from our website (www.alkoinfo.ee). We also do active media monitoring” (2015)

Based on the interviews and the mission statements, behavioural goals for these campaigns can be defined as:

	Behavioural goals
2009 Palju Sina Jood	1) Spread useful information and open a debate about alcohol consumption problems in society. 2) Get people to reassess their alcohol consumption habits and help them identify potentially problematic behaviours.
2010 Terviseks?	1) Inform people about the potential health risks associated with regular alcohol consumption. 2) Get people to modify or abandon their alcohol consumption habits.
2011 Iga jook jätab jälje	1) Inform people that alcohol consumption is not necessarily accompanied by immediate problems. 2) Get moderate alcohol consumers to acknowledge that they are part of the risk group. 3) Get people to modify or abandon their alcohol consumption habits.
2012 Vabanduse leiab alati	1) Inform people that alcohol consumption is not necessarily accompanied by immediate problems. 2) Get moderate alcohol consumers to acknowledge that they are part of the risk group. 3) Get people to modify or abandon their alcohol consumption habits.
2014 Vähem on parem	1) Inform people about alternative health behaviours that are available to them instead of drinking. 2) Get people to modify or abandon their alcohol consumption habits. Accept new healthier behaviours.

Table 4.1: Behavioural goals

4.1.2 Audience research and orientation

Benchmarks:

- Various data collection and research methods must be used, in order to fully understand the target audience and their needs.
- Consumer feedback should be sought at every stage of the social marketing campaign implementation process
- The campaign elements should be pre-tested with the target group.

Extensive audience research is conducted by TAI prior to implementing social marketing campaigns. Focus of the campaign creations process is on the target audience and the campaign's messages are created based on consumer needs:

TAI: *“We always have a preliminary analysis and a follow-up study.”* (2015)

TAI: *“We use numerous studies because we are partly a research agency and therefore we apply science-based methods to our work. We use all the available health behaviour studies that have been conducted in Estonia. (...) we have ordered specific target group based studies. (...) Prior to this campaign („Vähem on parem“) we conducted a target group oriented qualitative study. We studied people who have knowingly reduced their alcohol consumption recently and asked: Why did they do that? What did they gain? What were the difficulties? (...) Based on that research we created the campaign message“* (2014)

The campaigns are monitored at all times and consumer feedback is sought at every stage of the implementation process. Some changes are made (if necessary) throughout the duration of the campaign:

TAI: *“We always try to gather consumer feedback. (...) There are limited number of things we can change (during campaign implementation) – public relations plan and our websites. Also if the feedback is negative advertisements can be removed altogether.”* (2014)

Pre-testing of the campaigns is rarely done. Only one of the campaigns (“Vähem on parem”) was said to be pre-tested. It is not clear how exactly the pre-testing of the campaign was done, which data was gathered and how it was used to implement the campaign more effectively:

TAI: “No we do not always pre-test campaigns. We pre-tested the last campaign (“Vähem on parem”) with available resources. But usually – no. (...) Problem for us is what to do with the gathered data – how can we use it?” (2014)

Der Tank: “No. We do not pre-test campaigns”

	Audience research and orientation
2009 Palju Sina Jood	1) Various data collection and research methods were used, in order to fully understand the target audience. 2) The campaigns are monitored at all times and consumer feedback is sought at every stage of the implementation process. 3) Pre-testing of the campaign was not done.
2010 Terviseks?	1) Various data collection and research methods were used, in order to fully understand the target audience. 2) The campaigns are monitored at all times and consumer feedback is sought at every stage of the implementation process. 3) Pre-testing of the campaign was not done.
2011 Iga jook jätab jälje	1) Various data collection and research methods were used in order to fully understand the target audience. 2) The campaigns are monitored at all times and consumer feedback is sought at every stage of the implementation process. 3) Pre-testing of the campaign was not done.
2012 Vabanduse leiab alati	1) Various data collection and research methods were used in order to fully understand the target audience. 2) The campaigns are monitored at all times and consumer feedback is sought at every stage of the implementation process. 3) Pre-testing of the campaign was not done.
2014 Vähem on parem	1) Various data collection and research methods were used in order to fully understand the target audience. 2) The campaigns are monitored at all times and consumer feedback is sought at every stage of the implementation process. 3) Small-scale pre-testing was conducted.

Table 4.2: Audience research and pre-testing

4.1.3 Segmentation and targeting

Benchmarks:

- Different target segments should be identified and clearly defined, based on demographic factors, psychological and/or behavioural variables.
- Suitable marketing methods should be tailored to reach those selected audiences.

The main target groups are defined based on age, social status, behavioural habits, health consciousness and/or willingness to change behaviours. Throughout the years the target groups have remained largely unaltered:

TAI: *“Target groups have not changed much during the years. We started with a target group, who were not the heaviest drinkers – we found that it was important to redefine the problem of alcohol consumption (...) the problem is that almost the entire society drinks too much. That is why we have defined main target group as broadly as possible: between the ages of 25-45, both men and women. People in the target group usually have good lives, but they drink over the risk limits, and at the same time they are unaware of the problem or are in a state of denial. We have targeted the campaigns at “normal” people” (2014)*

TAI: *“The campaigns are targeted towards people, who are not yet addicts, but can control their behaviours and prevent problems (from occurring)” (2015)*

Secondary target groups are usually not defined. Though there are some different messages and support systems designed for specific segments based on their needs or intentions to accept new behaviours:

Der Tank: *“(Target groups) are defined differently for each campaign. But generally speaking we consider the target group to be the whole society.”*

TAI: *“(...) there are activities designed for smaller segments. (...) we provided different activities for people visiting nightclubs, sports clubs, etc. (...) we designed a mobile application for those people who are already taking actions for changing their behaviours. (Alko3memo)” (2015)*

	Segmentation and targeting
2009 Palju Sina Jood	<p>1) Primary target group: Men and women, between the ages of 25-45, who consume alcohol regularly over the risk limits.</p> <p>2) Secondary target groups: public at large, media and stakeholders.</p> <p>3) Applications designed for people in different stages of change.</p>
2010 Terviseks?	<p>1) Primary target group: Men and women, between the ages of 25-45, who consume alcohol regularly over the risk limits.</p> <p>2) Secondary target groups are not defined.</p> <p>3) Applications and services designed for people in different stages of change.</p>
2011 Iga jook jätab jälje	<p>1) Primary target group: Men and women, between the ages of 25-45, who consume alcohol regularly over the risk limits and are in denial about their consumption habits.</p> <p>2) Secondary target groups are not defined.</p> <p>3) Applications designed for people in different stages of change.</p>
2012 Vabanduse leiab alati	<p>1) Primary target group: Men and women, between the ages of 25-45, who consume alcohol regularly over the risk limits and are in denial about their consumption habits.</p> <p>2) Secondary target groups are not defined.</p> <p>3) Applications and services designed for people in different stages of change.</p> <p>4) Visually different advertisements were created for specific target groups.</p>
2014 Vähem on parem	<p>1) Primary target group: Men and women, between the ages of 20-35 years, who have recently thought about changing their alcohol consumption habits.</p> <p>2) Secondary target groups are not defined.</p> <p>3) Applications and services designed for people in different stages of change.</p>

Table 4.3: Segmentation and targeting

4.1.4 Exchange

Benchmarks:

- Potential benefits and costs of adopting a new behaviour need to be considered (costs can be tangible/intangible).
- Motivation for the exchange process must be provided. These exchanges can occur on a number of different levels, including coercion, demand or voluntary behaviour change

Based on the interviews, campaign materials and mission statements, it can be concluded that the campaigns had a clear exchange processes mainly by using „shoving“ and „nudging.“ Messages evoked fear about consequences of unhealthy behaviours, but at the same time provide solutions and alternatives to the risk behaviours. The last campaign (“Vähem on parem”) used positive messages about the benefits of a behaviour change:

TAI: *“(...) we focused more on communicating about the effects of bad health behaviour. These messages were meant to be threatening. Our goal is to enhance that feeling – it is dangerous. That message cannot be served gently (...) When at first we asked: “How much do you drink?” then now we ask: “Why do you drink?”(...) We are now planning on continuing with this theme for couple of years – supporting the positive health behaviour norms“(2014)*

The exchange process provided consumers with healthier lifestyles and required effort and social discomfort in return. TAI looked for ways to create motivating exchanges by considering current social norms, and designing supportive products and services that provided benefits to the consumers:

TAI: *“...there are numerous factors affecting behaviour change. First of all, it must be said that alcohol is addictive substance and alcohol addiction is a disease. Deeply rooted social norms, powered by alcohol advertisements. Social norms are related to lifestyles, and changing behaviours is a difficult and time-consuming process.” (2014)*

TAI: *“Our efforts include numerous other preventive methods. (...) counselling services provided by general-practitioners. The goal for us is to discover early signs of alcoholism. We are also working on new internet based self-help program target towards excessive alcohol consumers. (...) We are trying to cover all of the*

different steps: influencing social norms, raising problem awareness, helping people find information and offering assistance.” (2015)

Positive feedback and motivation is provided to the consumers by numerous applications (alcohol-calculator, alcohol-tests, Shotguard and Alko3memo) and services (lectures by doctors on subject of alcohol harms, counselling services provided by general-practitioners)

	Exchange
2009 Palju Sina Jood	1) Exchange value position was based on fear appeals. People were “shoved” into accepting new behaviours by informing them about the negative consequences of their behaviours. 2) Support programs, services and applications included: alcohol-calculator, alcohol-test.
2010 Terviseks?	1) Exchange value position was based on fear appeals. People were “shoved” into accepting new behaviours by informing them about the negative consequences of their behaviours. 2) New support programs, services and/or applications: interactive models and lectures by doctors on the subject of alcohol harm.
2011 Iga jook jätab jälje	1) Exchange value position was based on fear appeals. People were “shoved” into accepting new behaviours by informing them about the negative consequences of their behaviours. 2) New support programs, services and/or applications: Shotguard.
2012 Vabanduse leiab alati	1) Exchange value position was based on fear appeals. People were “shoved” into accepting new behaviours by informing them about the negative consequences of their behaviours. 2) New support programs, services and/or applications: Reasons for saying “no” application, experts (doctors, psychologists and psychiatrists) answered questions about alcohol harms on the www.alkoinfo.ee website.
2014 Vähem on parem	1) Exchange value position was based on providing positive alternatives. People were “nudged” into accepting new behaviours by informing them about the positive benefits involved. 2) New support programs, services and/or applications: Alko3memo.

Table 4.4: Exchange

4.1.5 Marketing Mix

Benchmarks:

- Social marketers have to consider best strategic uses for different elements of the marketing mix: product, price, place and promotion.

All of the elements of the marketing mix were present in the social marketing campaigns. Product was defined as “healthier lifestyle” and additional services and applications were created to help consumers achieve that benefit.

TAI: *“Product is the end result – feeling better. Product involves all of the additional resource, that help people come to the (right) conclusions. We have provided them with numerous supportive products – alcohol-calculator, alcohol-tests, etc.”* (2014)

TAI: *“We also have used very efficient counselling services related to alcohol consumption. These services are carried out by doctors and because of that are considered very trustworthy by the consumers.”* (2015)

The price for the healthier lifestyles was defined as social discomfort and effort. TAI looked for ways to create motivating exchanges by considering current social norms and designing supportive products and services that provided benefits to the consumers. The selection of media channels was made in co-operation with the media agencies.

TAI: *„We try to use all of the media channels available (...) All of the marketing channels have pros and cons. Outdoor ads are useful for creating public discussion. (...) Second important channel for us is television. Our marketing messages are often times based on telling stories and for that television is the best (channel). Also we always use our website. We use it to guide people toward certain behaviours. Other media channels are used to alter awareness and persuade people. Website is used for more personal approach.”* (2015)

Der Tank: *„We used all of the mass - and electronic media channels available to us at that time, which were also actively used by consumers. (...) Channels are always used based on the target group – it is important to achieve total effect, not effect in separate channels“*

Rakett: *“All of the channels available at that time”*

Promotion consisted of media advertising, public relations and media advocacy efforts. NeedScope⁶ tool was used to develop their brand and to assess promotion- and communication strategies:

TAI: *“We also did a study based on NeedScope method, in co-operation with TNS Emor. It is usually used for brand creation. We used it to get better insight into different types of drinkers - how many of them are there and how can they be reached. Based on that, we focused our marketing efforts”* (2014)

	Marketing Mix
2009 Palju Sina Jood	<p>Product: Product was defined as healthier lifestyle. Advertisements contained clear benefits for adopting behaviours. Supportive services, products and applications were developed to help people achieve behaviour change more easily.</p> <p>Price: Is based on consumer research. They have mapped out health benefits and the consumer effort required to achieve those benefits. Motivation for the exchange process is provided (chapter 4.1.4 Exchange).</p> <p>Place: All of the available marketing channels are used. Mass media channels are used for creating awareness. Websites, applications and doctor appointments for more personal approach.</p> <p>Promotion: Different advertising, media advocacy and public relation strategies are used throughout the campaigns implementation process. Media channels are chosen in co-operation with media agencies and are based on NeedScope study.</p>
2010 Terviseks?	
2011 Iga jook jätab jälje	
2012 Vabanduse leiab alati	
2014 Vähem on parem	

Table 4.5: Marketing Mix

⁶ NeedScope is a tool used for brand creation and guiding communication efforts, based on quantitative and qualitative research. <http://www.emor.ee/needscope>

4.1.6 Competition

Benchmarks:

- Competing messages need to be identified and actively countered in order to ensure the target audience's attention
- Competition analysis should be conducted, which includes both internal and external sources of competition.

It is not clear whether a competition analysis was conducted prior to implementing the campaigns, but despite that, they seem to be fully aware of the competing messages coming from different sectors and have strategies for dealing with them. On public sector co-operation and competition:

TAI: *“We co-operate tightly with other public sector agencies. We constantly keep in touch and co-ordinate our marketing plans and messages. We have divided up the different segments (of health behaviour) – so we do not get in the way of each other with the messages. (...) In the third sector, the most prominent agency is Terve Eesti Sihtasutus (Healthy Estonia Foundation). We keep in contact and our goals overlap completely. Though they use somewhat different methods: they emphasize networking and grassroots movements.”* (2014)

On private sector competition:

TAI: *“They (alcohol producers) do not actively campaign against us (during the period of TAIs social marketing campaigns). Sometimes there might be some „fighting“ between us with the public relations messages, but we usually keep a close contact with them and we have mapped out what are our common interest are.”* (2014)

On psychological barriers

TAI: *“(...) there are numerous factors affecting behaviour change. First of all, it must be said that alcohol is addictive substance and alcohol addiction is a disease. Deeply rooted social norms, powered by alcohol advertisements. Social norms are related to lifestyles, and changing is difficult and time-consuming process.”*

	Competition
2009 Palju Sina Jood	<p>1) External factors: Behavioural goals have been mapped out with public and third sector agencies beforehand and media plans are co-ordinated between them. Messages are divided up periodically between the agencies in order to avoid interferences with each other's campaigns.</p> <p>2) External factors: Competition from private sector. They have mapped out some common ground with private sector companies (for example finding ways to decrease alcohol consumption among minors). Alcohol producers do not usually actively campaign against their social marketing efforts. Their messages are countered through public statements, news articles and press releases.</p> <p>3) Internal barriers: Psychological factors and social norms influencing target audiences have been thoroughly researched and motivation for the exchange has been provided (chapter 4.1.2 Consumer research & chapter 4.1.4 Exchange)</p>
2010 Terviseks?	
2011 Iga jook jätab jälje	
2012 Vabanduse leiab alati	
2014 Vähem on parem	

Table 4.6: Competition

4.2 Findings

Question 1: How are successful social marketing campaigns planned and implemented and what are the key components of social marketing campaigns?

Social marketing is an application of traditional marketing principles to influence target audiences to voluntarily change their behaviour in a way that benefits both the individuals and the society as a whole. Bottom line of social marketing is behaviour change and marketing efforts that are only informative in their nature cannot be considered genuine social marketing efforts.

In order for a social marketing campaign to be successful, there are numerous core concepts that should be considered during the development and implementation process of the campaign. Andreasen (1994) proposed that there are six essential theoretical benchmarks for identifying whether a social marketing process is being used or not: (1) Social marketing campaigns must have clear and measurable behavioural goals. (2) Various data collection and research methods should be used, in order to fully understand the target audience and their needs. (3) The campaigns must be based on audience research. Different target audience segments should be identified and suitable marketing methods tailored to the selected segments. (4) Potential benefits and costs of adopting a new behaviour need to be considered. Motivation for the exchange process must be provided. (5) The campaigns product development should be assessed using all of the elements of the marketing mix (product, place, price, promotion). Product has to be affordable and accessible to target consumers. (6) Finally, competing messages need to be identified and actively countered in order to ensure the target audience's attention.

Question 2: How are social marketing campaigns implemented in Estonia?

Social marketing campaigns conducted by TAI were designed with the intent to alter target audience behaviour patterns. All of the campaigns had clearly defined behavioural goals in the mission statements. Numerous different methods were used for evaluating results of the campaigns, such as consumer surveys, follow-up studies and website user statistics. Over the years there have been changes in the behavioural goals. At first the campaigns concentrated mainly on the negative aspects of alcohol consumption. The last campaign instead focused on providing positive alternatives.

TAI is a research agency and therefore they have access to numerous health surveys and - studies done in Estonia. Extensive consumer research was conducted prior to implementing the campaigns. They also possess the knowledge on how to use health data effectively and have a good insight into their target group. If deemed necessary target group specific studies were conducted. Focus of the campaign creations process was on the target audience and campaign messages were created to suit their specific needs. The campaigns are actively monitored and consumer feedback is sought at every stage of the marketing process. Shortcomings were in the area of pre-testing, which was rarely done because they do not know how to use pre-testing data effectively.

The main target groups of the campaigns were defined based on age, social status, behavioural habits, health consciousness and/or willingness to change (most commonly as: both genders, between the ages of 25-45, drinking over the recommended limits, willingness to change - low to moderate). Secondary target groups were not usually defined or were defined very broadly (whole society, media and stakeholders). Though secondary target groups were not defined, there were elements of audience segmentation present. Various applications and services were created based on different behavioural attitudes, values or willingness to change.

The campaigns had motivating exchange processes, mainly by using „shoving“ and „nudging.“ The campaign messages simultaneously evoked fear about consequences of unhealthy behaviours, but at the same time provided solutions and alternatives to those risk behaviours. The exchange process provided consumers with healthier lifestyles and required effort and social discomfort in return. TAI was looking for ways to create motivating exchanges by considering current social norms and designing supportive products and services that provided benefits to the consumers. Positive feedback and motivation were provided to the consumers by numerous applications (alcohol-calculator, tests, Shotguard, Alko3memo) and services (lectures by doctors on subject of alcohol harms, counselling services provided by general-practitioners)

All of the elements of the marketing mix were present in the social marketing campaigns. Product was defined as “healthier lifestyle” and additional services and applications were created to help consumers achieve that benefit. The price for the healthier lifestyles was social discomfort and effort. Almost all of the available media channels were used for marketing: television, radio, printed, outdoor and digital advertisements. The selection of

media channels used in the campaigns was made in co-operation with advertising agencies.

It is not clear whether a competition analysis was conducted prior to implementing the campaigns, but despite this, they seem to be fully aware of the competing messages coming from different sectors and have developed strategies for dealing with them. TAI co-operates closely with other public and third sector agencies, and they have divided up different segments of health behaviour. Alcohol producers do not usually try to counter TAI's social marketing campaigns with their own advertisement messages. If they do, then their messages are countered through public statements, news articles and press releases. Internal barriers were researched using previously conducted health behaviour studies or by conducting specific target group based qualitative studies.

Have Estonian public health marketers implemented campaigns that reflect the basic principles of social marketing?

These social marketing campaigns can be judged to have met all six of Andreasen's benchmark criteria. (1) The campaigns have clear behavioural goals. (2) They are based on consumer research. (3) Different target audience segments are identified and suitable marketing methods tailored to the selected segments. (4) Motivating exchanges are provided. (5) All the elements of the marketing mix (product, place, price, promotion) are considered during the product/service development. (6) Competing messages are identified and actively countered in order to ensure the target audience's attention.

There are shortcomings in couple of areas and improvements can be made for the future campaigns. (1) The campaigns are usually not pre-tested. By not pretesting marketers make invalid assumptions about target audiences and their preferences, which in turn can lead to social marketing campaign messages not reaching the intended audience. (2) The secondary target groups are not usually defined or defined very broadly. Not all consumers are alike and therefore should not be treated as so. They have different needs and perceive value of products or services differently. People are exposed to vast amounts of information on a daily basis and in order to stand out and truly reach them, the message must seem as personal as possible to target audience.

Despite the shortcomings in couple of areas, all of the key elements of social marketing are essentially present and well implemented. Thus, it can be said, that these campaigns were implemented in a way that reflected the basic principles of social marketing.

Limitations of the study & recommendations for future researches

This study gave an in-depth view on how social marketing campaigns are implemented by TAI, but there are limitations that must be considered in regards to research findings. The limitations of this study come mainly from using qualitative research method and conducting some of the interviews using e-mails. Qualitative research data is heavily dependent on the skills of the researcher. It is important for the researcher not to influence the respondents during the interviews and to avoid personal biases during data interpretation. In this regard I did my best to remain objective and avoid using leading questions in the interviews.

The interviews were conducted in Estonian and then translated into English, which means some of the key points may have been lost in translation. The interviews with advertising agencies were conducted using e-mail. This is not the most suitable method for conducting interviews, because the interview questions can easily be misinterpreted by the respondents. There is also less environmental control: It is harder to ask follow up questions in order to clarify previous points and interviewees may be tempted to use outside sources for answering the questions in order to appear more knowledgeable about the subject.

Future researches should expand the theoretical basis and concentrate more on evaluation aspects of behaviour change. Correlation between implementing genuine social marketing campaigns and achieving behavioural goals should be researched further.

Conclusion

Excessive alcohol consumption is a big problem in Estonian society. In order to alleviate the negative effects of alcohol consumption the National Institute for Health Development (TAI) has undertaken numerous social marketing efforts. The main purpose of this thesis was to evaluate the implementation process of these social marketing campaigns conducted by TAI. Andreasen (1994) proposed that genuine social marketing campaigns can be recognized using six benchmark criteria. The main research question of this thesis was: Have Estonian public health marketers implemented campaigns that reflect the basic principles of social marketing?

The first part of this thesis provided a theoretical background and defined key concepts which were necessary to understand the topic of social marketing. Definition of social marketing was provided and typical components of social marketing campaigns were explained in detail. The second part of the thesis gave a brief overview of TAI and described the social marketing campaigns undertaken by them in detail. In order to find out how social marketing campaigns are implemented in Estonia, a qualitative research needed to be conducted. Case study approach was used and data was collected using semi-structured interviews, with TAI representative and marketing experts. Deductive thematic analysis was used and data were analysed and interpreted using predetermined theoretical framework.

It was found that the campaigns conducted by TAI had clear behavioural goals and were based on consumer research. Different target audience segments were identified and suitable marketing methods were tailored to the selected segments. Motivating exchanges were provided and all the elements of the marketing mix were used for the product/service development. Competing messages were identified and actively countered in order to ensure the target audience's attention. Shortcomings were found in the areas of pre-testing and defining secondary target groups. In conclusion it can be said, that the campaigns were implemented in a way that reflected the basic principles of social marketing.

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Appendix

Appendix 1: Interview questions for TAI representative

Introduction:

1. Who are you and what is your position at National Institute for Health Development?
2. How have you been involved with these campaigns?

Behaviour change:

1. How do you plan social marketing campaigns? Are there certain steps you systematically follow?
2. What is the main message of your campaigns? Has it changed? How?
3. What stops people from accepting new behaviours?
4. How do you evaluate the success of your campaigns?

Audience research:

5. Did you do consumer and/or environment research prior to the campaign implementation?
6. How do you supervise the campaigns? Do you make changes during a campaign implementation process?
7. Do you collect feedback while implementing the campaign? How? How do you use the data?
8. Has the social environment changed over the past 5 years? How?
9. Do you use pre-testing and focus groups? How/Why not?

Segmentation:

10. Who are the main target group? Has it changed? How?
11. Are there secondary target groups?
12. How do you define and segment target groups?

Exchange:

13. How do you guide people to new behaviours?
14. What are the benefits for the customers for adapting new behaviours? What are the costs?

Marketing Mix:

15. Do you use traditional marketing tools – such as branding, marketing mix? How were different elements of marketing mix used in product design?
16. Collaborations with media agencies? Do they help with the marketing plan, campaign messages, etc.? How do you rate their knowledge on social marketing?
17. Do you collaborate with third sector organizations?
18. What media channels have you used to spread the message? What channels have been most/least effective?
19. Why is it hard to forward the message?

Competition:

20. Have there been problems with competing messages from the third sector?
21. Have there been problems with competing messages from the private sector?

Miscellaneous, closing questions:

22. What have you learned from your previous campaigns?
23. What are the biggest problems conducting a social marketing campaign?
24. How much freedom do you have while creating campaigns? Are there restrictions from public sector, legislation, etc.?

Follow-up interview questions:

1. What were the desired goals for these campaigns? How were they evaluated?
2. How successful do you consider your campaigns? Have the goals been met?
3. What are the benefits for the customers for adapting new behaviours? What are the costs?
4. How do you frame organisational marketing plan?
5. Did you conduct a competition analysis prior to the campaign? How was it done?
6. Did you use different marketing strategies for different target groups?

Appendix 2: Interview questions for advertising agency experts

Introductions:

1. Who are you and what is your position at the media agency?
2. How has your agency been involved with these campaigns?
3. How have you personally been involved with these campaigns?

Behavioural goals:

4. How are the campaigns created?
5. What is your part, what is TAI's part in campaign creation process?
6. What were the goals of these campaigns?
7. How do you evaluate the campaigns? What metrics do you use?

Consumer research:

8. Did you conduct consumer research prior to planning the campaign?
9. Do you pre-test the campaigns?

Segmentation:

10. Did you define target audience? Who were they?
11. How was the target group defined?
12. Have there been changes in the target group over the years?
13. Was there any additional segmentation inside the main target group? Secondary target groups?

Marketing mix:

14. What media channels did you use?
15. What channels were most effective? Did you target certain target groups, with certain media channels?
16. Do you implement social marketing campaigns differently than traditional marketing campaigns?

2010 „Terviseks?“



Campaign poster



Excerpts from television advertisement

2011 „Iga jook jätab jälje“



Campaign poster

The screenshot shows the user interface of the 'Napsuvalve' application. On the left, it asks "LÄHEDE NAPSU VÕTMA?" and "Mine pealegi. Ei oska õigel ajal lõpetada? Telli endale või sõbrale napsuvalve." Below this, it says "Ühe kõne hind 0,64 EUR" and "Tingimused www.facebook.com/napsuvalve". In the center, there is a section for "VALI VALVUR:" with four radio button options: "Morn Maks", "Ajudoonor", "Jan Uuspõld", and "Tanel Padar". On the right, there are input fields for "KELLE:" (+372), "MIS KELL:" (12:00), "MIS PÄEVAL:" (05:12), and "KELLELT:" (+372). A large orange button on the far right says "VALVE PEALE!" with a right-pointing arrow.

„Napsuvalve“ (Shotguard) application



Excerpt from television advertisement

2014 „Vähem on parem“



Campaign posters:

„Täidad unistust või järgmist pokaali“ (Filling a glass or fulfilling a dream?)

„Loed raamatut või taarat“ (Reading a book or counting tare?)

Campaign website www.alkoinfo.ee.

Kokkuvõte

Tervisekäitumiste mõjutamine sotsiaalse turunduse abil: Juhtumiuuring Tervise Arengu Instituudi näitel.

Alkoholi liigtarvitamine on väga suureks probleemiks Eesti ühiskonnas. Alkoholi tarvitamisega kaasnevate negatiivsete mõjude leevendamiseks on Tervise Arengu Instituut (TAI) korraldanud mitmeid sotsiaalse turunduse kampaaniaid. Käesoleva bakalaureusetöö peamiseks eesmärgiks on hinnata TAI sotsiaalse turunduse kampaaniate rakendamise protsessi. Andreassen (1994) on soovitanud kuute võrdlusalust, mille abil saab hinnata, kas kampaaniat võib sisuliselt sotsiaalseks turunduseks pidada. Peamiseks uurimisküsimuseks on: Kas Eesti rahvatervise turundajad on rakendanud kampaaniaid nii et need lähtuvad sotsiaalse turunduse aluspõhimõtetest?

Töö esimeses osas käsitleti teema arusaamise kohalt olulisi mõisteid ja teooriad. Defineeriti sotsiaalse turunduse mõiste ja kirjeldati sotsiaalse turunduse kampaaniate olulisemaid koostisosi. Töö teises osas anti ülevaade TAIst ja kirjeldati nende poolt korraldatud sotsiaalse turunduse kampaaniad täpsemalt. Selleks, et saada teada, kuidas sotsiaalse turunduse kampaaniaid Eestis läbi viiakse oli tarvis korraldada kvalitatiivne uurimus. Kasutasin selleks juhtumiuuringut ja andmeid kogusin kasutades selleks poolstruktureeritud intervjuusid TAI ja reklaamiagentuuride esindajatega.

Uuringu käigus selgus, et TAI korraldatud kampaaniatel olid selgelt püstitatud käitumuslikud eesmärgid, mis põhinesid eelnevatel tarbijauuringutel. Kampaania peamised sihtgrupid olid selgelt defineeritud ja turundusmeetodid oli kohandatud erinevatele sihtgruppidele vastavalt. Loodi klientidele motiveerivaid vahetusi ja kasutati kõiki turundusmeetmestiku (*marketing mix*) komponente toote/teenuse arendamisel. Tuvastati konkureerivad sõnumid ja nende vastu võideldi aktiivselt, et saavutada enda sihtgrupi maksimaalne tähelepanu. Puudujääke esines eeltestimise ja sekundaarsete sihtgruppide defineerimisel. Kokkuvõtvalt võib öelda, et kampaaniad korraldati lähtudes sotsiaalse turunduse põhimõtetest.