“Social marketing” was first coined by Kotler and Zaltman in 1971, but the debate has been ongoing since then to agree on its precise emphasis. For example, early definitions set the aim of social marketing as influencing “the acceptability of social ideas” but now commentators agree that the objective must be to achieve “specific behavioural goals relevant to a social good”. Below are some other key areas of debate.

1. Marketing for social good, but what does “for social good” actually mean?

It is generally agreed that social marketing needs to benefit wider society, but there is an ongoing ethical debate about what that means. As early as 1974, commentators asked how to prevent social marketing being used to communicate non-socially-beneficial ideas. Another issue here is the involvement of commercial businesses. Some would argue that efforts by insurance companies to increase seat belt usage are social marketing. However, others emphasize that ‘social good’ must be the primary purpose rather than a secondary one after the bottom line.

2. How appropriate are commercial marketing techniques?

There has been much debate about the appropriateness of commercial marketing techniques to social marketing. If we apply the 4Ps, for example, what is the ‘product’? Communications materials or the desired behaviour? Despite the problems, social marketers have emphasised the success of commercial marketers (especially the tobacco industry) at using the 4Ps to solve complex behavioural ‘problems’ consumers did not even know they had.

3. Does the exchange principle always fit?

According to Schwartz and others, social marketing achieves its goals by building beneficial exchange relationships with the target group. Smith calls this the “Let’s make a deal” principle, which means that people will change their behaviour if they get something of value in return. However, what if the problem behaviour really does meet consumer needs better than any competition, even if the consequences are negative for society? What if no exchange can be found?

4. Does social marketing always mean voluntary behavior change?

Various views exist on the relationship social marketing has with non-voluntary behavior. Some argue that while social marketing itself should never be coercive, it can be used to persuade third parties (like schools or law makers) to use a coercive influence. Others argue that social marketers should concentrate on changing the conditions in which people make their decisions, to avoid the need for any persuasion at all. Finally, some social marketers believe that in some circumstances the most appropriate intervention is regulation with social marketing support.

So while definitions vary, key elements in the definition of social marketing commonly appear:

1. Its primary aim is to achieve ‘social good’ with clearly defined behavioural goals.
2. It is a systematic process phased to address short, medium and long-term issues.
3. It uses a range of marketing techniques and approaches (a marketing mix).
4. In the case of health-related social marketing, the ‘social good’ can be articulated in terms of achieving specific, achievable and manageable behaviour goals for improving health and reducing health inequalities.