ABSTRACTS BOOK
World Social Marketing Conference Sydney 2015
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Welcome to the first World Social Marketing Conference to be held in the southern hemisphere! We hope that you will agree that the conference will demonstrate that the region is a hotbed of social marketing research, theory and practice. As you will see from the jam-packed program social marketing continues to go from strength to strength, and is attracting interest from an increasingly diverse groups of students, academics, practitioners, governments, not-for-profit and commercial organisations.

We received 93 submissions in the academic stream; 53 were accepted for oral presentation and 10 for poster or workshop presentation. The 53 academic presentations that you will have an opportunity to see during the two days of the conference cover a wide range of conceptual, methodological, contextual and practice based perspectives. This demonstrates that social marketing continues to evolve beyond its traditional focus on health-related behavior (while improving health remains an important and ongoing role for social marketing across the globe).

You will hear from speakers drawing on concepts such as socio-ecological approaches, stakeholder theory, critical social marketing, value theory, service thinking, and systems thinking. Methods including surveys, focus groups, open ended interviews, ethnography, visual ethnography, and a number of mixed methods projects will feature. Presentations will focus on topics as diverse as mental health, obesity, alcohol consumption, road safety, energy efficiency and recovery from natural disasters. Demonstrating the broad reach and applicability of our discipline, we have presentations on the role of social marketing in saving lives at birth through to promoting active ageing. We are delighted to showcase the use of social marketing in 21 countries, from Australia to Zambia.

The academic committee would like to thank our marvelous track chairs for all their assistance in sourcing reviewers and making timely decisions. Your hard work ensured that we maintained the high quality of work being presented and were able to keep authors informed of the progress of their submissions. We are extremely grateful to all the reviewers for giving up their time so generously and providing constructive feedback to authors. A special thanks to those who willingly took on extra reviews as we got close to the deadline – particularly Kelly Andrews and Jo Telenta at Australian Catholic University; Cheryl Leo at Murdoch University; and Lisa Schuster at Queensland University of Technology. We would also like to thank our colleagues who chaired the practitioner submissions, Rebekah Russell-Bennett and Luke van der Beeke. Your enthusiasm, commitment (and Rebekah’s sense of humour) have made the process fun. Thank you to Jeff French and the ever patient and encouraging Matt Wilson.

Working together on the academic committee has been an enjoyable and rewarding process, and in particular the commitment shown and camaraderie shared has been a big feature of working towards the conference. Particular thanks is due to Nadia, who willingly took on the lion’s share of the work making things much easier for Sandra and Ross!
We would like to acknowledge the terrific support each of us has received from our universities – Australian Catholic University (Sandra), Macquarie University (Ross) and University of Wollongong (Nadia). Not only have they allowed us the time and resources to undertake the time-consuming process of managing the academic submissions, they have also been generous in their sponsorships of various best paper awards (details below). The Centre for Health and Social Research (CHaSR) in the Mary MacKillop Institute for Health Research at ACU also provided a sponsored conference place for a research student and for a delegate from a non-OECD country.

The biggest thanks are due to the many academics and students who submitted papers. We are inspired by the depth and quality of social marketing research that is being undertaken around the world – and are confident that the conference attendees will enjoy hearing your presentations as much as we enjoyed reading your submissions.

Finally, we would like to thank the generous sponsors of academic prizes and awards:

- Faculty of Business, University of Wollongong (Best academic paper $1000 and student paper $500)

- Australian Association of Social Marketing (AASM) (Best academic, student, and practitioner papers all receiving free delegate places at the ISM Conference in 2016).

- Centre for Health and Social Research (CHaSR), Mary MacKillop Institute for Health Research, Australian Catholic University. (Best paper from a non-OECD country)

We hope you enjoy WSM 2015 and your time in Sydney.

**Professor Sandra Jones**  
Academic Co-Chair, WSMC 2015  
Director, Centre for Health & Social Research Mary MacKillop Institute for Health Research Australian Catholic University.

**Dr Ross Gordon**  
Academic Co-chair, WSMC 2015  
President AASM  
Senior Lecturer, Dept. Marketing & Management Macquarie University, Sydney

**Dr Nadia Zainuddin**  
Academic Co-Chair, WSMC 2015  
Lecturer, School of Management Operations & Marketing University of Wollongong
Welcome from the Practitioner Co-Chairs

Well at last it’s here - the 2015 World Social Marketing Conference in Sydney. Welcome.

As Chairs, it was our privilege to see the quality of submissions and to read about the important work being done around the world to help others.

The program is very exciting and contains 31 excellent cases we received from social marketing practitioners from around the world.

A total of 47 submissions were received and after peer review, we believe the final cases are best practice case examples of social marketing in action.

We will be showcasing great examples of social marketing practice from countries including Jordan, Canada, USA, Australia, Philippines, Zambia, Bangladesh, the United Kingdom and many more.

And pleasingly, there’s also a good mix of topics under the spotlight, including sexual health; alcohol; gambling; diet; road safety; energy; disease control; sanitation and domestic violence.

During the review process the challenges of writing a social marketing case was evident. A few common issues were that many had difficulty formulating clear behavioural objectives and matching those objectives with results. There also continues to be a lack of understanding that, notwithstanding their importance in the intervention mix, social marketing constitutes more than communications and promotion.

Clearly defined behavioural objectives are necessary for social marketing to demonstrate effectiveness. The cases being presented at the Conference have all achieved this and also effectively demonstrate that social marketing is a strategic solution to social issues rather than simply an advertising campaign.

We wish everyone an enjoyable Conference and hope that the practitioner cases provide inspiration and some new ideas.

Warm regards

Professor Rebekah Russell-Bennett
Practitioner Co-Chair

Luke van der Beeke
Practitioner Co-Chair
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ADVANCING THEORY
Number: 128

A comprehensive conceptual model of contemporary coolness for brand and social marketing

Abstract
This paper presents a conceptual model of contemporary coolness that may be utilised by social marketing brand practitioners. An understanding of coolness may provide insights on segments that respond to coolness, and may aid in designing cool social marketing brands to influence these segments. The paper identifies that coolness is a multi-dimensional and often evasive concept. Relevant literature from psychology, marketing and cultural studies were reviewed to explicate the concept of coolness. A review of coolness related literature from psychology introduces an adaptation of an existing model that focuses on ‘cachet coolness’ and ‘contrarian coolness’. Based on literature across disciplines, the paper incorporates additional factors – ‘separatist coolness’ and ‘expressive coolness’ – suggesting a more comprehensive model of coolness.

Keywords:
Cool, brand personality, social marketing

Introduction
The influential presence and the gradual permeation of ‘cool’ in modern society is a source of considerable debate. Over time, this phenomenon has been documented (e.g. Danesi, 1994; Frank, 1997), marketers have taken particular interest in following ‘cool’ trends to embed coolness in brands (Southgate, 2003), and researchers have discussed the possibility of embedding coolness in Social Marketing (Bird and Tapp, 2008). However, these literatures primarily present coolness under the perspective of emerging cool trends. Cool-hunting can only benefit marketing in the short-term as the cool trends have a transient and ever-changing nature, whereas an understanding of coolness (i.e. what coolness is) may benefit marketing in the longer-term (Nancarrow et al., 2002; Southgate, 2003). While Bird and Tapp (2008) argue that social marketing can benefit from incorporating coolness, they also suggest that social marketing brands are often seen as uncool. Therefore, work to explicate what cool is in the brand marketing context, and to develop a comprehensive model of contemporary coolness holds potential for informing social marketing programmes. This paper presents a comprehensive conceptual model of contemporary coolness that may be utilised by social marketing brand practitioners.

Cool – an evasive and blurred concept in marketing
While cool-hunting has emerged as a thriving industry (Gurrieri, 2009; Southgate, 2003), an understanding of coolness in marketing has remained rather elusive (Gurrieri, 2009; Rahman, 2013). Several reasons for this elusiveness can be identified. First, literature across disciplines have approached coolness from different perspectives – as a personality trait (Dar-Nimrod et al., 2012), a cultural phenomenon (Frank, 1997), a design attribute (Sundare et al., 2014), an attitude (Pountain and Robins, 2000), a stage in life (Danesi, 1994). The different perspectives, in the absence of a more comprehensive approach, create difficulty in understanding coolness.

Dar-Nimrod et al. (2012, p. 176) opines – “coolness may have some shared intersubjectivity in its referents – or the word would not have enough shared meaning to justify its common use”, and indicates the possibility of studying coolness with an integrative scope. Second, the common and arbitrary usage of the term ‘cool’ today as a general term of evaluation and approval (Gurrieri, 2009; Nancarrow et al., 2002; Rahman, 2013; Southgate, 2003) no longer connotes the strength of meaning as it once did (Sundare et al., 2014). Understanding of coolness has to be based on the strongest expressions and perceptions of the idea to be useful in marketing. Third, empirical studies on coolness in the marketing discipline are only recently emerging (e.g. Rahman, 2013; Sundare et al., 2014; Warren and Campbell, 2014). Studies on coolness often provide a large list of ‘characteristics’ rather than limiting them to a few parsimonious themes. For example, Dar-Nimrod et al. (2012, p. 177) reports 1,839 entries of coolness-related ‘characteristics’. This overwhelming number of ‘characteristics’ of coolness often creates difficulty in suitable empirical research in the marketing discipline.

Coolness, brand and social marketing
Social marketing that address health and social behaviour change programmes involve long-term commitments. Commitment and loyalty in consumers can be encouraged by certain brand tools – e.g. brand personality (Sung and Kim, 2010), and research the tools may add to the effectiveness of social marketing. Social marketing has seldom benefitted from branding, although there are a few examples of effective branding in social marketing, such as – TRUTH and VERB interventions (Bird and Tapp, 2008; Gordon et al., 2008). Bird and Tapp (2008) suggest that certain vulnerable segments that are relevant to social marketing, such as – young adults, respond to coolness. They also propose that the authoritative image of the source of social marketing messages, along with the straight-talking messages themselves result in social marketing being seen as uncool. As such, the potential of developing cool social marketing brands is yet to be realised. Again, the gradually widening popularity of coolness indicates the potential of developing cool social marketing brands for a wider market. Hence, empirical studies on coolness have not specifically addressed brand marketing.

Whether coolness is viewed as a cultural phenomenon or a stage in life, history of cool suggests that contemporary coolness originated from cool individuals – primarily jazz musicians (Nancarrow et al., 2002; Pountain and Robins, 2000; Southgate, 2003). The objects and the behaviours that are considered cool, that have received more attention in marketing studies, are in fact, only capable of expressing the characteristics of cool individuals admired by society. It is relevant to examine coolness from an individual trait perspective to develop a comprehensive understanding of coolness. A brand tool that has relevance to studying individual traits is – brand personality, but the interest of the marketing discipline in coolness is not evident in literature on brand personality. The term ‘cool’ is briefly acknowledged, often without further investigating the concept in brand personality literature (Aaker, 1997). Therefore, examining coolness as a brand personality trait has the potential to add relevant understanding to the body of brand and social marketing knowledge.

Review of relevant literature on contemporary coolness
In order to present a comprehensive model of contemporary coolness, relevant literature was reviewed from – social marketing, marketing, sociology, humanities, and psychology disciplines. The ‘Business Source Complete’ and ‘Scopus’ journal databases were used to search academic articles, conference papers and business articles on ‘cool’ on the fields – title, keywords and abstract. The resultant 10,622 hits were reduced to a set of 139 articles through review of abstracts. Based on review of this set of literature, a database of characteristics of coolness was created. In addition, different aspects of coolness such as – history, use or implications, practitioner perspectives – were also noted during the process. This literature review suggests that Nancarrow et al. (2002) provide the most comprehensive model of contemporary coolness in marketing literature, and the most comprehensive empirical study on contemporary coolness is presented by Dar-Nimrod et al. (2012) in psychology literature.

Examining coolness from a brand personality trait perspective appears most relevant to the comprehensive understanding of contemporary coolness for brand and social marketing. Although coolness has not been studied as a brand personality trait, Dar-Nimrod et al. (2012) studied coolness from a personality trait perspective. This study on cool as a personality trait can provide insight into conceptualizing coolness as a brand personality trait. However, brand personality and human personality traits differ in how they are formed, although they might share a similar conceptualisation (Aaker, 1997). Personality traits can be seen as habitual patterns of behaviour, thought, and emotion (Park, 1986); and brand personality is a set of human characteristics or traits that consumers associate with a brand (Keller, 2008). Individuals’ behaviour, physical characteristics, attitudes and beliefs, and demographic characteristics form human personality trait perceptions (Park, 1986). Brand personality trait perceptions are formed indirectly through product-related attributes, product category associations, brand name, symbol or logo, advertising style, price and distribution channel (Aaker, 1997). The differences in formation of human and brand personality perceptions indicate the need for independent investigation on coolness as a brand personality trait.

The two-factor model of coolness as a personality trait by Dar-Nimrod et al. (2012) suggests two distinct dimensions of an overarching contemporary coolness concept – ‘cachet’ and ‘contrarian’ coolness.
According to the study, contrarian coolness may be related to the origins of coolness in black American community; whereas cachet coolness refers to the socially desirable cool that may have resulted from the popularisation of ‘cool’. Table-1 presents the categories of characteristics identified by them to describe coolness.

**Table-1: Categories of coolness characteristics (adapted from Dar-Nimrod et al., 2012)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Example of characteristic</th>
<th>Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pro-social values</td>
<td>caring, honest, selfish (R)</td>
<td>Cachet coolness</td>
</tr>
<tr>
<td>Friendliness</td>
<td>friendly, social, popular, disliked (R)</td>
<td></td>
</tr>
<tr>
<td>Attractiveness</td>
<td>handsome, attractive, ugly (R)</td>
<td></td>
</tr>
<tr>
<td>Personal competence</td>
<td>smart, talented, charismatic, incompetent (R)</td>
<td></td>
</tr>
<tr>
<td>Trendiness</td>
<td>trendy, current, hip, old (R)</td>
<td></td>
</tr>
<tr>
<td>Drive for success</td>
<td>ambitious, industrious</td>
<td></td>
</tr>
<tr>
<td>Emotional control</td>
<td>aloof, calm, detached, warm (R)</td>
<td></td>
</tr>
<tr>
<td>Rebelliousness</td>
<td>rebellious, disciplined (R)</td>
<td>Contrarian coolness</td>
</tr>
<tr>
<td>Thrill-seeking</td>
<td>adventurous, cautious (R)</td>
<td></td>
</tr>
<tr>
<td>Roughness</td>
<td>aggressive, tough</td>
<td></td>
</tr>
<tr>
<td>Hedonism</td>
<td>fun, party, party animal</td>
<td></td>
</tr>
<tr>
<td>Irony</td>
<td>ironic, sarcastic</td>
<td></td>
</tr>
<tr>
<td>Confidence*</td>
<td>confident, assured, self-assured, timid (R)</td>
<td></td>
</tr>
<tr>
<td>Unconventionality*</td>
<td>individualist, unique, mysterious, conventional (R)</td>
<td></td>
</tr>
</tbody>
</table>

* – categories that were not included in any of the presented dimensions. (R) – Reverse scored characteristic.

The characteristics of coolness found in relevant other literature were partly consistent with the characteristics suggested by Dar-Nimrod et al. (2012). Several additional characteristics that are absent in this model, but recur in coolness related literature across disciplines are presented in Table-2.

**Table-2: Additional categories and characteristic of coolness**

<table>
<thead>
<tr>
<th>Category</th>
<th>Characteristic</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pro-social-justice</td>
<td>Pro-social-justice</td>
<td>Southgate, 2003</td>
</tr>
<tr>
<td>Against corruption</td>
<td></td>
<td>Warren and Campbell, 2014</td>
</tr>
<tr>
<td>Against exploitation</td>
<td></td>
<td>Nancarrowet al., 2002; Pountain and Robins, 2000</td>
</tr>
<tr>
<td>Against racial prejudice</td>
<td></td>
<td>Bird and Tapp, 2008</td>
</tr>
<tr>
<td>Against oppression</td>
<td></td>
<td>Bird and Tapp; 2008; Frank, 1997</td>
</tr>
<tr>
<td>Autonomously</td>
<td>Autonomy</td>
<td>Bird and Tapp, 2008; Warren and Campbell, 2014</td>
</tr>
<tr>
<td>Individualistic</td>
<td></td>
<td>Frank, 1997; Pountain and Robins, 2000</td>
</tr>
<tr>
<td>Independent</td>
<td></td>
<td>Warren and Campbell, 2014</td>
</tr>
<tr>
<td>Detached</td>
<td></td>
<td>Nancarrowet al., 2002; Pountain and Robins, 2000</td>
</tr>
<tr>
<td>Progress-ive</td>
<td>Progressive</td>
<td>Gurrieri, 2009</td>
</tr>
<tr>
<td>Liberal</td>
<td></td>
<td>Bird and Tapp; 2008; Nancarrowet al., 2002; Pountain and Robins, 2000</td>
</tr>
<tr>
<td>Against prejudice</td>
<td></td>
<td>Nancarrowet al., 2002; Rahaman, 2013</td>
</tr>
<tr>
<td>Flexibility and tolerance</td>
<td></td>
<td>Nancarrowet al., 2002; Rahaman, 2013</td>
</tr>
<tr>
<td>Multi-cultural perspective</td>
<td></td>
<td>Southgate, 2003; Warren and Campbell, 2014</td>
</tr>
<tr>
<td>Aesthetic</td>
<td>Aesthetic</td>
<td>Nancarrowet al., 2002; Southgate, 2003</td>
</tr>
<tr>
<td>Superior or good taste</td>
<td></td>
<td>Nancarrowet al., 2002</td>
</tr>
<tr>
<td>Elegant</td>
<td></td>
<td>Rahman, 2013</td>
</tr>
<tr>
<td>Artistic expressions</td>
<td></td>
<td>Nancarrowet al., 2002</td>
</tr>
<tr>
<td>Creative</td>
<td>Creative</td>
<td>Bird and Tapp; 2008; Rahaman, 2013</td>
</tr>
<tr>
<td>Innovative</td>
<td></td>
<td>Gurrieri, 2009; Warren and Campbell, 2014</td>
</tr>
<tr>
<td>Related to art, music and performance</td>
<td></td>
<td>Nancarrowet al., 2002; Pountain and Robins, 2000</td>
</tr>
<tr>
<td>Novelty-oriented</td>
<td>Constantly up-to-date</td>
<td>Bird and Tapp; 2008; Nancarrowet al., 2002; Southgate, 2003</td>
</tr>
<tr>
<td>Informed of the new</td>
<td></td>
<td>Nancarrowet al., 2002; Pountain and Robins, 2000</td>
</tr>
<tr>
<td>Contemporary</td>
<td></td>
<td>Pountain and Robins, 2000; Southgate, 2003</td>
</tr>
<tr>
<td>&quot;Moving on&quot;</td>
<td></td>
<td>Bird and Tapp; 2008; Rahaman, 2013</td>
</tr>
<tr>
<td>Post-modern</td>
<td></td>
<td>Bird and Tapp; 2008; Nancarrowet al., 2002</td>
</tr>
<tr>
<td>Separatist</td>
<td>Separatist, exclusive or selective, judgemental</td>
<td>Nancarrowet al., 2002</td>
</tr>
<tr>
<td>Cult</td>
<td></td>
<td>Gurrieri, 2009</td>
</tr>
<tr>
<td>Authentic</td>
<td>Authentic</td>
<td>Bird and Tapp; 2008; Nancarrowet al., 2002; Rahaman, 2013</td>
</tr>
<tr>
<td>Against artificial</td>
<td></td>
<td>Nancarrowet al., 2002</td>
</tr>
<tr>
<td>Original</td>
<td></td>
<td>Bird and Tapp; 2008; Pountain and Robins, 2000; Sundarett, 2014</td>
</tr>
<tr>
<td>Expressive</td>
<td>Clear expressions</td>
<td>Southgate, 2003</td>
</tr>
<tr>
<td>Self-expressions</td>
<td></td>
<td>Bird and Tapp; 2008; Frank, 1997; Southgate, 2003</td>
</tr>
</tbody>
</table>

**Research implications**

The additional categories of characteristics of coolness that are identified from literature review but are absent in the existing model suggest the need for a more comprehensive model of contemporary coolness. A conceptual model that accommodates the additional characteristics of coolness presented in Table-3. Two additional dimensions are also presented in this more comprehensive conceptual model. Contemporary coolness evolved from its black American community origins through various stages to become a larger global phenomenon, and in the process may have developed the multi-dimensionality. These two proposed additional dimensions of coolness and their relevance are discussed in the next sections.

**Table-3: Dimensions of a more comprehensive conceptual model of contemporary cool**

<table>
<thead>
<tr>
<th>Cachet coolness</th>
<th>Contrarian coolness</th>
<th>Separatist coolness*</th>
<th>Expressive coolness*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pro-social values</td>
<td></td>
<td>Rubbelsousness</td>
<td>Aesthetics*</td>
</tr>
<tr>
<td>Friendliness</td>
<td></td>
<td>Thrill-seeking</td>
<td>Authenticity*</td>
</tr>
<tr>
<td>Attractiveness</td>
<td></td>
<td>Novelty-oriented*</td>
<td>Expressiveness*</td>
</tr>
<tr>
<td>Personal competence</td>
<td></td>
<td>Separatist*</td>
<td>Expressiveness*</td>
</tr>
<tr>
<td>Emotional control</td>
<td></td>
<td>Unconventionality*</td>
<td>Confidence*</td>
</tr>
<tr>
<td>Drive for success</td>
<td></td>
<td>Irony*</td>
<td>Pro-social-justice*</td>
</tr>
<tr>
<td>Emotional control</td>
<td></td>
<td>Progressive*</td>
<td>Creativity*</td>
</tr>
</tbody>
</table>

* - Category of characteristics added to the model by Dar-Nimrod et al. (2012)

A study to test the conceptual model should apply a mixed-method approach, as a mixed-method approach is considered more suitable for studies in the marketing discipline that seek both insight and generalisability (Harrison and Reilly, 2011). Hence, a study to test this model should incorporate exploratory qualitative research to understand appropriateness of this model, and quantitative factor analysis for examining model-fit and generalisability.

**Separatist Coolness**

Contemporary coolness originated in black American community, in minority subcultures that sought acceptance of larger society and fought own insecurity. Gradual permeation of coolness in larger society in recent times should eliminate the subcultural characteristic of coolness. However, coolness literature describes subcultures or cults that are monitored for cool-hunting (Gurrieri, 2009; Southgate, 2003). Nancarrowet al. (2002) also suggest that contemporary coolness is judgemental – e.g. dismissively calling outsiders of the group – ‘the sheep’ (p. 318). The contemporary existence of such subcultures or cults, and the description of coolness through autonomy, authenticity and unconventionality (categories of characteristics presented in Table-2) assert a ‘separatist’ coolness at a time when coolness has already been globalised and widely popularised. A separatist coolness dimension, as proposed in the conceptual model, has potential to integrate cultural studies on cool in the understanding of contemporary coolness.

**Expressive Coolness**

The current efforts of marketing in cool-hunting aim to identify emerging cool trends, and to capitalise on them by catering to the need for cool expressions of a wider market. Marketers who try to incorporate coolness in their brands design marketing-mixes that include insights on cool expressions from cool-hunting (Gurrieri, 2009; Southgate, 2003). Coolness studies that focus on symbolic interactionism theory also indicate the need for expressiveness and expressions in coolness. A dimension presented in the conceptual model of contemporary coolness is the expressiveness that has to portray aesthetics, novelty-orientation, creativity and confidence (categories of characteristics presented in Table-2). The ‘expressive’ coolness dimension has the potential to integrate studies on coolness in product and promotion design in a comprehensive model.

**Conclusion**

The long-term commitment and loyalty of the market that is required for social marketing can be attained through strategic use of brand tools such as – brand personality. Strategically designing and developing social marketing brands with ‘cool’ brand personalities may allow social marketing to be more effective. From this perspective, the presented comprehensive conceptual model suggests four different dimensions of contemporary coolness – cachet coolness, contrarian coolness, separatist coolness, and expressive coolness. Existing social marketing interventions aimed at
inclusion (e.g. volunteering) may suitably utilize cachet coolness, whereas expressive coolness may be more suitable in designing engaging interventions for social marketing products (e.g. self-test kits, environment-friendly equipment). While separatist coolness may be considered by social marketers for interventions related to challenge conventional views and new behaviour adaptation (e.g. sun-protection), contrarian coolness may provide insight in understanding marginalized vulnerable segments (e.g. drug-abusers). A comprehensive model for contemporary coolness will likely aid both commercial and social marketing in understanding segments that respond to coolness, and will also likely aid in designing cool brands to influence these segments.

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Advancing Theory and Research in Social Marketing: Interactive Management for Complex Problem Thinking
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Abstract
In recent critiques, criticisms and calls for advancement, three substantive issues challenge the domain of social marketing – exchange myopia, value-action gaps and micro level research. In this empirical paper, a European study emphasises the importance of shared marine ecosystems for society using Interactive Management (IM), a scientific solution-seeking methodology that illustrates the ability to collectively visualise the structure of a shared problem, and use this collective intelligence to design solutions and intervention strategies for social action. The adoption of IM by social marketing is an approach to change cartography, which seeks to overcome the three dependent social marketing limitations that impede our ability to resolve complex or wicked problems in society such as obesity, climate change and sustainable marine ecosystems.

Introduction.
Social marketing shoulders the responsibility of connecting individual behavioural change with social good, societal values and collective wellbeing. Yet limited success at producing effective and sustainable change taunts social marketers in the face of complex and wicked societal ills, as many interventions have narrow impact and insufficient reach (Stead et al., 2007; Langford and Panter-Brick, 2013). In response, this paper highlights three substantive issues - exchange myopia, value-action gaps and micro level research - in recent critiques, criticisms and calls for advancement, for a more sophisticated social marketing (Dibb, 2014; Hastings and Domegan, 2014). To address these conceptual challenges and move from abstractions to an empirical illustration, the paper next describes Interactive Management, (IM) a scientific solution-seeking methodology, along with its recent EU application. The paper closes with a discussion of the theoretical and methodological contributions of adopting a wider and holistic approach in social marketing, such as those highlighted by IM, to grapple with complex or wicked problems such as obesity, climate change and sustainability.
Social Marketing: Recent Critiques, Criticisms and Calls for Advancement

Three substantive issues, from recent health and environmental critiques, combined with increasing criticisms and calls for advancement form, the foundation for social marketing discussions and research advancements that confront 21st century social marketing. The first comes from social marketing’s theoretical myopia with exchange: the second stems from the related and emerging understandings of value-action gaps, as seen in Zainuddin (2013) and Gordon’s (2012) studies; and the third concern, a methodological one, comes from the dominance of micro-level and formative research in social marketing practice.

The first substantive issue for theory advancement goes to the essence of social marketing – its exchange paradigm. “Exchange theory does not replace or supervise other behavioural theories, but its premise of mutually beneficial rewards is central to social marketing’s change agenda. Without exchange theory, there is no social marketing” (Hastings and Domegan, 2014, p.73). The rhetoric of social marketing may undoubtedly concern behaviour change, theories, research and segmentation, but the reality is, that all too often in social marketing there is an absence of exchange theory. Rundle-Thiele (2014) confirms this absence of exchange theory in social marketing with only 33% of alcohol prevention, 32% of nutrition and 22% of smoking interventions reporting use of exchange. The takeaway message - advancements in social marketing will be increasingly limited without exchange theory. A key element of expanding social marketing theory – and this paper – is, then, exchange theory, as it can help people strive towards achieving social cohesion, not corporate power and selective enrichment (Hastings and Domegan, 2014).

The second substantive issue for social marketing, identified by Brenkert in 2008, intensifies when we conceptually connect exchange theory with emerging value constructs. Values in social marketing are “highly individualised, subjective and based upon experiences, actual and perceived” (Hastings and Domegan, 2014, p.270). The lessons from social marketing studies on value-in-use (experiential values) and perceived value (value-in-behaviours) (Domegan et al., 2013; Zainuddin 2013; Gordon, 2012) state that interventions should engage with value discovery and justification, or experience the inability to unify values, attitudes, beliefs, actions and behaviours with wider social determinants to close value-action gaps. How so? Crawshaw (2012, p.206) explains when he says “powerful competing discourses are overlooked in favour of the presumption of shared understandings of value-action gaps, as seen in Zainuddin (2013) and Gordon’s (2012) studies; and the third concern, a methodological one, comes from the dominance of micro-level and formative research in social marketing practice.

The third and final issue; a methodological one, is about the dominance of micro-level research in social marketing. It results in a scarcity of multiple levels research at a time when social marketing is increasingly faced with complex and wicked problems. Dhalokia (2012, p.220) summarises the micro-macro dilemma well as “micro-level interventions are admirable but the depiction of macro-research endeavours is not”. Social marketing researchers such as Dresler-Hawke and Veer (2006); Spotwood and Tapp (2013); Hastings and Domegan (2014) acknowledge the limitations of micro studies and call for research at multiple levels – micro, meso and macro – to uncover otherwise hidden links and processes that remain concealed when research is restricted to one level (Gurrieri et al., 2014). Social marketing theory and research needs the ability to collectively visualise the structure of a shared problem and use this knowledge to design solutions and strategies for collective action.

To avoid simplistic and reductionistic approaches to complex and bigger-than-self problems, social marketing seeks theoretical diversity and the balancing of behavioural change with social change. To achieve this theoretical diversity this paper next describes Interactive Management, (IM) a scientific solution-seeking methodology to social change, along with a recent EU application to address each of the three substantive issues outlined above.

Interactive Management (IM): A Solution-Seeking Methodology for Complex Problems

When working with groups to facilitate complex problem thinking in order to create mutually beneficial exchanges based on new shared values, we believe it is important for social marketing to facilitate joint actions by a variety of stakeholders across and between sectors, communities, networks and countries. We believe that research with societal stakeholders into the description and design of problems, solutions and policies is fundamental to social marketing’s theoretical expansion and societal progress. From a research perspective, it’s critical to have (1) a facilitation team that helps to structure group deliberations using (2) group methodologies, including software support systems that help with generating, categorizing, structuring, and sequencing ideas and developing action agendas in the context of (3) a productive workshop space. There are a variety of different methods that can be used to facilitate complex problem theory and research in this regard.

In Europe, we have used Interactive Management (IM) developed by John Warfield (1974). IM is a computer facilitated thought and action mapping technique that helps groups to develop outcomes that integrate contributions from individuals with diverse views, backgrounds, and perspectives. IM has been applied in a variety of situations to accomplish many different goals, including designing a national agenda for primary health care (Creedon & Feeg, 1998); promoting world peace (Christakis, 1987) and improving the Tribal governance process in Native American communities (Broome, 1995). The theoretical constructs that inform IM draw from both behavioural and cognitive sciences, with a strong basis in general systems thinking. The IM approach carefully delineates content and process roles, assigning to participants responsibility for contributing ideas, responding to the facilitator, responsibility for choosing, implementing selected methodologies for generating, clarifying, structuring, interpreting, and amending ideas.

The application of IM in this study followed a typical IM session (see Figure 1) where a group of participants (N = 12-21) who are knowledgeable about a particular situation engage in a five step process to: (1) generate and clarify ideas; (2) vote, rank order, and select ideas for structuring through group discussion and multi-voting procedures; (3) structure ideas using IM software; (4) evaluate the graphical structural map with the group and amend if necessary; and (5) transcribe group discussion, explore the discourse and reasoning to further understand the nature of group thinking. The IM session then closes and the group leaves with a comprehensive action plan, detailing a specific set of goals to work on and a roadmap describing how the various participants’ goals will work together to resolve the behavioural problem under investigation.

The sampling strategy defined knowledgeable participants selected for this EU IM study as societal (rather than sectoral) stakeholders, who were then classified as primary (p), secondary (s) or influencers (i). Primary societal stakeholders were those groups whose economic and societal welfare was dependent on the ocean, e.g. fishermen, aquariums, national service and City Councils. Secondary societal stakeholders were actors whose economic and societal welfare was dependent on the economy of the primary stakeholders, e.g. researchers, the media and the government (N = 249; 83p; 83s and 83i).

Results

Figure 2 illustrates an IM structural map, generated by participants at one EU consultation (September, 2013, n = 15; 5p; 5s and 5i) who responded to a specific trigger question - What are the Barriers to a Sustainable Marine Ecosystem in Food Supply? The structural map is to be read from left to right, with paths in the model interpreted as ‘significantly aggravates’. Boxes with two or more elements together indicate reciprocally inter-related elements.

In this particular structural map, a ‘lack of vision by policy makers towards the sea’ significantly aggravates ‘lack of interdisciplinary research – marine, science, ecology, economics’. Barriers grouped together in the same box, such as ‘lack of vision by policy makers
towards the sea’, the country ‘suffers from sea blindness’ and ‘lack of standalone marine department with sufficient weight’ are reciprocally inter-related and they significantly aggravate one another. Three different barrier aggravation pathways are evident in Figure 1, with directional arrows indicating aggravating barriers.

Figure 1: Steps in the IM Process

Discussion

Utilising the group strengths of IM, from its behavioural and cognitive sciences foundation with its methodological abilities to separate content and process roles, IM offers the potential to advance social marketing’s exchange paradigm through a management lens by narrowing the value-action gaps and providing an innovative, validated empirical meso and/or macro alternatives to micro-level research in social marketing. IM taps into a broadened concept of exchange from a societal (rather than a sectoral) stakeholder level, as richer understandings are derived from the synergies of intelligence, expertise and lived experiences of each societal stakeholder around the complex problem. Deeper economic and social exchange insights also come from societal stakeholders working together to develop shared understandings of the problem, addressing the ‘what’ and ‘how’ of the problem and seeking a set of solutions matched to the complexity of the social issue. As can be seen in this IM application, stakeholder consultations can provide valuable input that can be used to advance a ‘mutually’ understood and ‘mutually’ beneficial exchange agenda for social marketing.

IM consultations can narrow the value-action gaps by identifying and mapping we-values and potential propositions of stakeholders. Arising from the IM process, we-values supersede i-values as a result of interpersonal communications fostered through a democratic, consensus building process that facilitates buy-in and enhances the legitimacy of decision-making groups. The exchange of diverse sets of intelligence and lived experiences adjusts the ways in which participants reflect upon their own values, by considering conflicting value sets and modulating their individual views with the group’s collective value-actions, creating we-values for stronger IM outputs i.e. the structural barrier maps and collective solution sets. When tackling global challenges such as obesity, climate change and sustainability, it is the activation of these we-values, versus i-values in society that needs to form the basis of social marketing exchanges and interventions.

From a methodological stance, IM creates opportunities to merge data across multiple groups and analyse group differences and similarities using meta-analysis, given the standardized and structured approach used and provides an option to link qualitative structural models of system interdependencies to quantitative modelling efforts by drawing upon data from surveys and other forms of research. The meta-analysis is based upon thematic overlaps that provide insight into the levels of influence of each barrier at a group level. Furthermore, IM creates the ability to establish feedback loops between multiple working groups and multiple levels of analysis such that: (a) there is growing awareness amongst societal stakeholders of a diversity of perspective, and (b) quantitative models are evaluated in light of qualitative reasoning and qualitative models are considered in light of rigorous quantitative analysis. A recent study by Chang (2010) compared the results of IM with Structural Equation Modelling (SEM) and found a high degree of consistency between models generated by participants in an IM session and quantitative relationships confirmed in SEM. Consistent with Maani and Cavana (2000), we believe that IM modelling can be used as a foundational step for groups that seek to develop consensus-based computational models in a team setting.

Finally, while not new to community social marketing or action research, IM is of value to the social marketer who seeks a research process which itself can yield intervention outcomes, engagement, participation and value enhancements. Knowledge sharing and learning is critical to addressing wicked problems in health and human services where the research itself is underpinned by an emphasis on raising participants’ self-awareness and self-development.

Conclusion

It is time for the creativity and innovation of social marketing theory to be matched by equal creativity and innovation in its research, for change to be achieved. Many individuals, clients and stakeholders, are not conscious of how their i-value exchanges in their day-to-day actions and local communities can have a cumulative effect on our relationship with health, environment and society. The increasing complexity of social issues and wicked problems challenges social marketers to be innovative in how they use exchange theory, value constructs as well as in how they perform research. Going beyond micro-level research to macro-level insights, augmenting what the barriers, motivators and value facilitators to exchange are, with mapping and measuring how they are interrelated, together with the identification of a range of solutions, moves social marketing forward through a management lens. The use of IM in this EU application identified the cross-cutting behaviours to be addressed, which have influenced the mobilisation-to-action plans currently being designed to implement across Europe in 2015 in order to move towards a sustainable marine ecosystem.

To conclude, a fundamental aspect of theory expansion for social marketing is the ability to collectively visualise the structure of a shared problem, and use this knowledge to design solutions and strategies for collective exchange action. In this paper, we described an approach to change cartography that seeks to overcome three dependent social marketing limitations which impede our ability to resolve complex problems: poor critical exchange thinking, limited value constructs and scales to facilitate group coherence, consensus design and collective action, and a lack of macro research methodology capacities. Interactive management (IM), a solution-seeking methodology represents a social marketing advancement in theory and research to address complex social ills.

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Number: 26

Enviro-ethical Dialogism: Implications for CSR and Consumer Engagement

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Abstract

In this paper, we discuss the emerging paradigm of consumer dynamism and corporate social responsibility (CSR), which we call "enviro-ethical dialogism." Increasing scrutiny of businesses in a climate of "accountability" and "transparency" is shifting profitability opportunities and re-focusing consumer attention on historically externalized operations of businesses. Identifying and coordinating variables that are driving changes in the relation between consumers and businesses can help businesses better understand ethical metrics of CSR which will continue to interpenetrate business and consumer loci of decision-making. An overall marketing strategy

Introduction

In the last decade in the United States, the concepts and practices of accountability have received increasing attention and revision, within the business sector and, increasingly, in public arenas. This scrutiny has rapidly shifted the role of ethics—enlarging and diversifying performance indicators, for example—in profitability, but also in production and social impact. In the meantime, consumer decision-making behaviors have also shifted. In this paper, we present a preliminary discussion on the emerging paradigm of enviro-ethical dialogism, containing social responsibility and corporate dynamism. We provide an overview of a number of key shifts in the relation between businesses and consumers, focusing on a different mode of practicing CSR. We then pose an outcomes-based model for measuring CSR, and argue for a more prominent role for CSR in environmental ethical consumer relations. The main contribution of this paper is to explore the relation between CSR and the current communication and participation demands of consumers, in order to identify emerging opportunities for businesses struggling to unify approaches to corporate social responsibility, understand changing modes of consumer decisions, and, ultimately, coordinate their profit-motives with their motives to support the environmental viability of communities in which they operate. In fulfilling their responsibilities to the communities in which they operate, businesses now must take on an educative dimension in their CSR approaches, given the increasing role environmental ethics will play in the marketplace—and the contradictory, often confusing metrics by which consumers now make purchasing decisions.

Shifting Business Ethics and Consumer Behavior

According to the Union of International Associations, "[t]he number of international nongovernmental organizations that scrutinize the ethics of organizations has increased worldwide from 30,000 in 2000 to over 60,000 in 2007" (Union, 2008). Similarly, according to the Social Investment Forum, "ethical and sustainable investing in the U.S. increased from $639 billion in 1995 to $2,159 billion in 1999 and from $2,290 billion in 2005 to $2,711 billion in 2007 (Social, 2007). These figures alone suggest that the grounding assumptions for understanding the constitution of ethical behavior—in a business context, the construction of 3 a relation between businesses and consumers—is shifting rapidly. On the one hand, the demand on businesses is rising, from all quarters, for accurate, objective information about ethical performance; on the other, consumers themselves have also become more active in demanding evidence of the link between increased social awareness of environmental and social impacts and practices in business ethics. Across the 2000s, for example, consumer demand to greater expectations for businesses' ethical orientation. By 2008, "57 percent of U.S. consumers currently say that their purchase decision could be influenced by whether or not a product supports a worthy cause" (Nielsen). This trend has gone global: in a 2012 Nielsn study, "two thirds (66%) of consumers around the world say they would prefer to buy goods and services from companies that have implemented programs that give back to society" (Nielsen).

Perhaps more telling, the Nielsn 2012 survey results indicate that, among a list of eighteen causes that companies should support, environmental sustainability was ranked most significant by 66 percent of respondents. The 2013 Cone Communications Social Impact Study makes an even more trenchant statement about the consumer climate of expectation: "More than nine-in-10 [American respondents identified as socially-aware] look to companies to support social or environmental issues in some capacity, and 88 percent is eager to hear from companies about those efforts. A whopping 91 percent wants to see more products, services and retailers support worthy issues – up eight percentage points since 2010" (p. 7). The trends in consumer expectations are clear. Or so it seems.

The problem posed to businesses by this bewildering set of decision-making vectors and the issue of selecting inputs to define accurate metrics for tracking choices in the current consumer-driven climate is daunting: how can businesses respond proactively to such a rapidly shifting, volatile set of metrics, actors, stakeholders, external organizations, communication demands, etc.? As Bucic et al. (2012)
note, the incongruity between “what consumers value most” at the point of purchasing behaviors and “how marketers should market products” (p. 127) presents a situation that remains largely inexplicable. In light of the shortcomings of current methodological approaches to the phenomena, Newholm and Shaw (2007) advocate for a new direction in research, governed by an anti-enlightenment assumption: the purchasing behavior behind ethical consumption should be explored as something other than “rational” activity. Although not without its own set of limitations for marketers, “consumer engagement” discourse has emerged recently as an attempt to fill the knowledge/motivation gap between CSR marketers and consumers. These approaches circumvent the assumption that “rational decision-making” is in the font of consumer purchasing behavior; instead, this approach encourages, and tracks, consumer behavior without directly engaging in understanding consumer motivation(s).

Del Pinto identifies key behavioral characteristics in the emerging marketplace. Consumers, at once anonymous and social, “aren’t interested in just reading about a product—they want to utilize a social network or communal dialogue to solve a specific problem” (“Trends and Observations”). In this marketplace, consumers “don’t just access information—they contribute to it and create it” (“Trends”). This widespread trend inverts the paradigmatic relation between “purchasing decision-making behavior” and “consumer motivation”; as the “consumer engagement” denomination suggests, consumer behavior itself becomes content. Such consumer behavior is governed by seeming opposites: as Del Pinto notes, the key characteristics of these forms of consumer interaction with a product or brand are that the experience remains “personalized and tailored…social and interactive…and destination neutral” (“Trends”)—despite being embedded in, and anchored explicitly throughout, subjectively shaped assumptions about the very nature of organizations and social culture and identity of consumers themselves. Del Pinto identifies this phenomenon as a “fundamental paradigm shift” in both consumer interactions and expectations (“Trends”).

How can businesses better position themselves as “going (ethical) concerns” in the face of rapid changes posed by what is likely to become the most intractable arena of business ethics: environmental ethics? One tool that has been a mainstay in businesses’ ability to address ethical considerations in the marketplace is the concept of Corporate Social Responsibility (CSR). Although CSR has a relatively short history of development and refinement, that history has been characterized by the definition of a set of performance measures whose primary aim has often been to represent more of a company’s internal atmosphere—in particular, its internal climate of ethically-based decision-making and action—than the relation of a company to its “rational decision-making behavior”; instead, this approach encourages, and tracks, consumer behavior without directly engaging in understanding consumer motivation(s).

Mark (2005), largely in agreement with Del Pinto’s assessment of the “changing consumer” and emerging “new rules of engagement,” argues for a reinvigoration of the role of strategizing in marketing campaigns. The best practice, she contends, is to recognize the opportunity that consumer engagement models offer: to “rewrite the rules [of marketing] by pursuing literally scores of microniches in a consumer-direct world” (p. 18).

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plenty of actions, claims, and misunderstandings, but no coherent action plan for best practices—either for businesses or consumers. Each group seems to be poised to act on what they know, while waiting for the other to lead although there is significant misinformation circulating about sustainable action.

Towards an Understanding of Integrated Business Ethics

Both McCoy (1985) and Selznick (1957) recognize the importance of integrating values, performance, and policy in today’s business climate. Nowhere, for businesses and consumers alike, is there more at stake in aligning values, performance, and policy than in environmental ethics. Pressure on the environmental, ethical strategies and overall climate of business activities continues to increase, increasingly from “internal” stakeholders but more so from “outside groups”, as trends in accountability, transparency, consistency of performance and a host of other factors continue to drive now widely-available, publically-traded information.

The question of how to move forward, then, seems the most pressing, both for businesses interested in maintaining strong strategic performance indicators, and for consumers, attempting to act in the absence of accurate information (or representation) of the emerging ethical climate. Thus, given this current business context—a cultural context in which ethical values are carried into the marketplace as elements of “social responsibility” enlarged and shaped by social, political, historical, and cultural events, and re-applied from without. This perspective provides a more holistic account of both patterns of behaviors and metrics for measuring deeper levels of ethical engagement and performativity.

But “ethical performance” is not only a normative workplace expectation; increasingly, consumers are seeking to broaden applications of ethical performance. Many of these consumers are also demanding specific performance metrics in the reporting-out of ethical action across an enterprise’s activities. Thus, ethics programs within businesses “consist of the measures, policies, and instruments an organization adopts to promote ethical behavior and deter unethical behavior” (Kapstein, 2010, p. 603). However, these same expectations are carried into the marketplace as elements of “social responsibility” enlarged and shaped by social, political, historical, and cultural events, and re-applied from without. This perspective provides a more holistic account of both patterns of behaviors and metrics for measuring deeper levels of ethical engagement and performativity.

Thus, given this current business context—a cultural context in which philanthropy is increasingly called into question as the best investment in CR—Halme and Laurila (2009) posit “philanthropy, integration, and innovation” (p. 326) as the three categories for understanding a business enterprise’s relation to its social context and responsibility. They define these categories as follows: (1) Philanthropy (emphasis on charity, sponsorships, employee voluntarism etc.); (2) CR Integration (emphasis on conducting existing business operations more responsibly); (3) CR Innovation (emphasis on enlarging and shaping new business models for solving social and environmental problems) (p. 330). For environmental sustainability applications, the base of this model requires development and repositioning; a model that builds upon this work could incorporate aspects of the “Circle of Sustainability” approach, currently used primarily by cities and urban settlements (and arising from a 2008 UN paper); other contributors to the model include ROI measurements, online tracking of consumer engagement, more intentional development and maintenance of “consumer engagement” communication initiatives, and marketing approaches that encourage a deeper engagement between consumers and businesses (as can occur in social marketing strategies). Then inform a revised conceptual model—the enviro-ethical metrics of corporate responsibility. Reconceived through an outcomes-based approach, CSR strategies can take a prominent role in positioning businesses in the current consumer climate: revised through the information management strategies above, CSR can assume a prominent place in integrating and coordinating internal processes across a business’ operations, and serve to clarify, and orient, a business’ communications with consumers.

Conclusion and Future Research

Many businesses are struggling to balance traditional measures of profitability with the emerging ethical climate of production and consumption. Many companies are attempting to position themselves proactively by inventing or subverting traditional approaches to CSR; increasingly, businesses are seeking to position, or re-position, their operations through the ethics of environmental sustainability. In the current discursive fields of consumer decision-making and CSR models, there is an urgent need for businesses to shift the ways they think about CSR as a relatively inert form of traditional or social marketing, or creating and supporting “charity events” that display little integration with the core missions of their enterprises. Businesses must shift rapidly to a more integrated, holistic, outcomes-based approach for both conducting and reporting on their operations, as increasingly consumers are looking across businesses’ activities for the codes of integrative operations—from input streams in production cycles to plant operations to waste reduction or elimination. Similarly, consumer communities are also more aware than ever before of the social and environmental impacts businesses are having on both local and global communities. Directions for future study include additional research into how consumers make environmentally-based purchasing decisions, how businesses understand “environmental” as opposed to “business” ethics, both of which have received little attention in business ethics (and CSR) scholarship.

References


Number: 30

Improving the Social Marketing Experience

Abstract

The quality of the overall emotional “experience” is critical to commercial marketing. In too many areas that social marketing operates, however, most efforts tend to rely on rational informational campaigns and negative “fear” efforts. Although research suggests that negative appeals motivate human behavior, there is also evidence that they are not the most effective strategy, especially with reluctant audiences. Given this context, we argue for the importance of improving experiential aspects of social marketing, including, but not limited to, the use of positive appeals and other “enabling” efforts. Examples are provided. A focus on positive and enabling efforts would differentiate social marketing from public health education and build positive perceptions of social marketing.

Introduction – Positive Experiences and Positive Affect

Pine and Gilmore (1998) proposed that the quality of our experiences are critical in determining the success of commercial marketing efforts in the late 20th century. They suggested that we consider how the overall emotional “experience” contributes value to a transaction. Pine and Gilmore proposed that consumers may evaluate experiences in terms of entertainment, education, escape, or the aesthetic aspects and that these, in turn, shape consumer satisfaction. Evidence suggests that experiential aspects of marketing have long been considered in commercial marketing practice (Tynan and McKechnie, 2009).

Too often in areas related to social marketing efforts such as health and the environment, those trying to create change think of consumers as cognitive information processors and focus too heavily on rational factors (Carvalho and Mazzon, 2013). This can be seen in names such as the “Theory of Planned Behavior,” “Information Seeking,” the notion of “Information Campaigns” and the whole field of “Health Information,” As Carvalho and Mazzon observed, “social behaviors are barely a resultant of single forces. On the contrary, they are most often determined by an interaction of complex influences, ranging from unconscious and biological ones to the broader level represented by situational pressures, social class and culture.” (p. 183)

Emotion is critically important in human behavior. In terms of a brief review of the history of the non-rational, Freud, one of the most important thinkers of the 20th century (Haggblom, 2002; Time Magazine, 1999), focused on sub-conscious forces in human behavior. Kahneman and Tversky also examined the limits of people’s rational decision making (Altman, 2004). Zajonc (1980) proposed on the primacy of affect. Bringing this to the field of marketing, Hirschman and Holbrook implored us to examine the importance of hedonic factors in consumer behavior (Hirschman and Holbrook, 1982; Holbrook and Hirschman, 1982). So there has been some movement toward the recognition of emotion and the environment in commercial marketing.

In commercial marketing our paradigms and methods are partly responsible for failing to adequately acknowledge the experiential aspects of marketing (author, under review). LeDoux (1996) proposes that behavior is usually the result of automatic brain systems where people act and then create a coherent history based on this action. Hirschman and Holbrook (1980, p.96) suggested that although the choice of utilitarian products might best be predicted using the rational expectancy-value approach, consumption of hedonic products such as ballet, music and theatre should be more driven by emotional aspects. In addition to these commercial products, however, emotional aspects are generally very important in social marketing. We have accepted the notion of high and low involvement across a variety of consumer decisions, rational versus emotional, and some recent acknowledgement of experiential factors. So the notion of heuristic, emotional or experiential factors in health decision making should not be a complete novelty. Although not usually labeled as “heuristic”, health research has examined the involvement whether the patient makes his or her own decisions or defers to medical authorities (e.g., Say, Murtahg, and Thomson, 2006). Affect has been acknowledged, but primarily in terms of positive and negative framing of messages (e.g., Rothman, Salovey, Antone, Keough & Drake Martin, 1993). Emotional versus rational, however, two important concepts in persuasion literature, seems to have resulted in less ink.

The Public Health Context

Many public health educators and funding agencies rely heavily on information campaigns to try to alter human behavior (Verplanken and Wood, 2006). In the case of obesity, for example, nutrition labels are used to help people make informed decisions. The reliance on public support for health efforts often results from the fact that “information” is seen as an acceptable strategy that causes no offense to governments or to commercial interests. This is a nice neutral situation for commercial marketers, because commercial products can make use of an “approach” strategy that attracts consumers with appeals on taste, convenience and cost.

The main form of affect in health efforts is the use of negative affect. Most notably this involves the reliance on fear messages (Brennan and Binney, 1010; Hastings, Stead and Webb, 2004). There are potential consequences of all of this negativity, however. One of the largest threats is one of “affect transfer” where the negative valence toward the intended behavior transfers to the general category. For example, too many fear messages around food may make people concerned and less happy about all eating behaviors. This is not too far-fetched; in the case of politics and voting, evidence suggests that the use of negative campaigns disenfranchise voters and reduce turnout (Ansolabehere, Iyengar and Simon, 1999). In the health domain it also means we run the risk of turning people off to messages or to health messages in general. It also runs the risk of building negative affect toward not only the undesirable behavior but toward the desired one, too, and being seen as Chicken Littles. Such a position is consistent with the notion of approach and avoidance motivations in human behavior (Carver, 2006).

There are several examples which demonstrate the importance of positive affect messages in human behavior. One example supporting the use of positive emotion and empowerment messages is evidence suggesting the importance of efficacy in threat appeals (Witte & Allen, 2000). That is, the effectiveness of fear and threat messages are enhanced when accompanied by a sense of empowerment in the form of efficacy. Another example of the value of positive affect can be seen in Meneses’ (2010) study which found that recycling behavior was more strongly influenced by positive emotions than cognitions. Feeling good about something makes people more likely to do it. There is evidence of other positive “approach” factors such as an emotional connection with a celebrity and that this can influence the public to take protective health behaviors (c.f., Brown & Basil, 1995).

Differentiating Social Marketing

The frequent backdrop of information and fear suggests a very important potential role for social marketing to differentiate itself – the approach paradigm. That is, we need to find ways to use emotion to move people toward the desired behavior. Although most folks
working with fear messages would argue that the negative affect is being tied to the “bad” behavior, and thus pushing people toward the desired one. There is considerable evidence that there can be a backlash against negativity. One piece of evidence is seen in increasing coverage of health efforts as attempts to impose a “nanny state” (Basil, 2012). So, given this context, we should try to improve the atmosphere in social marketing, including, but not limited to, the use of positive appeals and other “enabling” efforts. A focus on positive and enabling efforts would differentiate social marketing from public health education and help counter some of the labels of public health efforts leading to a “nanny-state.”

In addition to positive affect, one of the major contributions social marketers bring from marketing to increase the “approach” aspects is the value of simplifying actions making use of the 4 Ps. As Bill Smith says, “To change people’s behavior, make it easy, fun and popular”. One recommendation is that we should focus on developing new products that provide ways to make the behavior more feasible (e.g., nutritious fruits and vegetables, which are more accessible, or propagate recipes). Another contribution we bring from commercial marketing is the ability to improve the placement and availability of these products and behaviors, as in the case of many third world efforts such as increasing the availability of condoms in India. Finally, we should offer positive ways to promote the product or behavior without relying on fear and threats.

Examples
There are a good number of examples that illustrate how social marketing could improve the efforts to promote health. First off is the notion of food choice. Food is a necessity for life, and also comes tied to culture and even celebrations. For many people, meals are also a shared and a positive experience. We know that one of the most important factors in food choice is the taste of the food. Yet many efforts to alter food choice have centered around identifying things to avoid such high calorie, high fat, or “junk” food. We have required informational “nutrition labels” on processed food. Although we sometimes try to promote the health giving aspects of fruits and vegetables, few efforts focus on using the 4Ps to improve the taste, lower the price, increase the accessibility, or propagate recipes. Increasing the availability, attractiveness and selection of fruit and vegetables, whether through public, private, or joint efforts large enough to can increase consumption. Improving the market is likely to increase the number of growers in a chicken-and-egg manner which likely would increase the supply of fruits and vegetables and their use in restaurants and the public’s liking and consumption. Don’t stop at information!

In the case of alcohol, we often find ourselves thinking about the negative effects and forget that alcohol is often seen as a “social lubricant.” There are many social gatherings where alcohol is expected. To counter this, fear campaigns have been our primary method to illustrate the negative consequences of drinking and driving or “date rape”. There have even been several informational efforts to alter social norms. There have also been efforts which focus on danger reduction such as providing rides to drinkers (e.g., driving or “date rape”. There have even been several informational efforts such as increasing the availability of condoms in India. Finally, we should offer positive ways to promote the product or behavior without relying on fear and threats.

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**Abstract**

Social marketing and new public health research pervasively focus on diffusion. This paper develops a conceptual framework referred to here as electronic word-of-mouth (eWOM). More specifically, the crucial role of intrinsic motivations needs further investigation to fully understand online sharing behaviour within social media networks. This paper aims to fill this gap by identifying the main marketing, individual and network factors affecting online message diffusion and to clarify the role of incentives.

Keywords: Social Media Networks, Social Marketing, Incentives, Diffusion.

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**Number: 103**

**Incentivizing Online Social Marketing Message Diffusion: A Conceptual Framework**

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**Abstract**

In recent years social marketers have taken advantage of social media networks to promote positive, social, environmental and health messages. With considerable research in viral marketing, few studies examine the impact of incentives for online message diffusion, also referred to here as electronic word-of-mouth (eWOM). More specifically, the crucial role of intrinsic motivations needs further investigation to fully understand online sharing behaviour within social media networks. This paper develops a conceptual framework to identify the main marketing, individual and network factors affecting online message diffusion and to clarify the role of incentives.

Keywords: Social Media Networks, Social Marketing, Incentives, Diffusion.

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**Number: 97**

**Looking through a glass onion: A mixed method formative research case**

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**Abstract**

This paper challenges social marketers to mix methods or use multiple methods and perspectives to generate a broader understanding of the target audience to generate consumer insight, which in turn informs the development of more efficacious programs or interventions. Focus groups, interviews or surveys, all of which are self-report methods, are most commonly used to gain this understanding in social marketing, which may constrain understanding and insight. This paper challenges social marketers to mix methods or use multiple methods and perspectives to generate a broader understanding of the consumer and the context in which they behave. A case study is used to demonstrate how mixed methods were used in a formative research study to inform the development of a program designed to change eating behaviour.

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**Number: 81**

**Moving Forward: Conceptualising the Social Marketing Value Chain**

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**Abstract**

Social marketing and new public health research pervasively focus on the problems and deficits of the social issue under consideration, which, in turn, constrains solution opportunities. Extending Polonsky et al.'s (2003) Harm Chain the Social Marketing Value Chain (SMkVC) involves valuing the skills and knowledge of individuals, alongside connections and resources within communities and organisations, rather than maintaining a singular focus on the problems and deficits of the behaviour under consideration. The SMkVC contributes to social marketing theory by broadening the parameters within which solutions to social issues are viewed. To this end, we contribute to a developing conversation that seeks to open new perspectives for creating viable, relevant social change solutions.

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**Number: 7**

**Social Marketing Ethical Dilemmas: Pursuing Practical Solutions for Pressing Problems**

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* Stephanie Dahl, Hull University Business School in England and James Cook University, Australia
* Stacy Carter, Centre for Values, Ethics and the Law of Medicine (VELiM), Sydney School of Public Health, University of Sydney
* David Low

**Abstract**

We discuss calls, and apparent support, for ethical resources to support social marketing practitioners, in the light of research findings from a study of actual ethical dilemmas encountered by social marketing practitioners and resources used to resolve them. We highlight nine key ethical challenges facing social marketers, and highlight the prominence of social marketers’ concerns about funders’ influence on social marketing activity. The low use of existing general resources indicates the need for social marketing-focused resources, the need to ensure that any resources developed offer practical decision-making support rather than broad general principles, and the need to advocate for an environment in which social marketers can do good-quality work.

Keywords: social marketing, ethics, ethical dilemmas, codes of ethics

**Introduction**

Over the last two decades, professional associations worldwide have faced increasing challenges in attracting and retaining members (Prideaux, 2005), especially where membership is not a requirement for professional practice (Wilson, 1997). It is therefore important, if the relatively new social marketing associations are to be perceived as representing the Social Marketing sector worldwide, that the range of services offered are relevant to members’ needs. One need that has been identified is the provision of resources to help address ethical challenges in social marketing practice.

Given that social marketing activity aims to change behaviours in ways that benefit individuals, communities and / or society at large, it often surprises novices that ethical issues can arise. In fact some working in the sector advocate that social marketing can be value-neutral. (Dann, 2007). Others (with whom we agree) stress the value-ladenness of social marketing (Rossi and Yudell, 2012).

Social marketing unavoidably incorporates values in many ways: in, for example, the definition of ‘desired’ behaviour, consideration of potential harms and benefits, issues of consent, and / or legitimacy of, intervention (Guttmann and Salmon, 2004: 537), and balancing of consequences and freedoms for individuals and communities or society as a whole (see, for example, Lefebvre, 2011).

There is a growing body of literature that documents wider ethical issues and unexpected impacts of interventions, including issues regarding targeting, segmentation, use of incentive schemes and the consequences of focusing on easy-to-reach or influence groups rather than those with the greatest need, and the needs of low-literate groups and minority groups and cultures (Newton et al., 2013; Eagle, 2008). And perhaps most fundamentally, there is the question of who should decide on any of these ethical issues (Callahan and Jennings, 2002). Social marketing professionals seem likely to face ethical dilemmas in their everyday work, particularly when working on contentious problems such as safe sex, immunization or genetic testing. These ethical challenges will to some degree overlap with those experienced in other sectors such as public health and environmental management. One answer to this could be the development of Codes of Ethics (French, 2013). Calls for codes of ethics (CoE) for Social Marketing and related fields such as health promotion have been made for over a decade (Sindall, 2002; Smith, 2001). While CoE are seen by some as a fundamental characteristic of a profession (Sha, 2011), we questioned whether they would be valued by members relative to other possible resources and, if there is strong support, how they
should be developed, communicated and enforced. We report on pilot investigations in which we sought to answer two related research questions:

1. What ethical dilemmas are faced by social marketers?
2. What ethical resources (including CoE) do they perceive to be useful or not useful in addressing these dilemmas?

**Methodology**
We conducted two pilot studies of social marketing professionals. The first was a web-based survey, circulated to all members of the Australian Association of Social Marketing (AASM) and to the European Social Marketing Association (ESMA). Web-based survey methodology was chosen as the most cost-effective means of contacting a widely dispersed population. Similar methodology was used in the USA to determine support for the establishment of a Social Marketing Association (Marshall & Sundstrom, 2010). The Australian Association is relatively new and a 1-year membership is offered as part of the biennial conference. As the survey was conducted in a non-conference year, association membership was low, at slightly over 50 (Russell-Bennett, 2014). The ESMA membership was approximately 140 (French, 2014). This first survey asked (using open ended questions) what ethical dilemmas had actually been experienced by social marketers. Thirteen people responded, and thirteen specific ethical dilemmas were reported: 46% of respondents were male and 54% female, drawn from six countries. The authors jointly analysed these responses, combining them inductively into categories. Respondents were also asked whether ethics resources were used or would have been useful and their support for the development of specific ethics resources. The second pilot study was conducted at the July 2014 International Social Marketing Conference held in Victoria, Australia. This used a shorter, paper-based instrument, which asked respondents to indicate their support for the development of specific ethics resources. The conference had 120 registered attendees; 50 completed the survey (42% response rate). Results were then combined with the responses from the 13 social marketers who had reported encountering ethical dilemmas in the online study. Of the combined data set, 77% of respondents were Australian. Of these respondents, 54% of respondents were academics, 24% from the health sector, 8% held both academic and health-related positions, 9% held positions in the environment or local government sectors and 5% identified themselves as being consultants who worked across sectors. Slightly more than half (52%) were female and 45% male.

**Findings**

**The online survey**
Respondents in the online survey were asked to list up to three key ethical dilemmas they believe social marketers face (Table 1). We grouped these into nine main ethical challenges (for social marketing in general). Consistent with the literature, (Rossi and Yudell, 2012; Lefebvre, 2011), the dominant concern related to how social marketers navigate power relationships, and who gets to define the problems that need to be addressed through social marketing. Also dominant were concerns regarding fairness (especially in targeting), and concerns about communicating honestly and respecting the autonomy of citizens (e.g. manipulation, paternalism or trickery). Other concerns related to the ability to maintain practice standards, the effect of corporate interests, ethical challenges in research, how to work between high and low income countries, and the possibility of unintended harms. Online respondents also provided examples of actual ethical dilemmas they had faced. While thirteen respondents noted that they had faced ethical dilemmas of some kind, only nine provided details. These were also grouped into categories. One respondent mentioned each of dual corporate interests, fairness, and targeting, respectively. Four mentioned epistemic standards (one also noted the difficulty in measuring unintended harms). But the ethical challenge which overwhelmingly dominated people's accounts of their own experience was navigating power (who gets to define problems) and the way that interacted with maintaining standards for good-quality social marketing practice. Many of the respondents who identified a dilemma described some situation in which the commissioning funder was relatively intransigent to the expertise and advice of social marketers, instead expecting them to pursue a problem or a course of action as defined by the funder, sometimes going directly against the findings of social marketing research.

**Table 1: Key ethical challenges facing the social marketing profession (listed in order of frequency)**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Mean (5 point Likert scale)</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Navigating power: who gets to define problems, what is 'good' / 'needed'?</td>
<td>4.95</td>
<td>0.35</td>
</tr>
<tr>
<td>2</td>
<td>Maintaining epistemic standards / maintaining evidence-based practice</td>
<td>4.75</td>
<td>0.45</td>
</tr>
<tr>
<td>3</td>
<td>Fairness and targeting, including dealing with vulnerable groups or avoiding difficult groups</td>
<td>4.55</td>
<td>0.55</td>
</tr>
<tr>
<td>4</td>
<td>Dual corporate interests / industry motives / unethical claiming of marketing /advertising campaigns as social marketing</td>
<td>4.35</td>
<td>0.65</td>
</tr>
<tr>
<td>5</td>
<td>Respecting the autonomy of citizens / manipulation / paternalism / involuntary behaviour change</td>
<td>4.10</td>
<td>0.75</td>
</tr>
<tr>
<td>6</td>
<td>Maintaining standards for good-quality social marketing practice (not social communication)</td>
<td>4.00</td>
<td>0.80</td>
</tr>
</tbody>
</table>

Finally, online respondents were asked to indicate what ethical codes, guidance or advice was sought to resolve the dilemma they faced. Only two respondents referred to a specific professional code of ethics (ESOMAR and Market Research Society); two noted more general implicit codes: ‘health promotion and code developed by myself’ and ‘general ethical code of act professionally and ethically’. Three respondents noted the use of university-specific ethics codes. Only two respondents were extremely satisfied with the outcome of actions to resolve the dilemma, two were somewhat satisfied, four somewhat dissatisfied and one extremely dissatisfied. The remainder were unsure or did not provide feedback.

The lack of use of specific codes may indicate one or more of the following. There may not have been an appropriate code or other supporting resource material available, or respondents did not know where to locate it. Alternatively, existing codes may not have been of any use in providing guidance for pragmatic decisions regarding solutions. Four respondents noted that specific social marketing codes or guidelines would have been appreciated; one extended this to a regulatory system. Given that the dominant ethical problem experienced was the power of funders working to block good-quality social marketing practice, the existence of social marketing-specific resources may not have been sufficient to address many of the challenges experienced. This suggests that—as one respondent noted—it may be necessary to clarify the relationship between “social marketing-inspired policy and ethical guidelines”.

**The paper-based survey**

The paper-based conference survey focused on the question of what ethical resources would be most useful to social marketers. Table 2 shows that respondents reported strong support for all five types of ethical resources tested. Academic reported a slightly higher level of support for using the academic literature, compared with practitioners (mean 4.3 for academics, 3.6 for health practitioners and 4.0 for environmental managers on a 5 point Likert scale, with 5 = strongly support and 1 = do not support at all). Only one respondent listed other resources that would be useful – conflict of interest declaration forms. The knowledge noted would be particularly useful when dealing with commercial organisations.

**Table 2: Support for Types of Ethical Resources (5 point Likert scale, with 5 = strongly support and 1 = do not support at all)**

<table>
<thead>
<tr>
<th>(n = 63)</th>
<th>Specific Social Marketing Ethics Code</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ethics training</td>
<td>3.95</td>
<td>.965</td>
</tr>
<tr>
<td></td>
<td>Support person to contact</td>
<td>4.10</td>
<td>.987</td>
</tr>
<tr>
<td></td>
<td>Ethics case studies</td>
<td>4.11</td>
<td>.935</td>
</tr>
<tr>
<td></td>
<td>Academic literature</td>
<td>3.90</td>
<td>1.112</td>
</tr>
</tbody>
</table>

Given the relatively high support for all of the options presented, this may be best interpreted as a general desire for support and
resources in the context of limited experience of any such support.

Conclusion

Methods and processes for moral reasoning have a long history, and there are a wide range of approaches to deliberation about practical ethical problems. Codes of ethics can be helpful rubrics to assist professionals facing practical dilemmas under time pressure. However they can never be sufficient to the task of ethical deliberation. If a CoE merely lists broad principles it will, in common with codes in other areas, ‘occupy the role of platitude’ and be of little operational value (Malloy et al., 2009, p. 381). If a CoE is to be a living document with value as a decision-making support tool, the process of development will require ‘thoughtful debate’ (Skubik & Stening, 2009), involve extensive consultation with, and co-creation by, social marketing practitioners, and the development of acceptable mechanisms for enforcement. Such deliberation would also be consistent with the moral values of transparency and accountability. Such process would undoubtedly be lengthy, but is potentially rewarding. In order to inform these deliberations, comparative cross-jurisdictional and cross-cultural research could be undertaken. This could gather lessons learnt by a range of professional bodies—in established professions such as medicine, law and accountancy, and related sectors such as health promotion and environmental management—when developing resources and compliance and regulatory mechanisms, and measuring effectiveness (Bull et al., 2012). However our findings suggest that other supported resources would also be welcomed by social marketing professionals facing significant ethical dilemmas, a responsibility that could be taken up by social marketing professional organisations. (see, for example, Sha, 2011). The primary ethical dilemma the online respondents reported was being unable to do good-quality social marketing work because funders had intractable views about the nature of the problem and the solution. A code of ethics may be of limited value in addressing such a fundamental structural issue. This finding suggests that social marketing associations should not only develop a code of ethics, but also engage in the advocacy required to establish a just, transparent and open environment for the practice of good-quality social marketing.

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Number: 79

The incorporation of Transformative Consumer Research principles within the ‘Cancer Good News’ social marketing project: A Case Study

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Abstract

This paper takes a case study approach to model the use of Transformative Consumer Research (TCR) principles within the ‘Cancer Good News’ social marketing campaign. Overall, the paper highlights the value of TCR principles within the development of the intervention to reduce cancer stigma and fatalism and promote cancer screening within two culturally and linguistically diverse (CALD) communities. The case study suggests the potential for TCR to enhance community engagement and produce sustainable solutions within Social Marketing interventions when working with CALD communities, suggesting the need for further action to explore the benefits of TCR to address current cancer inequities.

Number: 168

Ethnography and filmmaking for Indigenous anti tobacco social marketing

Kishan Kariippanon, Datjarranga Garrawirrja, Kate Senior, Paul Kalfadellis, Vidad Narayan, Bryce McCoy

Abstract

The smoking rates of 82% in Aboriginal communities of North East Arnhem Land in the Northern Territory of Australia are the highest in the country (Roberson et al. 2013). Macassan traders introduced tobacco as a trading commodity (Berndt, 1954) in Aboriginal communities in the 18th century and has since become part of culture. The influence of the Methodist Mission (Cole 1979) has also had a profound effect on tobacco consumption. Anti tobacco social marketing that is sensitive to Indigenous culture and history supports a more complex and gradual approach to reducing uptake amongst young people. The limitations of the Health Belief Model and the Theory of Planned Behaviour commonly used for social marketing in this context are due to the cultural value of tobacco in traditional reciprocal relationships and ceremonial practice. Through a combination of ethnography and filmmaking, this project was able to capture and showcase the cultural and historical factors of smoking in a format that is respectful to local culture, specifically in Indigenous anti tobacco social marketing. The use of ethnography and Consumer Culture Theory (CCT) (Arnold and Thompson 2005) for social marketing in this context, addresses the dynamic relationships between consumer actions, the marketplace, and cultural meanings in a culturally relevant and conceptually meaningful manner. The
ethnographic film is a collection of interviews as a result of introspsection found in postmodern consumer research and combines insider and outsider views to provide deeper insights (Goulding, 2005) into the challenge of tackling smoking in the region.

Introduction
North East Arnhem Land, in the Northern Territory of Australia, is home to the Yolngu nation. Yolngu are the Aboriginal custodians and rightful owners of the land and sea. The Yolngu are made up of two moieties, the Yirrirta and Dhuwa. Each moiety has a specific number of clans that are interconnected through a reciprocal kinship system called ‘yothu Yindi’, meaning ‘mother and child’ (Thompson and Peterson 1988). From a Yolngu perspective, tobacco is a commodity that is owned by the Yirritja clans. The Dhuwa clans act as executives and assist with the ‘management’ of tobacco and its related ceremonial function. This practice is more than two hundred years old and still holds until today.

Robertson et al. (2013) found that the smoking rate of 45.1% of the Australian Aboriginal and Torres Strait Islander population despite decreasing annually is roughly three times the rate of the general Australian population rate at 15.1%. This rate is similar to that of Indigenous people from developed countries like the United States of America, New Zealand and Canada. In the past 20 years, Robertson and colleagues (2013) show that smoking rates in remote Aboriginal communities remain unchanged and as high as 82%.

Background
Social marketing campaigns in this region have in the past utilised the Health Belief Model (HBM) and the Theory of Planned Behaviour (TPB). The campaigns encouraged Yolngu to quite smoking in order to prevent cardiovascular disease. The HBM suggests that a person’s belief in a personal threat of an illness or disease together with a person’s level of motivation and ability (Green and Murphy, 2002). For example, the association of cardiovascular disease and smoking in a social marketing campaign will enable a person to quit smoking. The TPB states that the achievement of a new healthy behaviour depended on an individual’s level of motivation and ability (Green and Murphy, 2002). For example, by assuming that Yolngu have the ability to quit smoking, they only require a motivational social marketing campaign to trigger the behaviour of quitting.

Based on the discussion by Green and Murphy (2002) the limitations of using HBM and TPB in the Yolngu context for tobacco control social marketing are:

1. The assumption that a Yolngu individual has acquired the opportunities and resources to achieve the desired behavior regardless of intention (Burbank, 2006).
2. They do not take into account that tobacco is a highly addictive substance.
3. The assumption that cues to action is successful in encouraging people to quit smoking (Burbank, 2006).
4. They do not acknowledge the cultural significance of tobacco in the community and in ceremonial practice (Robertson, 2013).
5. They do not take into consideration environment and economic factors that influence a Yolngu person’s smoking behavior (Robertson, 2013).

A culturally appropriate social marketing campaign that is conceptually meaningful and able to meet the limitations of the HBM and the TPB underpinned by CCT was developed. According to Arnold and Thompson (2005), a study underpinned by CCT “has advanced consumer behaviour knowledge by illuminating sociocultural processes and structures related to (1) consumer identity projects, (2) marketplace cultures, (3) the sociohistoric patterning of consumption, and (4) mass-mediated marketplace ideologies and consumers’ interpretive strategies.”

We studied the sociocultural process, sociohistoric patterning of tobacco consumption and the consumer identity projects through ethnography and filmmaking in order to produce an anti tobacco social marketing documentary based in North East Arnhem Land. The Yolngu community wanted to tell their own story of tobacco with Yolngu representation as central to a social marketing media production (Deger, 2006).

Methodology
Marketing anthropology, according to Gumnessson (2005), are data generated through personal interviews, participant observation, and conversations, which is documented in field notes, photos, artefacts and historical footage (DeWalt and DeWalt, 2010). Consumer oriented ethnography focuses on small-scale societies and the concern is with ‘nature, construction and maintenance of culture’. Consumer oriented ethnography according to Arnold (1998) also suggests that “ethnography attempts to explicate structured patterns of action that are cultural and/or social rather than merely cognitive, behavioural or affective”. Arnold and Wallendorf (1994) propose the use and relevance of market-oriented ethnography to develop a social marketing strategies and campaigns.

Ethnography in consumer marketing research is a process where the voices of participants are a vital source of data and “should be allowed to be heard in the written end products (which is this case in an ethnographic film) as a coherent, fluent and understandable narrative” (Goulding, 2005). Arnold’s (1998) useful summary of the role of ethnography in consumer research is to “explain the way that culture constructs and is constructed by the behaviours and experiences of its members…particularistic rather than generalisable.” and the use of “…tactics for representative research findings that aim to unravel the layered meaning that marketing activities hold for the customer”.

Participant observation was applied in this research setting as a method in which the researcher and filmmaker take part in “…daily activities, rituals, interactions, and events of a group of people as one of the means of learning the explicit and tacit aspects of their life routines and their culture” (DeWalt and DeWalt, 2010).

Key elements (DeWalt and DeWalt, 2010) that were used in this method were:

1. Living in the Yolngu context and using long term personal relationship for an extended period of time to gain insight (Brymer, 1998)
2. Learning and using local language
3. An active participation in a range of daily routine
4. Using everyday conversation as an interview technique
5. ‘Hanging out’ – informally observing during leisure activities
6. Recording observations in field notes

The researcher and filmmaker met and socialised with people from the community at social venues and held informal conversations on the significance of tobacco and what the sharing of tobacco means in their traditional context. The observations and subsequent triangulation with cultural advisors, Aboriginal Health Workers and young people, was used to establish a preliminary script for the process of interviewing and filming.

Sampling
A set of questions was written up and a list of people to be interviewed for the documentary was put together with reference to cultural sensitivity and cultural safety protocols. The process of selecting and inviting community members for the documentary involved identifying a representative sample of young people, senior men and women including, those that were highly recommended by the community to share their knowledge. The researcher assured the stakeholders and Yolngu elders that the documentary would not seek to blame, judge nor instruct Yolngu people to quit smoking (Burbank, 2006). This guarantee and commitment was a key methodological approach in sampling interviewees and contributors.

The recruitment process made explicit the documentary’s intent on respecting the Yolngu connection with tobacco and the centuries of trade with Macassans (Berndt, 1951 and Thompson, 1983), acknowledging the influence of the Methodist Mission in paying Yolngu with tobacco sticks for work done around the Mission farms (Cole, 1979), and the influence of tailor made cigarettes being sold in the town of Nhulunbuy, making it available to anyone in the community to purchase.

We conducted field trips to Yirrkala, Milingimbi and Galwinku to meet with potential community members and explain the aim of the project and the process of documentary filmmaking. The community consultations assisted the researcher to refine the questions for the documentary, where all potential contributors were identified and
given enough notice before the arrival of the film crew. All potential contributors agreed to sign a consent form with adequate interpreting and information.

Discussion were also held with key informants such as Yolngu traditional owners, Milngimbi Clinic Manager, Department of Health (Northern Territory Government), Yirrkala Mala (clan) Leaders Committee and Miwatj Health Aboriginal Corporation staff. A total of twenty in depth interviews were conducted in three different communities. Permission was received to enter the community and surrounding areas of historical significance in order to film and interview community members from their respective traditional owners. Permission to use old footage with images of elders who have passed away was also requested from living descendants and other key family members.

It is vital that every member of the production crew was prepared to be flexible and accommodating to the needs of the interviewees and is prepared to support them in sharing their story (Senior 2003). As it is impolite to say ‘No’ to a request for an interview, the researcher and film crew decided that it was culturally appropriate to avoid assumptions and to be prepared for the interviewee at the designated location and to wait 30-40 minutes. In the case of the interviewee not showing up, we would not proceed to look for them in the community but to continue with other interview participants.

**Review of historical ethnographic visual material**

The Mulka Project and the Yirrkala Arts Centre were consulted on the use of historical footage for the purpose of illustrating sociocultural practices (Goulding, 2005), of tobacco use before the arrival of the Methodist Mission (Cole, 1979) and post Methodist Mission era. The use of historical footage relevant to this documentary provides a deeper understanding of the shift in behaviour over a specific time span. As tobacco was only historically used by senior clan executives, we observed the uptake of smoking by the younger generation through a review of the collection of films and documentaries known as the Yirrkala Film Projects, directed by Ian Dunlop in the 1960s (National Film and Sound Archive, Australia) and triangulated with the in-depth interviews.

**Results and Discussion**

The ethnographic documentary film, in Yolngu representation (Deger, 2006), takes the Yolngu and non-Yolngu viewer from the time when tobacco was first introduced until the present day. The documentary explains how Yolngu law governs the use of tobacco and how that law was challenged and how that law has been affected since its exposure to the wider Australian community, especially since the establishment of the nearby mining town of Nhulunbuy. The film was reviewed, critiqued and approved by the Miwatj Health Aboriginal Corporation Board of Directors, including, traditional owners, Yolngu educators, senior men and women.

The film combines animation, footage and interviews that use visual ethnography to reflect the natural story-telling style of Yolngu. The use of visual ethnography and the cultural significance of landscape, nature and places of historical and cultural significance were used in order to compliment the story telling and discussion generated by the interviewees.

The design of the animation emerged from the interviews conducted and aims to highlight, in a respectful way, the relationship and trade between Yolngu and Macassans without reducing the dignity, importance and significance of Yolngu history. This style of design that involved ‘going deep’ with ethnographic knowledge (Berger et al, 2009) is an important methodological approach in the making of this documentary.

The use of a cross cultural film crew with knowledge of the history and cultural exchange between the Macassans and Yolngu was an important aspect of the process of ethnographic documentary filmmaking. The film crew was experienced in working in remote Indigenous settings around Australia and skillful in creating a culturally safe and secure environment for the interviewees to share their views.

The interviewees were able to connect to anyone from the production team, who used empathic listening and cross cultural communication skills to engage the interviewee in sharing their deepest concerns, their aspirations, and their views. The researcher carefully sought after these skills in a film crew as the process of interviewing community members usually involves many hours of waiting, where outcomes were highly uncertain (Senior, 2003).

This process of ethnography and filmmaking for social marketing, aims to show the importance of methods such as interviews, participant observations, literary and cultural study of social issues before the social marketing campaign is designed in order to avoid a reductionist approach to Indigenous health. We acknowledge the voice of Indigenous people to stop simplifying Indigenous health issues through the making of social marketing videos based on the Health Belief Model and the Theory of Planned Behaviour due to their clear limitations explained in the previous section.

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Number: 11

Truth in Social Marketing: Applying Truth Frameworks to the Strategic Evaluation of Social Marketing Campaigns

Abstract

Marketing regulations and codes of conduct require that all claims conveyed by a campaign should be truthful. Although social marketing may convey all types of claims (factual, emotional, symbolic, behavioural) the commitment to behavioural change puts special emphasis on understanding how to evaluate the truthfulness of behavioural claims. This paper provides a framework for the evaluation of truthfulness of behavioural claims in social marketing. First, we introduce the correspondence, coherence and pragmatic theories of truth. We then test three examples against the theories, demonstrating how social marketing campaigns may fail to meet the requirements of truthfulness. Finally, we introduce the idea of truth equilibrium, suggesting conditions under which it is justified to execute a campaign that fails on one truth dimension.

Background

“The central principle for all marketing communications is that they should be legal, decent, honest and truthful (ASA, 2014, p. 11).”

“All marketing communications should be legal, decent, honest and truthful (ICC, 2011, p. 6).”

Three streams of extant research address truth in marketing. First, the extent to which marketing science is founded on a constructivist or realist concept of truth has been subject to some debate, following Hunt’s (1990) seminal paper ‘Truth in marketing theory and research’. Second, truth in marketing has been interrogated as a political and moral obligation not to lie and deceive. However, truth as an epistemic, propositional concept has received very little attention. Apart from introductory remarks (e.g., Spence and Young 2013). The idea is that a claim is a part of an epistemic network comprising beliefs, norms, values, claims and other epistemic properties. A claim is true insofar as it coheres with the key epistemic properties in the relevant network. Here it is necessary to distinguish between internal and external epistemic networks. The internal network is the universe of claims and values, which a given campaign communicates to the target audience. By contrast, the external network is both the wider policy context, in which the campaign is embedded, and the general courses of actions of relevant institutions?

Finally, the pragmatic theory of truth focuses on the relation between a claim and external facts: the focal point is the relationship between the claim and other claims with which the claim is connected (Glanzberg, 2013; Young 2013). The idea is that a claim is a part of an epistemic network comprising beliefs, norms, values, claims and other epistemic properties. A claim is true insofar as it coheres with the key epistemic properties in the network. In the social marketing context this means that a behavioural claim such as ‘eat five a day’ is true to the extent that the statement is consistent with other main epistemic properties in the relevant network. Here it is necessary to distinguish between internal and external epistemic networks. The internal network is the universe of claims and values, which a given campaign communicates to the target audience. By contrast, the external network is the wider policy context, in which the campaign is embedded, and the general courses of actions of the institution (charity, business, public body) issuing the campaign. The second strategic question, which a propositional truth-evaluation forces us to ask is thereby: Do we know the relevant, factual evidence base and does our campaign design clearly reflect key insights from this evidence base?

The correspondence theory of truth does not focus on the relations between a claim and external facts: the focal point is the relationship between the claim and other claims with which the claim is connected (Glanzberg, 2013; Young 2013). The idea is that a claim is a part of an epistemic network comprising beliefs, norms, values, claims and other epistemic properties. A claim is true insofar as it coheres with the key epistemic properties in the network. In the social marketing context this means that a behavioural claim such as ‘eat five a day’ is true to the extent that the statement is consistent with other main epistemic properties in the relevant network. Here it is necessary to distinguish between internal and external epistemic networks. The internal network is the universe of claims and values, which a given campaign communicates to the target audience. By contrast, the external network is both the wider policy context, in which the campaign is embedded, and the general courses of actions of the institution (charity, business, public body) issuing the campaign. The second strategic question, which a propositional truth-evaluation forces us to ask is thereby: Do we know the relevant, factual evidence base and does our campaign design clearly reflect key insights from this evidence base?

The coherence theory of truth does not focus on the relations between a claim and external facts: the focal point is the relationship between the claim and other claims with which the claim is connected (Glanzberg, 2013; Young 2013). The idea is that a claim is a part of an epistemic network comprising beliefs, norms, values, claims and other epistemic properties. A claim is true insofar as it coheres with the key epistemic properties in the network. In the social marketing context this means that a behavioural claim such as ‘eat five a day’ is true to the extent that the statement is consistent with other main epistemic properties in the relevant network. Here it is necessary to distinguish between internal and external epistemic networks. The internal network is the universe of claims and values, which a given campaign communicates to the target audience. By contrast, the external network is both the wider policy context, in which the campaign is embedded, and the general courses of actions of the institution (charity, business, public body) issuing the campaign. The second strategic question, which a propositional truth-evaluation forces us to ask is thereby: Do we know the relevant, factual evidence base and does our campaign design clearly reflect key insights from this evidence base?

Academic papers

The purpose is to demonstrate how a critical analysis of the ASA’s Advertising Codes (ASA, 2014) and international codes of conduct like the ICC Code of Advertising and Marketing Communication Practice (ICC, 2011) require marketers to be truthful. This paper takes a step towards a scientific understanding of propositional truth in marketing by suggesting a framework for how to evaluate the truthfulness of behavioural claims in social marketing. The purpose is to demonstrate how a critical analysis of the truthfulness of behavioural claims in social marketing. First, we introduce the correspondence, coherence and pragmatic theories of truth. We then test three examples against the theories, demonstrating how social marketing campaigns may fail to meet the requirements of truthfulness. Finally, we introduce the idea of truth equilibrium, suggesting conditions under which it is justified to execute a campaign that fails on one truth dimension.

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The correspondence theory of truth holds that a propositional claim is true to the extent that it corresponds with external facts (Borsboom and Haig, 2013; Glanzberg, 2013; Haig and Borsboom, 2012). The idea is that when a communicative agent conveys a claim, P, then there is a given possible state of affairs, x, in the objective world, W, such that P is true insofar as W(x) is the case. In terms of social marketing, behavioural claims are substantiated through their empirical correspondence relation to external properties or facts. In practical terms this means that a behavioural claim such as ‘don’t drink and drive’ should be evaluated against an evidence base, which provides clear empirical backing for the claims. The first strategic question, which a truth-evaluation forces us to ask is thereby: Do we know the relevant, factual evidence base and does our campaign design clearly reflect key insights from this evidence base?

The coherence theory of truth does not focus on the relations between a claim and external facts: the focal point is the relationship between the claim and other claims with which the claim is connected (Glanzberg, 2013; Young 2013). The idea is that a claim is a part of an epistemic network comprising beliefs, norms, values, claims and other epistemic properties. A claim is true insofar as it coheres with the key epistemic properties in the network. In the social marketing context this means that a behavioural claim such as ‘eat five a day’ is true to the extent that the statement is consistent with other main epistemic properties in the relevant network. Here it is necessary to distinguish between internal and external epistemic networks. The internal network is the universe of claims and values, which a given campaign communicates to the target audience. By contrast, the external network is both the wider policy context, in which the campaign is embedded, and the general courses of actions of the institution (charity, business, public body) issuing the campaign. The second strategic question, which a propositional truth-evaluation forces us to ask is thereby: Do we know the relevant, factual evidence base and does our campaign design clearly reflect key insights from this evidence base?

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Finally, the pragmatic theory of truth focuses on the relation between claims and actions. The general idea is that a given claim is true insofar as holding and acting on the claim (over time) is useful to the agent (Cormier, 2001; Glanzberg, 2013). The concept of usefulness in pragmatism resembles the notion of consumer value in marketing and they are both subjective entities, to which the individual has privileged access. Here it is necessary to adopt an inter-subjective interpretation of pragmatism, because in social marketing consumer value is often not of direct subjective value to the target (e.g., eating healthily will for some people mean compromising on taste, leading to
negative value-creation, at least in the short term). The pragmatic focus of social marketers should therefore be to only convey claims that are useful to the agent seen from the inter-subjective point of view of the social marketer. All claims need to be substantially backed by the facilitation of courses of actions, which the agent can take in order to act on the behavioural claim.Behavioural claims like the two above – ‘don’t drink and drive’, ‘eat five a day’ – are therefore true insofar as the related campaigns provide the target audience with accessible and efficient courses of actions that will lead to the desired behavioural change. The strategic question, which a pragmatic truth-evaluation encourages us to ask is thereby: Is the intended behavioural change useful to the agent in the long term and does our campaign substantially facilitate relevant courses of action that will bring about the behavioural change?

Truth-Evaluations in Social Marketing

This section features three examples of social marketing campaigns, which convey behavioural claims that fail on one truth dimension while satisfying the others.

Truth, Correspondence and Competing Evidence

Globally, the last 20 years have seen a significant increase in campaigns to encourage citizens to consume a minimum quantity of fruit and vegetables per day (Hawkes, 2013). Several of these campaigns make reference to a target number of items to be consumed per day. Interestingly, the target number fluctuates across countries (Hawkes, 2013). The UK, Germany, Spain, Chile, Argentina and many more countries recommend ‘5 a day’, Denmark encourages ‘6 a day’, the Netherlands suggests ‘2 + 2 vegetables and fruits’ and Australia opts for a ‘Go for 2 & 5’ advice. The US used to recommend ‘5 a day’, but has replaced this advice with the ‘Fruits and vegetables: more matters’ slogan, to reflect new dietary evidence suggesting that five daily servings of fruit and vegetables are insufficient. France tops the list with ‘10 a day’.

A Danish policy report (Trolle, Fagt and Oveson, 1998) collected international evidence on a range of national ‘x-number of fruits and vegetables programmes’ and found that the exact target number is a communicative choice based on the assumed number of fruits and vegetables that social marketers realistically can hope to encourage citizens to consume. The number of target portions, the reference quantity per portion as well as the balance between fruits and vegetables and the types of fruits and vegetables were found to vary across countries.

Evaluating the behavioural claims conveyed by these campaigns against the three theories of truth, it is clear that the correspondence relation to the scientific evidence base is problematic. The catchy slogans ignore the conflicting scientific evidence and issue official advice that is known to be at variance with scientific criteria (Hawkes, 2013; Trolle, Fagt and Oveson, 1998). Clearly, these examples fail on the correspondence dimension of truth. However, they meet both the coherence and pragmatic criteria in that the advice is consistent with the correspondence dimension of truth. The challenge is that the behavioural proposition often is not directly connected to a relevant course of action: the messages do not instruct drivers about the next safe place to pull over. A rational response would be to pull over and stop at the roadside or on the hard shoulder. However, this could be dangerous and illegal. In the UK, for instance, there are only three cases where it is legal to use the hard shoulder: in a breakdown, in an accident or if asked by the police.

The pragmatic truth evaluation centres on the extent to which the claims are backed by the facilitation of courses of actions, which the agent can take in order to act on the behavioural claim. In the above example, the lack of obvious, safe and immediate responses to the social marketing message means that it does not meet the pragmatic test of truthfulness. The campaigns do not produce the target audience with the hard shoulder: a breakdown, an accident or if asked by the police.

The pragmatic truth evaluation is one of the two truth dimensions. In many countries, it is a strategic health and safety priority to tackle drowsiness in the traffic as this significantly increases the risk of accidents (Connor et al., 2002) (wider policy coherence and correspondence between message and evidence base).

Discussion: Truth Equilibrium

This concluding discussion asks under what circumstances it is justified to execute a social marketing intervention that fails on either of the correspondence, coherence or pragmatic criteria of truth. We propose that failure on one of the truth dimensions is justified, if the intervention can obtain a truth equilibrium. We define truth equilibrium as follows: In the event of failing to meet one of the truth dimensions, a campaign or intervention obtains a state of truth equilibrium insofar as it is justified on a relevant normative dimension. The establishment of the equilibrium has to be normative rather than epistemic, because social marketing is normatively charged per se: the discipline aims at increasing individual and societal welfare (ISMA, 2013). This raises the question of what normative dimension to rely on. Social marketing’s emphasis on behavioural change and improvement of social and individual welfare indicates a default interest in outcomes: it is the consequences of a social marketing campaign – measured as impact on individual and social welfare – that ultimately determine if the campaign is successful. Conceptually, this links social marketing to consequentialism as a normative framework. Consequentialism is the view that a given action, X, is morally right for an agent, A, to perform at a given time, t, insofar as A had no alternative courses of action at t that would have resulted in a larger sum total of welfare in the world (Tännsjö, 2002). Thus, the execution of a campaign that fails on one dimension of truth is justified insofar as there were no relevant alternative campaign designs, but at the same time they encourage responsible drinking and address issues of overconsumption via their funding of the Drink Aware campaign.

For the members of the Portman Group, then, the behavioural claims conveyed by the Drink Aware campaign are at odds with the universe of claims and values communicated via their commercial marketing campaigns. This undermines internal consistency, which we defined as coherence with other key epistemic properties featured in the relevant universe of claims and values, in this case the brand universe communicated to target audiences.

The Drink Aware campaign may indeed satisfy the other dimensions of truth. All information may very well be factually correct and relevant (ensuring correspondence). Likewise, the campaign facilitates courses of actions that are relevant to the behavioural claim, for instance, advice on how to cut down and links and numbers to alcohol helplines (pragmatism).

Truth, Pragmatism and the Problem of Action

As mentioned, the ISMA (2013) consensus definition of social marketing holds that behavioural change is a key aim of social marketing. However, social marketing campaigns sometimes fail to deliver on their behavioural promises. There may be a plethora of reasons for this. Perhaps the campaign’s directions or definitions of behavioural claims provide social marketers with an opportunity to review the extent to which their campaign facilitates behavioural change. Here we will provide one example, which many people encounter on a daily basis.

Motorways are often equipped with signs informing drivers of the dangers of driving when tired. Messages such as ‘tiredness can kill – take a break’ and ‘don’t drive tired’ are common. The behavioural proposition is straightforward: if you drive and are tired, pull over and take a break. The challenge is that the behavioural proposition often is not directly connected to a relevant course of action: the messages do not instruct drivers about the next safe place to pull over. A rational response would be to pull over and stop at the roadside or on the hard shoulder. However, this could be dangerous and illegal. In the UK, for instance, there are only three cases where it is legal to use the hard shoulder: in a breakdown, an accident or if asked by the police.

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This paper presents a survey study with 1,444 low-income older residents in regional NSW, Australia exploring their value perceptions towards using energy efficiently, as an approach to segmentation in social marketing. The study theorises that insight regarding the perceived functional, economic, emotional, social, and ecological value of using energy efficiency by participants can be used to segment, target and position social marketing programme activities to facilitate energy efficient behaviour(s). Latent class analysis was conducted on the participant sample, and identified seven distinct latent classes: frugal eco warriors, value opportunists, greenies, indecisive, apathetic independent spendthrifts, independents, and ambivalent ecologists. Each of these distinct latent classes displayed particular orientations with respect to value of using energy efficiently. This analysis presents new insights for social marketers from an appreciation of how different groups frame value in energy efficiency practices. The relevance and utility of using value theory as a social marketing segmentation approach offers academics and policy makers new insights to focusing on value as means for addressing energy efficiency.

**Keywords**
Segmentation, latent class analysis, energy efficiency, sustainability

**Introduction**
Segmentation has long been considered one of the core principles of marketing (Wind, 1978), and social marketing (Andreasen, 2002). However, segmentation strategies in social marketing are often rudimentary, despite calls for empirical research to advance theory and practice in this area (Dibb and Carrigan, 2011). Indeed, Dibb (2014, p1174) identifies that “its [segmentation] application in the social marketing settings has lagged behind its use in the commercial sector”. Many social marketing programmes use basic demographic, or geographic segmentation approaches. For example a recent paper by Newton et al. (2013) considered ethical issues relating to interventions. The social marketing programme featured in the study used a basic educational segmentation approach. Various reasons for the lack of advancement in theory and practice with respect to segmentation in social marketing have been offered. A lack of skills domain (Neiger et al. 2003). Tapp and Spotswood (2013) identify that many practitioners in social marketing lack formal marketing training, with people from public health or sustainability backgrounds akin to the ‘part time marketers’ group identified by Gummesson (1991). Dibb (2014) also identifies that often there is a lack of access to big data sets on which to base segmentation strategies that are often available to commercial organisations such as Amazon, Tesco or HSBC. Availability of resources is also an issue, as comprehensive segmentation approaches can be expensive and resource intensive (Dibb, 2013). Therefore, for segmentation to be used effectively in social marketing, creativity and flexibility may be required (see Darton, 2008).
Value theory has developed as an area of significant focus in marketing over the past decade, with value creation emerging as a core concept in marketing. Indeed, this is reflected in the latest American Marketing Association definition of marketing as “the activity, set of institutions and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large” (AMA, 2013). Key areas of interest when considering value theory include concepts relating to the context of value creation, and concepts relating to the dimensions of value. In relation to value, this was originally conceptualised in marketing from a value-in-exchange perspective (Porter, 1985). Value-in-exchange proposes an economic approach to value, in which consumers identify value in consuming goods through a costs-benefits evaluation (Zeithaml, 1988). Later, an experiential contextual approach to value, focused on a value-in-use has emerged (Vargo and Lusch, 2004). Whilst the concept of value-in-use is not new (see Alderson, 1957; Dixon, 1990), recent work on this in services marketing has conceptualised value as an interactive and relativistic preference experience related to the entire experience of consuming goods and services (Holbrook, 2006). Value-in-use identifies that consumer value is realised during the experience of consuming, rather than being embodied in goods or services (Sandström et al., 2003). Extending this perspective, scholars have proposed a value-in-behaviour contextual perspective. This recognises that consumer may not only perceive value towards exchanging for and using goods, or using and experiencing services, but also towards performing behaviours. This perspective proposes that consumers can perceive value that is, or is perceived from the performance of behaviour e.g. the value in eating healthily, or recycling. Therefore, value-in-behaviour can facilitate a more comprehensive and multi-dimensional framework of value in social marketing.

With respect to dimensions of value, existing literature suggests that consumers perceive value in consumer practice (e.g. consuming goods and services, or performing behaviours) across several dimensions including functional value, economic value, emotional value, social value, and ecological value (Sweeney and Soutar, 2001; Koller et al. 2011). Functional value relates to the utility, ease, and control provided by using goods or services, or performing behaviours. It tends to be extrinsically motivated, and is oriented towards benefits for the self. Economic value is focused on cost-benefit analysis of consumer practice, and tends to be intrinsically motivated. Emotional value refers to when consumer practice occurs for the emotional experience (e.g. confidence, pleasure, anger or fear) and for no other end goal, and is intrinsically motivated and self-oriented (Holbrook, 2006). Social value is directed at others and relates to the influence or influencing other people as a means to achieving a desired goal, such as status or hierarchy in groups (Russell-Bennett et al., 2009). Ecological value is intrinsically motivated and focuses on the significance of the increase in place on the impacts of their consumption behaviours and experiences on the natural environment (Koller et al. 2011). This type of value focuses utility relating to the perceived impacts on environmental/ecological issues and concerns, and also on its ability to enhance or impact on an individual’s self-concept. However, scholars have identified that different conceptualisations of value relating to money, image and status are individualistic in focus, and what is required is a greater focus on the collective and benefits to others, i.e. the value in eating healthily, or recycling. Therefore, value-in-behaviour can facilitate a more comprehensive and multi-dimensional framework of value in social marketing.

The relevance of value creation to social marketing becomes apparent when considering that there is increasing interest in how value research has been on creating and improving value offerings in programme activities. This paper seeks to address the lack of development of segmentation in social marketing, by presenting a value theory based segmentation analysis of participants in a programme to facilitate energy efficiency in regional New South Wales (NSW), Australia.

Method

The present study involved a survey of 1,444 low-income older residents (aged ≥ 60 years) in regional NSW that assessed their perceived value towards using energy efficiency. The research was undertaken as part of a grant project with the aim of improving energy efficiency in the community. Low income older residents are the participant group for study due to the focus of the grant funding scheme, and also as this group often faces challenges in managing energy use, particularly due to rising energy prices. Random digit dialling was carried out to generate the study sample, with a short telephone questionnaire used to screen for eligibility based on age, and income level (using the Australian Bureau of Statistics income bracket definition of low income). An interview administered questionnaire survey was then undertaken in participant’s homes by trained researchers using iPads, with responses recorded on the Qualtrics survey software platform.

All participants gave written informed consent, and ethical approval for the study was obtained from the appropriate university ethics committee. Participants were presented with a $30 voucher as recompense for their time. The survey instrument was developed following extensive consultation of the value literature, scale development for the functional value items following the Churchill (1979) procedure, and a process of cognitive pre-testing (n=24). The developed functional value scale was used in conjunction with established value scales to measure functional, economic (Koller et al. 2011), emotional (Nelson and Byus, 2001), social (Sweeney and Soutar, 2001) and ecological value (Koller et al. 2011) of using energy efficiently. Data was transferred to SPSS for initial cleaning and descriptive analysis, prior to latent class analysis to identify segmentation clusters based on value perceptions.

Results

Initial descriptive analyses were conducted using SPSS version 21 statistical software. The achieved sample size was 1,444, with 60% females (n = 866) and 40% males (n = 578). The mean age was 71 years (SD: 7.3, minimum 60 years, maximum 99 years). For reported annual disposable income (after tax and Medicare levy), 84.4% of the sample (n=1219) fell in the lowest income group of earning less than $26,104 annually. A further 7.9% (n=114) fell in the next income level, earning between $26,105 and $33,176 per year, and 4.5% (n=65) earned between $33,177 and $49,816 per year. The majority of the sample (84.6%) was retired, and of those still working, 3.6% (n=52) were ‘professional’, 1.9% management (n=28), 1.5% (n=21) ‘technician and trades workers’, and 3.9% (n=57) reported ‘other’. In relation to highest level of education attained 12.3% (n=178) reported less than high school, 38.6% of the sample (n=557) reported high school, 30.8% (n=445) reported College or TAFE, 11% (n=159) a three year university degree, and 7.3% of (n=105) completing Honours in their PhD, Doctorate or Professional Degree. A further 6.9% (n=100) reported some postgraduate qualification.

Latent class analysis was then performed on participant responses to the 22 value scale items. Scale items featured the same five point Likert response scale with anchor points of strongly disagree and strongly agree. The latent class analysis was conducted using Mplus version 6.11, and involved testing models with one latent class, two latent classes, and so on until the optimal number of latent classes was identified. The optimal number of latent classes was informed by indices of model fit (e.g., Akaike’s Information Criteria, Bayesian Information Criteria, and sample-size adjusted Bayesian Information Criteria) and bootstrap likelihood ratio tests, also taking into account other important considerations such as the size and distinctiveness of the latent classes.

The results indicated seven distinct latent classes that were given descriptive names by the researchers. The largest class, termed frugal eco warriors (n=294; 20.4%) reported high perceived functional, economic, and ecological value, and were ambivalent with respect to emotional, and social value (ambivalence signified by responding neither agree nor disagree to value items). The value opportunist’s class (n=278; 19.3%) reported high-perceived value in using energy efficiently across all value dimensions. The greens (n=210; 14.5%) class reported high functional, economic and ecological value, and were ambivalent with respect to emotional and social value. The indecisive (n=143; 9.9%) class reported inconsistent responses across all value dimensions (fitting between agree, disagree and neither across items in each value dimensions). This suggests that the indecisive class were unsure or...
undecided about their perceptions of the functional, economic, emotional, social and ecological value of using energy efficiently. The functional ecologists (n=119; 8.2%) class reported high functional and ecological value, and low economic, emotional and social value. The independents (n=114; 7.9%) class reported high functional, economic, emotional and ecological value, and low social value of using energy efficiently. Finally, there was also evidence of a seventh class, ambivalent ecologists that accounted for 4% of the sample (n=61; 4%). Participants in this class were ambivalent on all values, except perceived high ecological value. As this class was small, further investigation is required to identify whether this is a distinct and meaningful class, or a variation of another class such as frugal eco warriors.

**Discussion**

The results of the present study identified seven distinct latent classes with respect to value perceptions of using energy efficiently across the functional, economic, emotional, social and ecological value dimensions. The results identified that functional value in using energy efficiently was perceived as being high across nearly all classes, the indecisive class excepted. This is consistent with extant value literature that finds a preference for seeking functional benefits from consuming goods and services (Sánchez-Fernández and Castaño-Bonillo, 2007). The findings from this study suggest that high functionality is also important in relation to a social marketing behaviour(s) – using energy efficiently. Similarly, ecological value was perceived to be high across all classes except the indecisive class. This suggests that study participants view using energy efficiently as a good way of contributing to environmental sustainability and making a positive impact on ecological outcomes. Perceived economic value in using energy efficiently was found to be high in three classes: frugal eco warriors, value opportunists, and independents. Given the low income characteristic of study participants, and concerns about rising energy prices, it is perhaps unsurprising that using energy efficiently was perceived to offer economic benefit to many participants. However, it is of note that the apathetic independent spendthrifts perceived low economic value in using energy efficiently. That functional, ecological, and economic value perceptions tended towards being high suggests that overall the study participants may be principally motivated by utilitarian benefits in using energy efficiently.

The latent class analysis also identified pronounced ambivalence in relation to the emotional and social value of using energy efficiently. Perceived emotional value generated ambivalent responses from the frugal eco warriors, greenies, and ambivalent ecologists, and was perceived to be low among the apathetic independent spendthrifts. This differs from the findings of Zainuddin et al. (2011), who identified that perceived emotional value among users of a breast screening service was high. This suggests that the social marketing context can be important in influencing value perceptions. A breast screening service is oriented towards a personal health cause that has clear emotional connotations, whereas using energy efficiently in the home could be identified as not carrying a prominent emotional dimension. Social value generated ambivalent response from the frugal eco warriors, greenies, and ambivalent ecologists, and was low for the apathetic independent spendthrifts and independents classes. This may suggest that there is little focus on social acceptance from using energy efficiently, and that perhaps people engage in energy conservation for their own personal and utilitarian reasons. Furthermore, given that the focus of this study is on energy use in the home – and the place of the social marketing behaviour(s) is largely in private it is perhaps unsurprising that social acceptance by others is not a priority. These results suggest that hedonic/social value may not be a priority for people when considering using energy efficiently in the home. Future value in social marketing research might examine energy use behaviours outside the home – for example in workplaces, to explore these ideas further. This is because people’s behaviours may be different in such places as they may not be as motivated to save energy, as the direct personal benefits are not present.

The findings here are also of significant interest with respect to segmentation in social marketing. In an earlier study, Zainuddin et al. (2011) suggested that understanding the value sought by people in a social marketing context may offer a useful way in which to segment, target and design marketing communication messages and activities. The present study, is to our knowledge, the first to empirically test the utility of using value theory in relation to performance of behaviour(s), using energy efficiently, as a segmentation strategy. This study identified six distinct latent classes of participants, each with particular orientations with respect to value sought from using energy efficiently. This provides useful insight for energy efficiency programme managers that can be used to develop and tailor programme activities, and will be used for the development and implementation of the social marketing programme to be rolled out as part of the larger project of which this paper reports a constituent part. As an example, the latent class analysis presented here suggests that targeting frugal eco warriors with messages and activities relating to or facilitating functionality (making it easy, convenient, something you can control), economic value (saving on energy bills, or even health costs from experiencing thermal discomfort), and ecological benefits (by using energy efficiently you can make a difference to the environment) could be effective. Longitudinal research could be used to assess the effects of such segmentation strategies on behavioural outcomes.

In summary, the present study has identified that value theory has strong relevance to social marketers, not only as a way to offer a more nuanced understand of participant’s views on a social issue such as using energy efficiently, but also a potentially useful segmentation approach. Given the lack of current development of segmentation in the social marketing field, and the paucity of using value theory to underpin segmentation approaches, the present study and the findings here suggests there may be strong potential that is worthy of further investigation. Indeed, whilst the present study focuses on energy efficiency, using value theory as a segmentation approach may be useful for consideration by social marketing programme managers in other contexts and social behaviours.

**References**


Abstract

Shared Leadership is a management model in which leadership is broadly distributed among a set of individuals or organisations. There are striking similarities between the achievable outcomes of Shared Leadership and the factors needed to achieve self-determination in Indigenous communities. Such partnerships with not-for-profit organisations serve as catalysts for community empowerment in which community members can take actions to effect change in policy and practices that influence their lives. Thus, if Indigenous organisations collaborate to implement strategic and integrated capacity development strategies, self-determination may be possible. Accordingly, we argue that Shared Leadership may be an appropriate management model for Indigenous not-for-profit organisations and that its application may have a positive ‘ripple-effect’ for disadvantaged Indigenous communities to realise sustainable development.

Introduction

Based on the definition of network governance provided by Provan and Kenis (2008), cross-cultural Shared Leadership between organisations involves a group of three or more legally autonomous Indigenous and non-Indigenous organisations that work together to achieve, not only their own goals, but also to improve the services they provide. Further, through the process of working collaboratively on a project for the betterment of their community, participants may build on their own capacities and skills and feel empowered. Although Shared Leadership was hailed as a new paradigm in management theory over a decade ago (Margerum, 2002), more recently Dinh et al. (2014) list it amongst established leadership theories. Others, such as Day et al. (2014), argue that Shared Leadership is a collective form of leadership and as such falls outside the traditional scope of leadership theory and research. However, we argue that the context specificity of the application of Shared Leadership in community development highlights the novelty of the approach. The purpose of this paper is to present an argument for the benefits of adopting a Shared Leadership approach to achieve behavioural changes at the Indigenous community level, captured by a conceptual framework of how this might occur.

Shared Leadership and Community Development

Pearce and Conger (2003) define Shared Leadership as “a dynamic, interactive influence process among individuals in groups for which the objective is to lead one another to the achievement of group or organisational goals or both” (p1). Put simply, leadership is broadly distributed among a set of individuals, instead of being in the hands of an individual who acts as a superior. However, it is not restricted to individuals within organisations, Shared Leadership between organisations is increasingly adopted across a range of sectors including, but not limited to, community development, environmental management, tourism, education, not-for-profit and healthcare. This type of leadership involves the bringing together of stakeholders in collective forums to engage in consensus orientated decision making (Ansell and Gash, 2007). This can provide a range of benefits including team building, increased trust and commitment to common objectives.

Central to a Shared Leadership Model (SLM) is the principle that organised networks that pool resources, expertise and information can be more effective and efficient than those using traditional hierarchical models (Conger and Pearce, 2003; Wister et al., 2014). Collaboration provides stakeholders the opportunity to engage in decision making and to assume responsibility for outcomes (Ansell and Gash, 2007). Its ability to foster commitment to objectives and implementation among communities, organisations, stakeholders and governments (Margerum, 2002) leaves little wonder as to why collaborative or Shared Leadership is a standard component of public management (McGuire, 2006). However, the literature reveals that, while the practice base may be common, the knowledge base akin to this area of leadership is low (McGuire, 2006; Wang et al., 2014). It would therefore seem that research is lagging practice in this arena, and in particular, Shared Leadership has not been investigated at the community level (DiCicco et al., 2014). This paper presents the beginning of a journey to rectify this shortfall.

Academic papers


The tumultuous Indigenous policy debate for the last 40 years has been largely driven by local and regional Indigenous service organisations (Sanders, 2002). These organisations have been a ‘mouth-piece’ for their communities, expressing their wants, needs and concerns. This is partly because many Indigenous Australians have experienced, and continue to experience, economic and social disadvantage (Buultjens and Gale, 2013). When in need, communities invariably look to Indigenous organisations which, operating at a grassroots level, are directly involved in the delivery of service functions relevant to the everyday concerns of Indigenous people. Consequently, they are much like community institutions; in touch with their community’s wants and needs and naturally in accord with the highly localised tradition of collective decision making (Sanders, 2002). The Cultural and Indigenous Research Centre Australia (2013) demonstrates a telling example of this connection in a research report released regarding the National Indigenous Ear Health Campaign (NIEHC). It was found that as media partnership organisations already had the trust, respect and confidence of Indigenous communities, they were able to engage local communities in the campaign (CIRCA, 2013). Therefore, it would seem that, given their position in their community, Indigenous organisations have the opportunity to engage and effectively partner with fellow organisations within the community to benefit the Indigenous community as a whole. As a result, efforts seeking behavioural changes for community well-being are more likely to succeed.

Mc Ewan (2010) found that if Aboriginal organisations implemented empowerment strategies, changes are likely to be reflected in the broader social and political arena, in more effective advocacy and leadership at a regional or national level. An example of this is the Northern Land Council, when Indigenous organisations developed Indigenous culturally relevant campaigns, which were noted as key factors in community engagement in all of its 10 case studies (CIRCA, 2013). It has been suggested that employee engagement improves through the journey of change which is empowering, though additional research would be needed to explore this concept further (McEwan et al., 2010). Potentially, the benefits to this are two-fold: first, it can have a positive impact on organisational effectiveness, and secondly, it can lead to enhancements in staff health and wellbeing (McEwan et al., 2010). Therefore, it seems that the ‘ripple-effect’ of empowerment strategies at the organisational level can be wide reaching in a community, from the individual employee to the organisational and political level. Thus, empowerment strategies at an organisational level may well be a vehicle to sustainable Indigenous community development.

Capacity building has been earmarked as an essential component of sustainable development (Buultjens and Gale, 2013). Bolger (2000) defines capacity as “abilities, skills, understandings, attitudes, values, relationships, behaviours, motivations, resources and conditions that enable individuals, organisations, networks/sectors and broader social systems to carry out functions and achieve their development objectives over time” (p2). In this context, capacity development becomes the ‘how’. Capacity development is a process by which individuals, groups, organisations and societies enhance their abilities to identify and meet development challenges in a sustainable manner (Lavergne and Saxby, 2001). Further, capacity development in a sector at the network and organisational level can lead to capacity development at the individual level (Bolger, 2000). This was evident in the Kimberley Aboriginal Medical Services Council’s Nuff of the Puff program which boasts significant capacity-building of the radio and media organisations involved by increasing staff knowledge of ear health, enhancing organisational ability and staff skills in producing high-quality social marketing material, and improving the capacity to build partnerships with health services (http://www.acosh.org/programs-registry/kimberley-aboriginal-medical-services-council-kams/).

Specifically, the benefits of local Indigenous partnerships have been demonstrated in the NIEHC where it was found that the local media’s health promotion, together with the delivery of ear health services, through the partnership between health services, media partners, schools and communities, enhanced community capacity and strengthened the overall response to ear health (CIRCA, 2013). Clearly, many Indigenous Australians have experienced and continue to experience economic and social disadvantage (Buultjens and Gale, 2013), and given that Indigenous communities have a highly localised tradition of collective decision making and a culture of sharing (Sanders, 2002; Hetzel, 2000; Dudgeon et al., 2010), it seems that a SLM may be appropriate both from a cultural perspective and in terms of organisational and community goals in social marketing projects.

Thus, there are similarities between the achievable outcomes of Shared Leadership and the factors needed to achieve community empowerment. A study by Laverack (2001) identified organisational aspects that can influence community empowerment which could be used by individuals, groups and organisations in projects and programs to move towards social and political change. Amongst others, he identified the following as important: participation, leadership, organisational structures, resource mobilisation, links with other people and organisations and program management. As will be shown below, it seems that the organisational aspects he identified complement the SLM, especially in the case of Indigenous organisations, and thus could be a vehicle to sustainable development. The aspects that allow this to occur in relation to Shared Leadership are presented next.

Participation. Individual participation at the grassroots level, as well as broader organisational participation, must occur if a program or project is to lead to community empowerment. This is interesting as Manz et al. (2010) state that a key factor for sustainable performance of an organisation using a SLM is the recognition of every member as a valuable resource. Therefore, it appears that if all individuals concerned with a community problem were able to participate in a project or program as part of implementing a SLM, no matter what their circumstance or job title, both community empowerment and sustainable development would be achieved.

Leadership. In most communities, leaders are historically and culturally determined. If this is ignored, there is little chance that a program or project will be accepted or utilised by program participants. Culturally, Indigenous communities have a highly localised tradition of collective decision making (Sanders, 2002; Hetzel, 2000; Dudgeon et al., 2010). In recognition of this, programs and projects could build upon the capacity of the pre-determined leaders in the already successful Indigenous community organisations and take into account the tradition of local Indigenous communities. A Shared Leadership approach would thus be an ideal model which allows for shared decision making, akin to the culture and traditions of Indigenous People.

Organisational Structure. There are two key dimensions to organisational structure. The first addresses the way in which people come together to address their concerns and problems. Second, a sense of belonging, connectedness and personal relationships of members with the organisation increases the likelihood of the organisation mobilising the community and the community accepting it. This complements Provan and Kenis’ (2008) model of shared network leadership in which a member of the organisation requires both internal and external legitimacy in order for a SLM to be accepted and successful. It seems that in order for a project or program to be successful, it needs to be accepted both within, and outside of, the community.

Resource Mobilisation. This refers to the ability of communities to mobilise and gain access to resources. This in itself is empowering as it gives control to Aboriginal organisations and communities in all aspects of development. The National Aboriginal Health Strategy has also emphasised the importance of community control (CIRCA, 2013). As mentioned earlier, this is central to the outcomes of a SLM which pools resources, expertise and information so that participants can be more effective and efficient than when employing a traditional hierarchical model of management (Conger and Pearce, 2003; Wister et al., 2014).

“Links” with Other People and Organisations. Links can be made through partnerships which can serve as a means for community empowerment and development, through the sharing of responsibilities, tasks and resources. This aspect complements a Shared Leadership approach. In a study conducted by Schneider et al. (2003) it was found that momentum built when partners met brought about a growing pressure to succeed, which in turn led to ownership of collective outcomes and objectives. Further, learning to “link” and work with other partner organisations on the management of a project is not only beneficial in an organisational sense, but also in an individual sense as team members learn new skills as well as building their capacity.
Program Management. Lavergne and Saxby (2001) suggest that the process of jointly managing a project can build skills in conflict management, increase confidence and negotiating skills for those involved. It has also been suggested that cross-cultural participation provides an opportunity for reconciliation through engagement, Whiteside et al. (2011) highlight that often it is the first time that they have engaged with the other group. This could lead to cultural capacity building for both Indigenous and non-Indigenous partners. If all partners are working actively towards a shared goal, this has important implications for a SLM (Provan and Kenis 2008). It seems effective project management can not only build capacity for stakeholders, but also create an environment in which a project can be successful.

Conceptual Framework for a Current Cross-Cultural SLM

The authors of this paper, as part of a broader research project called the Koori Energy Efficiency Project (KEEP) aim to explore how the use of a SLM between Indigenous and non-Indigenous organisations may build capacity and self-determination/empowerment in the context of Indigenous Australia. KEEP is a project designed to increase Indigenous participation in the energy sector while decreasing stress associated with energy hardship through educational tools. The project aims to help Indigenous people to further their understanding of energy use, providing them with access to ways of tackling difficulties. The program is designed for Indigenous people and is managed by a collaboration of Indigenous and non-Indigenous organisations.

Figure 1: Conceptual model of cross-cultural Shared Leadership as a vehicle to sustainable development through capacity building and empowerment strategies.

Figure 1 above illustrates how capacity building and self-determination may occur among Indigenous and non-Indigenous organisations partnering together (adopting a Shared Leadership approach) and the way this may positively impact community behavioural change. The framework integrates the relevant domains of Shared Leadership and capacity building that influence factors affecting empowerment, community development and sustainable development. As explained earlier, the factors that influence both community development and Shared Leadership are complementary. As the project evolves, evidence attesting to the efficacy of this framework will be collected. It is expected that the final, validated, framework could be utilised by others working on cross-cultural Indigenous projects, to better understand the dynamics of the collaboration with the vision of delivering more successful project outcomes.

The factors that influence community participation, competence, empowerment and capacity seem to complement a Shared Leadership approach and are expected to be the same factors that explain why SLMs are most successful in a cross-cultural setting. If these organisational domains of management and Shared Leadership were applied in a community program, it could potentially lead to an increase in partnerships between community organisations through Shared Leadership, resulting in increased capacity building, increased self-determination and a more effective model of sustainable development for Indigenous communities. Thus, capacity development at the organisational level would trickle down and lead to capacity development at the individual (community) level.

Conclusion

By virtue of their position in their communities, Indigenous organisations have the opportunity to engage and effectively partner with fellow organisations to benefit their community as a whole. A positive ‘ripple-effect’ from effective empowerment and capacity building strategies at the organisational level can be wide reaching in a community, from an individual employee, to an organisation as a whole, to individuals within their home, and even to the broader political arena. Previously, organisations that collaborate and partner on community projects have had promising results. Given that capacity development in a sector at the network and organisational level can lead to capacity development at the individual level (Bolger, 2000), it seems that a SLM may be appropriate, both culturally, and in terms of organisational and community goals in social marketing projects. This paper has presented a conceptual model to capture how a Shared Leadership approach might achieve such outcomes and thus provide a vehicle to sustainable development through capacity building and empowerment strategies.

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Academic papers


centres and increase visitor traffic to the website. The target group for the campaign was 15 to 25 year old Australians. The campaign was launched with television, cinema and radio advertising, as well as campaign materials distributed to headspace centres. The campaign was extended with online advertising and specific university and technical college ambient advertising. The campaign was further supported with sponsorship of The Big Day Out. The aims of the research were to understand current awareness of mental health organisations including headspace, which target audiences had accessed mental health services, whether they identified as having a mental health issue, their brand knowledge and perceptions of headspace and how the target audience would access headspace services. Colmar Brunton designed a questionnaire for use in the research and completed n=1,253 x 15 minute online surveys with 15 to 25 year old male and female Australians in the first wave of the campaign. We repeated the methodology in waves 2, 3 and 4 and achieved between 1,300 – 1,400 completed interviews each wave. As a key sub-target audience for the campaign was 15 to 21 year old males (as they are less likely to seek help), the sample was boosted to achieve a minimum sample of n=450 males in this age group each wave.

The Social Offering

headspace is a place of support for young people around specific issues (depression, anxiety, relationship break-ups, bullying and more). The aim of the campaign was to improve awareness of headspace and communicate that headspace offers services and support through the headspace website (on a national level) and specific headspace centres (at a local level). Health promotion educational resources are available at centres including information sheets and videos (for use online as well as in schools) on a range of different mental health and wellbeing topics. The campaign was launched with television, cinema and radio advertising, as well as campaign materials distributed to headspace centres. The campaign was extended with online advertising and specific university and technical college ambient advertising. The campaign was further supported with sponsorship of The Big Day Out. The campaign aimed at getting individuals to recognise feelings they may be having and understand what they need to do to address them. It was designed to build confidence within the individual and create an environment around them that modelled the desired behaviour (through the multi-pronged marketing mix).

Engagement and Exchange

Exchange Statement: “If I visit a headspace centre or get online support at eheadspace instead of doing nothing about it, I will find a range of professionals who can help with whatever issue I am experiencing – be it mental health, physical health, drug or alcohol issues or educational / vocational problems. I know this will happen because headspace supports young people going through tough times. Getting help early is the key to improving my chances of effectively dealing with the issues I face”. The “engagement” is for young people to recognise the issues of mental health, physical health, drug or alcohol issues or educational / vocational problems within themselves or within their friends and seek support via a headspace centre or online through eheadspace. The “exchange” or what young people sacrifice in doing this, is overcoming the internal stigma of seeking help.

Competition analysis

Young people are most likely to talk to friends or family members as the first step when seeking help for mental health issues. This indirect competition distracts young people from the behaviours headspace is trying to instil. Family and friends are often unsure how to find the best possible support options. What the campaign aimed to do was encourage young people to seek support in a headspace centre or online through the website or eheadspace. “Competing” organisations to headspace include Beyond Blue, Kids Help Line, Lifeline and Reach Out. However, headspace is the only Australian organisation providing online and face to face support to young people and is the only Federally-funded youth mental health service and is the largest mental health service funded by the Federal Government in terms of dollars.

Segmentation and Insight

In an effort to reach as many young Australians as possible with the campaign, males and females aged 15 – 25 years nationally were broadly targeted. The core sub-target market was 15 – 21 year old males and specific strategies were used to reach the young male audience. Different media strategies were implemented in regional and metropolitan locations to cater for geographical variations in awareness. These included naming centre locations, localising billboards, print, radio and postcard advertising and distributing postcards in centres.

The baseline study conducted by Colmar Brunton in 2012 identified that 16% of young people aged 15 to 25 years identified with having a mental health issue. In addition, one in five young people claimed to feel “nervous”, “hopeless” or “worthless” most or all of the time. It was found that young Australians had low awareness and familiarity with headspace (7% unprompted brand awareness, 34% prompted brand awareness and 28% brand familiarity). headspace had stronger awareness amongst females and this highlighted the need to improve awareness levels amongst the core sub-target audience of 15 to 21 year old males. It was also found that those in metropolitan locations had lower awareness and knowledge of a nearby headspace centre compared to those in regional locations.

To guide campaign strategy, it was recommended that communications focus on positioning headspace as a safe place where people can talk about their feelings, a service for young people and an organisation that they would feel comfortable recommending to friends as its brand promise. One of the key objectives of the campaign was to create an environment around them that modelled the desired behaviour (through the multi-pronged marketing mix).

Integrated Intervention Mix

The headspace “We’ve Got Your Back” campaign utilised a variety of ‘promotional’ methods to target young Australians including television, cinema, radio and online advertising, ambient media, postcards in headspace centres, event sponsorship and public relations. The campaign was launched in 2012 with further support in 2013 and 2014. The ‘product’ being advertised was headspace being a place of support for young people around specific issues (depression, anxiety, relationship break-ups, bullying and more). The ‘place’ included the headspace website (on a national level) and specific headspace centres (at a local level). Centres were provided with grants to run specific community awareness activities in their local regions. Health promotion educational resources were provided. These included information sheets and a series of six videos (for use online as well as in schools) on a range of different mental health and wellbeing topics. Promotional material was also provided to centres to distribute in their local regions at schools, universities, sporting clubs and community groups.

Co creation through social markets

Youth participation is at the heart of everything headspace does, whether it is defining service delivery or through the creation of awareness campaigns. headspace has a National Youth Reference Group (hY NRG) that is the focus of this participation. For this campaign hY NRG worked closely with the corporate affairs team in identifying need, target audiences and messaging in the initial stages of the campaign brief development. During the creative development hY NRG was integral in the partnership with the creative agency and provided strong input and direction into the final product. This was done through group work and online surveys from inception through to finished product.

Systematic planning

headspace adopted Bandura’s Social Cognitive Theory (Bandura,1986) in the development of this campaign, specifically because of the intent to increase the confidence of individuals to seek help. This theory suggests that individuals are guided by a combination of behaviour, personal and environmental factors. Shaping the environment was an important consideration, as headspace needed to provide the opportunities for behavioural
change, help with those changes and offer social support (Perry et al., 1990). It was believed that by driving young people to services these opportunities would be provided.

Specifically the headspace campaign focused on the behavioural capability aspect of the Social Cognitive Theory, which states that if a person is to perform a behaviour he/she must know what the behaviour is and have the skills to perform it. The campaign aimed at getting individuals to recognise feelings they may be having and understand what it is they need to do to address them. It was designed to build confidence within the individual and create an environment around them that modelled the desired behaviour (through the multi-pronged marketing mix).

The monitoring and evaluation stages of the campaign included the research program developed by Colmar Brunton (a pre/early campaign benchmark, plus three post launch evaluations), monitoring the number of people accessing headspace centres and seeking help, measuring visitor traffic to the website and eheadspace, monitoring social media activity and measuring the amount of hard copy promotional materials distributed to centres.

Results and Learning

Since the launch of the “We’ve Got Your Back” campaign two years ago, there have been many positive results for headspace and for young Australians. The most recent wave of Colmar Brunton research conducted in May 2014 revealed that the headspace brand is continuing to gain traction with young Australians. There have been significant improvements in brand awareness and brand familiarity since the launch of the campaign. In addition, there are increasing numbers of referrals to headspace centres and increasing visitor traffic to the headspace website.

Key outcomes of the “We’ve Got Your Back” campaign include:

- Increased awareness of headspace and their services: increase in unprompted brand awareness from 7% in 2012 to 19% in 2014; prompted brand awareness from 34% in 2012 to 55% in 2014; and brand familiarity from 28% in 2012 to 42% in 2014.
- Increased number of young people accessing headspace centres: from 30,620 in 2011 (30 centres operational) to 39,718 in 2012 (40 centres) and an estimated up to 50,000 in 2013 (55 centres). Due to an organisational change in the way data is collected, specific details for 2013 are not available.
- Increased visitor traffic to headspace.org.au and eheadspace: increase of 75 per cent from 840,460 in 2012 to 1,118,730 in 2013 for headspace.org.au and increase of 69 per cent from 82,264 in 2012 to 138,677 in 2013 for eheadspace.org.au.
- Increased engagement and interaction with young people accessing social media: combined social media likes and followers increased 90 per cent from 24,299 in 2012 to 46,051 in 2013.
- Distributed 100,000+ promotional materials relating to headspace, including 5,600 posters in 2012 and 5,600 in 2013; and 140,000 postcards distributed to headspace centres in 2012 and 275,000 postcards distributed to headspace centres in 2013.

The key lesson gained from the campaign has been to listen to the target audience to get messaging right. To utilise a variety of channels (through the multi-pronged marketing mix).

References


Number: 40
Marketing Strategy in the Context of Managing Social Enterprise Duality
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Abstract

Due to increasing emergence of social needs and problems throughout the world, accompanied by reduced government ability to provide the funding necessary to combat these problems, it is expected that social enterprises (SEs) will grow in number and importance. The purpose of this paper is to examine the SE context in order to deepen our understanding of how this context affects marketing strategy in SEs. The authors conducted empirical qualitative research consisting of a comparative study of fifteen cases of SEs. Results show that four major dualities represent the critical context of SEs that will influence the marketing strategies employed and how they will be managed.

Number: 142
Receiving Help: Learning from Sri Lankan Victims of the Asian Tsunami
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Abstract
Prior research on charity giving suggests that recipients react negatively when their self-identity is adversely affected by receiving help from others. However, it is not clear why the recipients’ attitudes towards donations affect their receptivity towards help. Therefore, drawing upon social-identity theory, the current study explored Sri Lankan survivors’ perceptions of the support they received in their recovery from the Asian Tsunami. The study found that survivors are receptive to help offered by their pre-identified ‘in-groups’, but react negatively towards help from those who are considered part of the ‘out-group’. Hence, findings enhance our understanding of the boundaries of social identity, and can also help disaster support initiatives to provide aid through more effective channels.

Introduction/Background
When a major natural disaster occurs and major losses are sustained survivors are of course in need of support (from government, NGO’s, corporate sector, family and/ or friends) during their recovery process (Cords, 2007). A natural disaster brings sudden and unexpected disadvantage to victims that is in contrast to disadvantage related to poverty or disability where those needing help may be stigmatised if they accept support (Goffman, 1963; Reutter et al., 2009). One may assume that survivors of natural disasters would sense much less stigma related to needing support from others and would therefore react positively towards help. However, there is evidence that disaster survivors are not always receptive to help (for example, see Fisher, Nadler & Whitcher-Alagna, 1982). Effective use of resources to assist survivors depends heavily upon recipients’ readiness to accept support. Therefore, understanding the ways in which recipients react to help in a natural disaster context is vital to better support the recovery process. Consumer behaviour and marketing theories can assist with understanding recipients’ attitudes towards receiving help and also contribute towards facilitating a more positive response to offers of assistance, thus potentially leading to improved outcomes for survivors and more efficient use of aid resources.

This paper examines one theoretical basis for resistance towards aid (social identity theory), and reports on a qualitative study of survivors of a natural disaster.

An examination of reactions to offers of support in the context of natural disasters can be based on various theoretical perspectives, such as equity theories, reactance theory, attribution theories, and threat-to-self-esteem models (Fisher, Nadler & Whitcher-Alagna, 1982). The last approach (threat-to-self-esteem) is deemed most appropriate in exploring both charity giving and receiving contexts in the light of social identity theory (Levine & Thompson, 2004). According to social identity theory, identity is defined as a person’s understanding that he or she belongs to a particular social group (Abrams & Hogg, 1988; Hogg et al., 2004). A social group is a collection of members who communicate to themselves and others that they belong to that group (e.g., religious, ethnic, or occupational groups) (Stets & Burke, 2000). Through a comparative process, one may identify members in the group as being similar, and would thus tend to categorise/identify those people as being ‘in-group’ (Stets & Burke, 2000). Should one find people who are not similar to the rest of the group, they may be considered as being ‘out-group’ (Stets & Burke, 2000). Those who consider themselves to be in-group tend to disassociate themselves from those who are out-group. This means, according to social identity theory, people derive their sense of self through the social categories in which they belong (Turner et al., 1987).

As mentioned earlier, it is easy to assume that when individuals are in a vulnerable situation, they would be receptive to help available to them. However, previous studies show that individuals in fact react differently towards support. Among different factors, self-esteem is considered to be a main factor determining how a person reacts to help (Fisher, Nadler & Whitcher-Alagna, 1982). For example, when donations are perceived as potentially damaging to self-identity, recipients tend to react negatively, which may lead to poor evaluations of donors and aid or low rates of acceptance of aid (Fisher, Nadler & Whitcher-Alagna, 1982). On the other hand, when help is perceived positively (and thus not damaging to the perception of self-identity) recipients tend to react positively (Fisher, Nadler & Whitcher-Alagna, 1982). Negative reactions to donations, as identified by Fisher, Nadler and Whitcher-Alagna (1982) may occur due to: a) situational factors (e.g., donors who are perceived negatively), b) recipients’ personal characteristics (e.g., ego, self-esteem), and c) whether the recipient had to ask for support (when a request for help was made, it may lead to a public acceptance of inferiority) and d) the ability to reciprocate giving support.

As evident from recovery efforts in the aftermath of recent natural disasters around the world, support agencies offer survivors significant support (Thomas & Fritz 2006). The previous research clearly reveals the influence of self-identity on accepting support, and also highlights that survivors’ perceptions of the donors can affect how they react to help. The current study explores the role of social identity and the notion of ‘in-group’ and ‘out-group’ in relation to willingness to accept help after a natural disaster. Such an exploration may help us to comprehend why survivors of natural disasters are more receptive towards some sources of help than others.

Method
In order to explore how survivors’ perception of donors affects their responses to the types of support available to them in the recovery process, a qualitative approach is deemed most appropriate. Given the interest of exploring recovery experiences after natural disasters, Sri Lanka was selected as the study context because in 2004 the Asian Tsunami devastated two thirds of the coastal belt and survivors have been undergoing a recovery process for a decade. Data were gathered in the form of semi-structured in-depth interviews as this format encourages interaction between the researcher and the participant, promotes discussion and allows the researcher “... to obtain a richer and more nuanced understanding ....” of both the participant and the topic under investigation (Howe, 2004, p.55).

The study utilised snowball sampling, a purposive sampling technique, which enables the researcher to contact respondents who vary in their key characteristics while remaining relevant to the key purpose of the study to ensure richness in the data (Bryman & Bell, 2007). This technique is widely used in qualitative studies (Karakina & Henry, 2013). Potential participants were contacted in persons over the phone to discuss the project, and invited to participate. Forty two interviews were conducted in people’s homes, as this was where they felt most comfortable.

An interview protocol was prepared with a list of themes to be explored to elicit answers from respondents based on their experiences and reflections of support initiatives available to them and sources through which help was made available to them. Interviews lasted between 1-2 hours, and were recorded. Field notes were also taken to supplement the interview recordings for the purpose of triangulation. Rigor of the study was ensured using the techniques recommended by Wallendorf and Belk (1989). The six step procedure recommended by Clarke and Braun (2013) for ‘thematic analysis’ was used to guide the data analysis. A thematic analysis involves identifying the ‘patterned response or meanings’ across the data set (Braun & Clarke, 2008, p.82). QSR Nivo 10 was used in coding the data and to derive underlying themes.

Results
Out of 42 participants in the study, 31 expressed how they felt about receiving donations. Apart from suffering due to the loss of loved ones and possessions, survivors also seemed to suffer from having to depend on others for help. Due to these reasons, in the initial period of the recovery process, some survivors were unable to seek or receive the support they required. The findings show that survivors experienced a diminished sense of their self-identity partly due to
their feelings towards those they received support from. Based on survivors’ pre-established social identities, survivors seemed adept at identifying both ‘in-groups’ and ‘out-groups’.

Table 1 represents interview excerpts which show six participants’ attitudes towards various sources of support. These excerpts were selected as being representative of the array of comments provided. The comments reveal how family, friends, co-workers, business associates, and even the students of a teacher were seen as acceptable sources of support. In this context, these donors were ‘in-groups’ or parties that they would like to receive support from. Due to their preference towards those they considered to be part of the in-group, survivors tended to positively associate with them, and be more receptive to receiving help. Whereas those who were strangers or considered to be from a different social status were perceived as being part of the ‘out-group’ and therefore were not considered to be sources from which help could be received without loss of self-esteem. Hence, the results lend testament that survivors assess those who are offering support and react negatively towards those who are identified as being part of the ‘out-group’.

### Table 1: Representative Interview Excerpts

<table>
<thead>
<tr>
<th>Participant Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male, 50 years, father, lost all his family and all possessions. Was relocated after the Tsunami</td>
</tr>
<tr>
<td>Female, 43 years, mother, lost all her possessions, relocated after the tsunami</td>
</tr>
<tr>
<td>Female, 50 years, teacher, mother, lost her home and all her possessions, relocated after the Tsunami</td>
</tr>
<tr>
<td>Female, 62 years, school principal. Lost two daughters, her home and all possessions. Was relocated after the Tsunami</td>
</tr>
<tr>
<td>Female, 58, an entrepreneur, only lost possessions</td>
</tr>
<tr>
<td>Male, 24 years. Had just started a photography business when the Tsunami hit. His sister died in the tsunami. He lost all possessions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Representative Excerpts</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I was disappointed [about what happened], so I did not present myself to accept any donation”</td>
</tr>
<tr>
<td>“I felt ashamed when I was in queues for food because I am from a respectable family in this village. Sometimes, I chose to avoid such situations”</td>
</tr>
<tr>
<td>“We lived a life [before the Tsunami] with a high social status”</td>
</tr>
<tr>
<td>“Being a teacher, I felt ashamed having to queue to collect donations. It was shameful for my children too. But, I had lost so much at times without worrying of my feelings”</td>
</tr>
<tr>
<td>“We desperately needed support from others, because, I was left with nothing. I did not even have clothes…”</td>
</tr>
<tr>
<td>“We desperately needed support from others, because, I was left with nothing. I did not even have clothes…”</td>
</tr>
</tbody>
</table>

Discussion/Conclusion

Given the continued occurrence of natural disasters, and worldwide drive to support survivors (Zagelka et al., 2011), it is important to understand how survivors use help from others in order to resume their daily life as much as is possible. Gaining knowledge and a better understanding of how survivors’ perception affects their receptivity to support is deemed vital. After interviewing forty two survivors of the Asian Tsunami in Sri Lanka, this study highlights the need for a better understanding of recipients’ self-identity as it has a critical role in the extent to which they will draw upon support. This study has emerged in different contexts, for example, Wiles (2011) discussed the elderly’s experience of care and its relationship to their sense of self, and concluded that improved understanding of what it means to be a recipient of help is critical.

The current study found that survivors tend to respond positively towards help received from those who they perceived as being part of their ‘in-group’ (or sharing similarities with them) rather than those they consider as part of the ‘out-group’ (or people they have little in common with). The positive responses towards those in-groups which survivors identified based on their previous social identities may be partly explained by the collectivistic nature of the Sri Lankan culture (Frezeman, 1997). For example, some suggest that those in collectivistic societies tend to have stable relationships with their in-groups even when those in-groups make unreasonable demands (e.g., with family and friends) (Triandis, Bontempo, Villareal, Asai, & Lucca, 1988).

This positive response towards help from those considered part of the in-group suggests that it is important to consider the impact on survivors’ social identity when designing mechanisms for providing aid and ongoing support. The findings of the study particularly suggest that it is vital to understand how survivors conceptualise their ‘in-groups’ so that these groups might be used as agents through which support can be offered. By so doing, it would be possible to avoid rejection of support and negative evaluations of the support that is available, and thus ensure that those in need are attended to.

In summary, this study contributes to knowledge in the area of receiving support in the disaster recovery context. The findings also enhance our understanding of the boundaries of ‘in-groups’ and ‘out-groups’ highlighted by social identity theory in relation to the context of receiving charity. This study provides an insight into attitudes towards support that has not previously been proposed and thus is extends the current body of knowledge. However, given the context of a single disaster in one country, future research should examine whether acceptance of aid is associated with ‘in-groups’ in other contexts and test whether using ‘in-group’ distribution channels will enhance the uptake of support.

References


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**Number: 43**

**What Rocks Your Boat?**

**When “Attraction” meets “Social Identity” to Achieve Behavioral Change**

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**Abstract**

This paper empirically examines the Internet sensation “ALS Ice Bucket Challenge” by using several theories, namely principles of Attraction, Social Influence Theory and Stages of Change Theory. Based on observational and netnographic data, we propose that various principles of Attraction explain why people choose to engage in participatory charity campaigns. Furthermore, we emphasise that social identity remains an important aspect in attracting and influencing behavioural change within online communities. Finally, we suggest that social media can be employed to enhance the speed of behavioural change.

**Introduction/Background**

Prior to July 2014, if anyone asked you to pour a bucket of ice and water over your head or to donate a hundred dollars to a charity within 24 hours, you would seriously question their sanity. However, the “ALS Ice Bucket Challenge” has turned this crazy idea into an incredibly seductive invitation and persuaded many individuals to adopt a new behaviour in a fast and furious way. We propose that this swift compliance and participation in the “ALS Ice Bucket Challenge” can be explained by the marriage of an individual determinant (attraction) and community influence (social identity). Despite various movements behind nominees’ intention to comply, rapid events evident from this Internet sensation were at a rate that is comparable to a speed-dating scene. Thus, by borrowing principles of Attraction, Social Influence Theory and Stages of Change Theory, we explore how social media can be strategically employed as a powerful “match-making” tool, to facilitate charitable campaigns to virtually “hook up” with individuals and convert them into episodic advocates.

Social media is a powerful and effective word-of-mouth (WOM) platform to communicate contents (Jansen et al. 2009; Yang, 2009). For this reason, many individuals, businesses and government agencies employ social media to maintain and strategically position their social presence in the minds of their target audience. Nonprofit organisations also use this vehicle to carry out social-capital building, networking, civic engagements and public relations activities (Curtis et al., 2010). Although social media was initially developed as a consumer-to-consumer (C2C) communicative tool to allow information creation and co-creation (Kozinets et al., 2010; Men and Tsai, 2013), it is increasingly popular for individuals (including the general public, public figures, celebrities and a new generation of micro-celebrities such as famous Twitterers and “YouTubers”) to express their virtual persona via its various platforms (Greenhow and Robelia, 2009; Marwick, 2010; Page, 2012).

Arguably, when individuals’ social identity in a computer-mediated community relies on the voluntary disclosure of information, their “identity” is subject to manipulation and deception (Donath, 1999). Notwithstanding this limitation, this fluid online social mechanism remains valuable in establishing social identity as it enables a high level of personal freedom (beyond physical identity cues and status), and allows self-(re)presentations based on one’s ideas in contemporary social environments that are increasingly boundary-less (Donath, 1999). For instance, a popularised social identity trait that appears to inundate the online sphere associates with one’s explicit charitable engagements. While celebrity endorsement is also a common form of strategic persuasion, we are more interested in unpaid and voluntary involvement. Yet this type of “cosmopolitan charity” attracts criticism as ways of self-branding to enhance an individuals’ personal image (Marwick, 2010). Nevertheless, such endeavours can also become powerful drivers behind social changes, particularly when collective intentions to jointly participate in a social action are prevalent (Cheung, Chiu and Lee, 2011). The recent “ALS Ice Bucket Challenge” is an exemplar of this we-intention.

Former Boston College baseball captain Pete Frates is the brainchild behind this viral movement (Sifferlin, 2014). This campaign aims to raise awareness of, and obtain donations for, a form of Motor Neurone Disease (MND), a condition that causes patients to gradually lose the use of their limbs and ability to speak, swallow and breathe (MND Australia, 2014). According to the Australian Institute of Health and Welfare (MND Australia, 2014), two people die from MND in Australia every day. However, most people may not know of a specific type of MND Amyotrophic Lateral Sclerosis (ALS) until footage of the “ALS Ice Bucket Challenge” flooded their YouTube channels and Facebook newsfeeds. Although the original “Ice Bucket Challenge” was not linked with ALS (it was initiated after a golfer in Sarasota named Chris Kennedy posted footage of him getting drenched on YouTube on 15th July), Frate, an ALS sufferer has successfully rebranded this campaign after nominating six of his friends via a social networking site (SNS), Facebook, on 31st July, 2014 to take on the challenge, as a way to promote awareness of this disease (Sifferlin, 2014). Those “tagged” by Frates were given an option to tip a bucket of ice water over their heads within 24 hours or to donate to an ALS affiliation. Nominees were encouraged to share...
footage of their self-directed drenching performance on social media platforms and nominate three friends to do the same. Surprisingly, rather than observing the virtual social contracts, many respondents participated. As such, we suggest that nominees are not only socially influenced, they are also attracted by the opportunity to form, or further develop their desired social identity by embracing the “ALS Ice Bucket Challenge”.

Luo and Zhang’s (2009) study on heterosexual attraction in a real-life speed-dating experiment amongst 108 college students suggests that while leading factors which contribute to romantic attraction, including reciprocity, beauty and security, are regarded as important elements to an extent, attraction based on similarity between respondents’ remains elusive. In this paper however, we propose and argue that all of these principles of romantic attraction are relevant and significant in determining what makes a behaviour desirable, and attractive from a social marketing lens. Understanding how individuals can shift from little to no interest in an idea, to adopting and maintaining that same interest, potentially influence and enhance social and economic outcomes (Hastings, 2007; Lazer and Kelley, 1973). Therefore, we suggest that the principles of Attraction can be used not only to shed light on the peculiar phenomenon of the “ALS Ice Bucket Challenge,” but charity campaigns in general.

Firstly, the Social Relations Model (SRM) suggests that initial attraction is a three-way process, where the “actor”, the “partner” and their “unique dyadic relationship” are aligned (Luo and Zhang, 2009). However, the “actor” or “partner” roles need not be limited to individuals, organisations or communities, such that an object, brand or concept could also assume these roles. Nevertheless, a win-win-win situation happens only when the “actor” and the “partner” cross paths. Therefore, in the “ALS Ice Bucket Challenge”, besides membership of online social networks, nomination by others serves a key prerequisite to generate reciprocal altruistic actions. As such, social media provides a virtual “meeting place” that enables nominees to “flirt” with projections of various social identity traits, which through their participation in this challenge, could shape and enhance their social identity.

Secondly, the similarity principle suggests that one might be attracted to another individual based on familiarity (Luo and Zhang, 2009). For example, assessing the attractiveness of another could be based on shared characteristics, such as attitudes, values or preferences. While the common consensus is that the attraction process remains heterogeneous as everyone has different tastes, there are usually two types of well-researched “likings”: dyadic reciprocal liking and general reciprocal liking (Kenny, 1994; Kenny et al., 2008). Dyadic reciprocal liking is unique to the person you are attracted to, whereas few weeks after its launch. This ‘attraction breeds attraction’ desirable, if not appropriate, for romantic attractions, general reciprocal liking (Kenny, 1994; Kenny et al., 2006). Dyadic general reciprocal liking is when there is an inclination to like people who tend to be liked by others. While dyadic relationship is desirable, if not appropriate, for romantic attractions, general reciprocal liking is more applicable in the context of a charitable cause. As seen in this case, approximately 1.2 million personal videos of the “ALS Ice Bucket Challenge” were purportedly shared globally on Facebook as of 13 August, 2014 (Cloutier, 2014), just a few weeks after its launch. This ‘attraction breeds attraction’ (Newcomb, 1956, cited by Luo and Zhang, 2009) formula is apparent, and it explains why this social media challenge was able to reach so many people. Participants’ voluntary involvements not only influenced their friends’ behaviour, it concurrently generated gravitational publicity towards the “ALS Ice Bucket Challenge” to a wider audience than the immediate nominees.

Thirdly, beauty or physical attractiveness is arguably one of the most important principles in attraction theories. However, our perception of what is ‘beautiful’ remains an evolving social construct and invariably normalised within our internal and external environments. For instance, Dittmar, Halliwell and Ivey (2006) suggest products such as Barbie dolls play a large role in shaping young children’s “ideal” body image. Similarly, Pettigrew, Pescud and Donovan’s (2010) study finds that young children’s “ideal” body is alarmingly underweight. Indeed, one could argue that our perception of beauty is largely influenced by marketers. For example, in the 50’s, musccularly built Japanese female professional wrestlers were posited as “ideal” poster girls and dominated the Japanese entertainment industry (Alba, 2014). Thus, the more widely and socially acceptable and fashionable it is perceived, the more attractive the behaviour may appear to nominees in the “ALS Ice Bucket Challenge”.

Lastly, Luo and Zhang (2009) assert that security is an important principle in attraction. Their study refers to traits or characteristics that are associated with the ability to form a long-term relationship that enhance the perception of a “secure partner”. Perhaps in the “ALS Ice Bucket Challenge”, the notion of “security” translates to the flexibility and control participants were given in determining how to endorse the challenge. For example, the challenge could be performed at a park, in their own backyards, individually or collectively in a public space, as seen in the Etihad Stadium on 22 August, 2014, where 853 participants attempted to “world record” together in Melbourne, Australia (MND Australia, 2014). Alternatively, participants could donate to any ALS affiliation of their choice, if they declined the ice bucket aspect.

In a romantic attraction, matching the right “actors” and the right “partners” is essential. While matchmaking can enhance the romantic connection between two individuals (Luo and Zhang, 2009), the practice of matchmaking is often used in other contexts, for instance, in sports, recruitment agencies and for organ transplants to identify the “perfect match”. Therefore, we suggest that social media platforms were not only used to cultivate social identity, but also as matchmaking tools in the case of the “ALS Ice Bucket Challenge”. Furthermore, this challenge reflects a phenomenal influence in behavioural change in which nominees went through a speedy process to conform to the new behaviour gradually. In the Social Identity Theory, there are five spiral stages: Precontemplation, Contemplation, Preparation, Action, and Maintenance (Prochaska and DiClementes, 1983, cited by Hastings, 2007). As such, participants of the “ALS Ice Bucket Challenge” went through a quasi speed-dating process by shifting their behaviours drastically from the Precontemplation/Contemplation or Preparation stage to the Action and/or used Maintenance stage within 24 hours. The efficiency in behavioural change in the “ALS Ice Bucket Challenge” is akin to the process of speed-dating. Acknowledged as the initial launch of speed-dating is Rabbi Yaacov Deyo, who attempted to fast-track mingling in the young Jewish community in California in 1998 (Finkel and Estwick, 2008). Despite adaptations and localisations, the procedures of a speed-date remain invariably similar: alternate between a “speed-date” function, hold a brief conversation with all potential partners, evaluate their attractiveness, and make a decision to commit to a particular candidate or continue to “sail solo” (Asendorpf, Penke and Back, 2011).

Method

Using the “ALS Ice Bucket Challenge” as a case study, we have empirically collected and analysed observational data via one of the most popular SNSs: Facebook. Kozinets (1998) suggests that by adapting and extending techniques and procedures used in traditional ethnography, it is possible to examine an enculturation in online communities. Therefore, rather than measuring and generalise, this netnographic study aims to gain understanding of a social phenomenon and to establish connections between data and theories through the first author’s communication, experience and participation. This study began when Peiyi, the first author of this paper, noticed some friends posted footage of themselves participating in the “ALS Ice Bucket Challenge” on Facebook. Fascinated by these footage, she decided to observe, track and record the thriving phenomenon. Between 17th to 31st August, 2014, Peiyi observed that a total of 17 friends on her Facebook were participating in both activities. There was no observed difference in their heads only, one chose to donate only, and three chose to participate based on gender (M = 6, F = 6). The first participant was reached on 17 August and the peak of this challenge was 26 August – with a total of three friends on Peiyi’s Facebook day although they did not participate. Although Frates first launched this campaign in the United States (US) (Sifferlin, 2014), all participants observed in this study are currently residing outside the US, including Germany, Hong Kong and Australia.

Results

The Social Influence Theory asserts that individuals are often influenced by others in a social environment through processes of compliance, internalisation and identification at different levels.
Table 1. Peiyi’s Stages of Change “Speed-date” Experience with the “ALS Ice Bucket Challenge”

<table>
<thead>
<tr>
<th>Date</th>
<th>Stage of Change</th>
<th>Peiyi’s Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>26/8</td>
<td>Contemplation:</td>
<td>Woke up in the morning and discovered the “nomination”. Felt some level of social</td>
</tr>
<tr>
<td></td>
<td>‘Invitation’</td>
<td>pressure and initial fear of “damaging” her social identity. As the day progressed, Peiyi</td>
</tr>
<tr>
<td></td>
<td></td>
<td>quickly switched to the prospect of forming a desirable image that is closely associated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>with doing the “right” cultural thing by complying. Discussed options with partner to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ask for a money order.</td>
</tr>
<tr>
<td>26/8</td>
<td>Preparation:</td>
<td>Read detailed information about the “ALS Ice Bucket Challenge” and researched about</td>
</tr>
<tr>
<td></td>
<td>‘Conversation’</td>
<td>various ALS affiliations in Australia. Decided to donate only thus ensuring still</td>
</tr>
<tr>
<td></td>
<td>Finding out about</td>
<td>look “good”. Had second thoughts about participation and checked the weather forecast.</td>
</tr>
<tr>
<td></td>
<td>the challenge, the</td>
<td>Knowing that she will be captured in a self-portrait later on, she wore her new hat!</td>
</tr>
<tr>
<td></td>
<td>disease and the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>charity.</td>
<td></td>
</tr>
<tr>
<td>26/8</td>
<td>Action:</td>
<td>Money order bought in local post office and sent to MND Tasmania. A series of “selfies”</td>
</tr>
<tr>
<td></td>
<td>‘The Date’</td>
<td>were taken with photos of the money order and photos were uploaded on Facebook using</td>
</tr>
<tr>
<td></td>
<td>Engaging in various</td>
<td>her smartphone. Virtually tagged three others friends on Facebook in that same post</td>
</tr>
<tr>
<td></td>
<td>activities described</td>
<td>(as per “ALS Ice Bucket Challenge requirements), thus, fully conforming to the</td>
</tr>
<tr>
<td></td>
<td>by the challenge.</td>
<td>challenge. Checked/related to friend’s comments and felt positive about her action.</td>
</tr>
</tbody>
</table>

Discussion/Conclusion

The contributions of this paper are threefold. Firstly, the case of the “ALS Ice Bucket Challenge” illustrates that the principles of Attraction can be applied to explain why people choose to engage in participatory charity campaigns. Secondly, it demonstrates that social identity remains an important aspect in attracting and influencing behavioural change within a community. Lastly, it suggests that social media can be employed to enhance the speed of engendering behavioural change. One practical implication is that nonprofit organizations may want to (re)consider the ability to co-orchestrate social identity with their target market when employing social media to carry out various campaigns. Perhaps the principles of Attraction can also be incorporated when designing motivational exchanges with these audiences. We concluded that the “ALS Ice Bucket Challenge” was successful because it allowed donation to be public, fun and rewarding on many levels.

Some limitations of this study should be acknowledged. Firstly, the data size is small, and remains subjective as it was based on personal observation and reflection. Nevertheless, this study’s main objective is to gain insight of a social phenomenon rather than measuring and generalising. Additionally, the notion of the social pressure to conform is not fully captured, and the Maintenance stage of the new behaviour is outside the scope of this paper. Future studies could explore these aspects in more depth. Finally, it may be worthwhile to investigate beyond the current context of participatory charity giving, for instance, to examine the extent to which collective behavioural change in a virtual environment can influence social change in the real world or vice versa. Exploring ways in which episodic affairs can transform into long-term relationships could further enhance our understanding of how contentious behaviours can be strategically coerced via social media when attraction is manifested and maintained.

References


CRIME, SAFETY & JUSTICE

Number: 100

A qualitative analysis of young drivers’ perceptions of driver distraction social marketing interventions

Abstract

This study gives insight into why current driver distraction social marketing interventions are not motivating the high-risk target audience of young drivers to cease using their mobile phones when driving. Three focus groups (n=30) were conducted with drivers aged 18-25 years old to explore current attitudes and behaviours in regard to mobile phone use when driving. Additionally four emergent themes were identified from the target audience’s reactions to six social marketing interventions specifically targeting mobile phone cessation. These themes are: social marketing interventions should be more personalized through the lens of the Extended Parallel Process Model (EPPM) comprising perceived severity, perceived susceptibility, response efficacy, and self-efficacy.

Introduction/Background

Human factors continue to feature prominently as a major contributor to road trauma; with drivers’ engagement in high risk behaviours, such as mobile phone use while driving, increasing crash risk significantly (Patten et al. 2004; McCartt et al. 2006; Nemme & White 2010). Extensive evidence suggests that drivers who use their mobile phones are approximately four times more likely to be involved in a road crash than when they are not using their phones (Redelmeier & Tibshirani 1997; McEvoy et al. 2005; Cismaru 2014). Despite research suggesting mobile phone distractions are just as dangerous as drink driving and speeding – studies indicate that many Australian drivers continue to use their mobile phone while driving (Petroulias 2011; Pennay 2006; Walsh et al. 2008; Campbell 2012). Many respondents felt they could ‘safely’ text or use their phone while driving (18-25 years old) to deter them from using their mobile phones while driving? This investigation will provide valuable insight into whether or not current strategies, particularly advertisements and financial penalties, are indeed influencing behaviours and how young drivers perceive the issue.

Method

Three focus groups (n=10/group) were conducted with students undertaking tertiary education. The focus group component of the research followed an anti-positivist approach in order to further understand the varying influences and social constructs associated with the behaviour. Focus groups were selected because they offer in-depth insight into the target audience and are a way for respondents to discuss ideas that may have been overlooked prior to the research (Krueger et al. 2001). The focus groups began with a discussion of the participants’ general perceptions of mobile phone use when driving, followed by a more specific discussion of participants’ reactions to, and opinions of, six road safety interventions. The videos ranged from 0:30-2:30 minutes in length and each employed different advertising appeals including fear, guilt, sadness, and humour. After each video (refer to Table 1) the facilitator would guide a discussion on the video shown, following the same sequence of open ended questions and using appropriate prompts to enhance discussion between focus group participants. A section of the focus group questions were formulated to directly address each element of Witte’s (1992) EPPM.

Results

The overwhelming consensus of opinion from the 30 participants was that mobile phone use while driving is something that nearly all young drivers engage in despite knowing that the behaviour is illegal and most participants noting the risks (physical, financial and potentially social) of driver distraction. The focus group setting did not deter participants from freely admitting that they have engaged in mobile phone use when driving “[I feel guilty [about doing it]… but I still do it” – Female].

A re-emerging issue that was highlighted in all focus groups was that many respondents felt they could ‘safely’ text or use their phone while driving. One male participant said that if ages or years were around him he could take his eyes off the road for up to 10 seconds because if he veered it was not a problem as he knew no one was around him. The perceived notion of safety was something that was discussed in all three focus groups. Many participants expressed that they viewed “older people” as not knowing how to text quickly and that they would need the phone right in front of them. Many participants considered themselves as experts in using their phones (in comparison to their parents) and that they could text more safely than their parents.
The multi-use of mobile phones was another topic which emerged. In all focus groups, participants indicated that young people do not just use their phone for texting or making phone calls, but also for entertainment purposes. One participant admitted to checking social media accounts while driving such as Facebook, Instagram, Twitter, Shazam, and Snapchat. [*...* at peak hour especially, cause that’s when there’s a lot of info on Facebook, not at 7am, but by 5pm there’s heaps to check out*] – Male). A perceived barrier to using their phones when driving was the potential financial consequences of the behaviour, with some participants suggesting this to be more concerning than physically bound risks [*I am more afraid about getting pulled over rather than crashing*] – Female respondent. However, (unprompted) the possibility of being detected immediately followed any mention of fines, with most participants expressing that detection was unlikely or easy to avoid [*So there’s an app for highway patrol cars... You can see where the police are... Yeah, so I use that*] – Male). Another perceived barrier (only for a few participants) was the possibility of social judgement and disapproval [*I won’t do it when I’m with my friends cause I don’t want to be seen as a bad driver*] – Female).

In response to the videos/advertisements, most participants expressed more negative opinions of the advertisements than positive opinions in regard to likely impact on their mobile phone use when driving (response efficacy [RE] and self-efficacy [SE]). Many of the videos/advertisements also failed to make the audience feel susceptible to danger and/ or see the danger severe enough to warrant their attention. Participants across all three focus groups agreed that the RMS ‘Get your hand off it’ (harmful appeal) and the IRS ‘Don’t text and drive’ (rational appeal) campaigns were the least effective. Comparatively, participants agreed the two most effective advertisements were the ‘TAC ‘Blind’ (standard threat appeal) and AT&T’s ‘It Can Wait’ (testimonial – guilt and fear appeal) campaigns. Some examples of participants’ responses to the videos and the EPPM analysis outcomes are shown in Table 2.

Emerging themes from participants’ reactions to the driver distraction videos

The first theme (t1) is derived from participants views that are best classified as counter-arguing with risks posed in the ad. Participants would indicate that they would not text in a built up (busy) road areas that were depicted in the video/ads. This theme is related to the perceived notion of safety theme identified in the initial stage of the focus group research. Participants discussed places on the road where they felt was “safe” to use their phones when driving (for example at traffic lights). Also within this theme are the views of other participants who felt that they were more competent mobile phones users than the drivers shown in the ads/videos. This theme is largely why most of the six ads encountered difficulties in achieving an appropriate degree of severity and susceptibility. Disbelief of ad execution (for example the ad being seen as too sensational or not real life… like it wouldn’t happen to you) was also an identified theme (t2) that impeded severity and susceptibility.

In relation to the EPPM model, self-efficacy was not achieved in any of the six ads. The theme (t3) labelled ingrained behaviour of mobile phone – as a way of enabling him to comment on the unsafe driving (even if they felt uncomfortable). This viewpoint is linked to a study indicating that he might use the phrase “get your hand off it” in a joking sense to a friend who was driving and using their phone – as a way of enabling him to comment on the unsafe behaviour. However, nearly all participants agreed that they would not say something to a friend if they were using their mobile phone when driving (even if they felt uncomfortable). This viewpoint is linked to a very large number of opinions expressed by participants in this research that mobile phone use when driving is acceptable and that everyone does it – making the behaviour a social norm (t4).
Discussion

Researchers have suggested that the lack of response to advertising efforts is due to the uniform approaches that have been adopted by road safety organisations which fail to address the broader personal and motivational factors that influence the behaviour (Watson et al. 1996; Walsh et al. 2008; Riquelme et al. 2010). Thus, suggesting that social marketing efforts must address social contexts and mores that influence individual’s perceptions about the behaviour (Mengel 2008; Riquelme et al. 2010). Previous campaigns which have been deemed effective in shaping young Australian’s attitudes and behaviours towards risky driving have been those which address the social context and social consequences (c.f. RMS ‘No one thinks big of you’ in 2007).

In addition, combining the findings from both stages of the focus group discussion could help better inform road safety authorities for future initiatives. A possibility for further exploration is making changes to the structural environment of drivers – using technology to fight technology! A mobile phone app that can be switched on, similar to flight mode, could be essential when obtaining or renewing a licence or automatically installed when signing up to a new phone contract. Police could be given powers to do ‘random phone checks’ to determine if drivers are disabling their phones when driving (in conjunction with random breath tests) – overcoming the problems with detection of phone use and potentially equating the anti-social behaviour of drink-driving with driver distraction. New cars could also be designed to automatically block incoming/outgoing calls (with the exception of emergency numbers), or sound an alarm (similar to the seatbelt warning device) if mobile phone use is detected.

Conclusion

Given the social norm status of this driving behaviour, other social marketing measures are required than simply videos/advertisements. This research has identified many problems with message acceptance caused by a lack of perceived severity, susceptibility and response efficacy - but mostly due to the current low self-efficacy of this young-driver target audience.

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Number: 123

Examining Response to Drink Driving and Speeding Road Safety Television Advertisements in Eight Countries*

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Abstract

Mass media social marketing campaigns can play an important role in comprehensive road safety programs. A road safety supportive research project was undertaken to examine response to drink driving television advertisements in Brazil, Cambodia, China, India and Mexico and to speeding advertisements in China, Kenya, Russian Federation and Turkey. Across drink driving studies,
advertisements which generated a strong emotional response while graphically depicting negative consequences of drinking and driving to the driver and others were rated as most effective. In contrast, across speeding studies, instruction-style advertisements providing new information about the impact of speeding on driver performance in an engaging manner were rated as most effective. These findings can inform road safety campaign development in low- and middle-income countries.

Introduction

Across the world more than 1.2 million people die on the roads each year and between 20 and 50 million suffer non-fatal injuries (WHO, 2009). More than half of the people killed in traffic crashes are young adults aged between 15 and 44 years (ibid). Low-income and middle-income countries (LMICs) have higher road traffic fatality rates than high income countries. In fact, 90% of the world’s fatalities on the roads occur in low- and middle-income countries, which have only 48% of the world’s registered vehicles (ibid). When effectively combined with road safety legislation and enforcement, mass media social marketing campaigns can play an important role in road safety programs by increasing specific road user knowledge, promoting specific safety behaviours, increasing awareness of relevant road safety legislation and enforcement and contributing to the development of shared social norms for safety (Peden et al, 2004). However, to date there are few pre-tested television advertisements for road safety social marketing campaigns in LMICs.

World Lung Foundation, an international non-profit with social marketing expertise, in collaboration with the World Health Organisation (WHO) Road Safety 10 Project, and with the support of Bloomberg of Philanthropies, designed and implemented the International Road Safety Advertising Testing (IRSAT) project. The goal of the project was to identify effective road safety advertisements (in terms of message, appeal and executional style) for two priority behavioural risk factors in LMICs: drink driving and speeding, in order to support governments in their development and implementation of road safety social marketing programs. Reflecting the key priority risk behaviour designated by WHO in each country, the project was designed to assess the effectiveness and adaptability of:

- Drinking and driving road safety television advertisements across WHO priority countries, Brazil, Cambodia, China, India and Mexico; and
- Speeding road safety television advertisements across WHO priority countries, China, Kenya, Russian Federation and Turkey.

As well as seeking to identify the most effective types of road safety advertisements for these countries, the project sought to explore whether similar types of appeals and executional styles of drinking and driving road safety television advertisements were effective across the different countries. The assessment was made in terms of the communication and perceived relevance and influence of the ads, regardless of different cultures and road safety conditions.

Method

A broad range of road safety advertisements targeting drinking and driving and targeting speeding were collected and categorised in collaboration with the WHO Department of Violence and Injury Prevention. Based on assessments by a task force of road safety and social marketing experts, five core drinking and driving advertisements and five core speeding advertisements were selected for testing in the five drink driving studies and four speeding studies respectively. An additional five ‘country choice’ advertisements were chosen by WHO and local road safety partners making a total of ten advertisements in each study, including a maximum of two locally produced ads (as shown in Table 1).

### Table 1. Road safety ads tested in each country

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of Ads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil, Cambodia, China, India and Mexico</td>
<td>5 core drinking and driving television ads, 5 country choice drinking and driving ads (including up to 2 locally produced ads)</td>
</tr>
<tr>
<td>China, Kenya, Russian Federation and Turkey</td>
<td>5 core speeding television ads, 5 country choice speeding ads (including up to 2 locally produced ads)</td>
</tr>
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</table>

In order to be able to assess driver responses to different types of messages, selection of ads for the studies was undertaken within three main message categories, focusing on:

- the consequences of drinking and driving, or of speeding, on the driver or others;
- instruction of some form about what happens when someone drinks and drives or speeds; and
- enforcement and the risk of being detected if driving after drinking or if speeding.

The soundtracks for ads were re-recorded and on-screen text was translated into local language for each country study. Adapting an advertising pre-testing research approach developed by Wakefield and colleagues for testing multiple tobacco control advertisements (Wakefield et al, 2007; Wakefield et al, 2011), a combined qualitative/quantitative methodology was implemented in each study in accordance with a precise research protocol. Participants selected for each of the drink driving studies and speeding studies were 18 to 44 years old drivers who drove cars or motorcycles on most days of the week. Reflecting the higher representation of male drivers in road crashes, male participants and female participants were represented on a 2:1 ratio in each study. Only regular male drinkers and women who reported drinking alcohol at least on special occasions such as weddings and usually drinking more than two drinks on those occasions were recruited for the drink driving studies. Recruitment was designed to achieve representation from a range of educational levels and socio-economic groups.

Each country study comprised twelve focus groups segmented by sex, age (18-29 years and 30-44 years) and socioeconomic level. The mix of four-wheeled vehicle drivers and motorcycle drivers varied between studies, reflecting the relative proportion of these vehicles commonly driven in each country. As an ethical precaution to guard against any potentially traumatic response from participation in the study, the recruitment process screened out any prospective participant who had ever, himself or herself, experienced a serious injury in a road crash or whose family members or close friends had experienced a serious injury or fatality as a result of a road crash. Participants were shown each television ad twice and then completed a ten-item quantitative ratings exercise using a five point Likert (agree/disagree) scale measuring comprehension, perceived relevance and effectiveness regarding influencing the road safety behaviour. This was followed by a qualitative group discussion focusing on emotional response and perceptions of ad relevance, effectiveness and cultural appropriateness. Recruitment for the focus group participants and moderation of the groups was undertaken by local research agencies in each country. The order of presentation of road safety ads was rotated between groups to control for order effects. Analysis of findings from quantitative and qualitative components of each country study was undertaken and a report prepared for the WHO country office to inform development of road safety social marketing campaigns. Further cross-country analysis was undertaken for the five drink driving studies and for the four speeding studies (Carroll et al, 2012; Carroll et al, 2013). To allow for quantitative analysis of ratings for the five core ads used in each of the country studies, a principal component analysis was carried out on mean perceived effectiveness scores of ads across the multi-country data sets. These analyses identified a single principal perceived effectiveness scale that held consistently across the country studies. Chronbach Alpha values (measure of internal consistency of the scale) ranged from 0.79 to 0.90 for the drink driving ads and from 0.85 to 0.88 for the speeding ads.

### Results

#### Drink driving studies.

The Never drink and drive ad which depicted a child being run over and killed by a young driver who had been drinking after a football game, received the highest total mean effectiveness score across the five drink driving studies pooled data of 40.36 and a range of 39.67 in Cambodia to 42.01 in Mexico (out of a possible 45.0 score). The Joey ad which depicted a drinking driver crashing his car resulting in his brother, a passenger in the car, being killed, received the next highest mean effectiveness score with a total mean score of 38.37 and a range of 36.03 in China to 40.15 in India. Comparisons of the total pooled perceived effectiveness data across the five studies showed no significant differences in perceived effectiveness scores between males and females. Older participants (30-44 years) provided significantly higher perceived effectiveness scores than younger
participants (18-29 years) for four of the five core ads. While there was some variation between countries on the perceived effectiveness of individual ads, the overall results from the five country studies confirm that the ads which generated a strong emotional response to the portrayal of the negative consequences of drinking and driving were rated as more effective in influencing drinking and driving behaviour than either instruction style or enforcement style ads.

**Spreading studies**

The Slow motion and Save a life ads received the highest total mean perceived effectiveness scores of 39.51 and 39.31 respectively across the spreading studies pooled data. The Slow motion ad shows a university professor presenting a graphic depiction of the difference that 5km/h speed makes to the braking distance of a car as we see two cars trying to avoid crashing into a truck. The Save a life ad shows a trauma surgeon graphically describing what happens to the human body when it is hit by a car travelling at 70 km/h while we see a man hit by a car and hurtled into the air. These total mean perceived effectiveness scores were significantly higher than the mean scores for the other three core ads in the studies. Total mean scores for Slow motion ranged from 37.86 in Russia to 41.80 in China, with mean scores for Save a life ranging from 36.37 in Russia to 41.71 in Kenya. While the total mean perceived effectiveness scores from female participants were significantly higher than males for the other three core ads in the spreading studies, this difference was not observed for the Slow motion and Save a life ads. Similarly, while older participants provided significantly higher mean perceived effectiveness scores than younger participants for two of the core ads, there were no significant differences on total mean perceived effectiveness scores between younger and older participants for the Slow motion, Save a life or the other core ad. Findings from the China, Kenya and Turkey country studies were quite consistent in terms of perceived performance of different types of ads. The ads which performed the most strongly in terms of perceived effectiveness across the China, Kenya and Turkey studies were the instruction style ads, Slow motion and Save a life, although in the Russia study consequence style approach core ad Mother pedestrian which depicts a woman being hit by a speeding car while pushing her infant in a stroller, generated a strong emotional response to the portrayal of the negative consequences of speeding. Nevertheless, the instruction style Slow motion ad was still rated quite strongly across the ratings measures in the Russia study.

**Discussion**

The findings of these nine studies consistently suggest that as an integral component of comprehensive road safety programs in these countries, there is a clear need for road safety campaigns to significantly increase public understanding and acceptance of the seriousness of drinking and driving and of speeding, particularly amongst male drivers. This reflects the consistently lower perceptions of risk of the drinking and driving and speeding behaviour amongst participants in these countries. This appeared to be due to a low perceived risk of being detected for either drink driving or for speeding and/or low fines being enforced.

While these formative research studies were limited to measuring perceived effect on driving behaviour rather than actual impact on behaviour, they have provided valuable information for development of road safety campaigns in LMICs by assessing driver response to a range of existing road safety advertisements. The findings of these studies have contributed to a resource library of shared content being established and hosted by WHO. It represents potential for significant future savings in production of communication materials as part of development of future social marketing campaigns to support or strengthen road safety policies and facilitate behaviour change in conjunction with regulation and effective enforcement. While these population-level road safety campaigns are designed to reach all potential drinking drivers and speeding drivers, further research could usefully explore any differences in response to these ads between previous offenders and non-offenders.

**References**


ACADEMIC PAPERS

CRITICAL SM

Number: 136

An Analysis of Complaints about Alcohol Advertising on Social Media: A Regulatory Perspective

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Abstract

The Australian voluntary industry alcohol advertising regulation (Alcohol Beverages Advertising and Packaging Code - ABAC) is not protecting society from the harmful effects of alcohol advertising, especially those found on social media. This paper highlights the pervasiveness of alcohol advertising on social media and how current alcohol advertising regulations, ABAC, fares against the recently formed independent self-regulated Alcohol Advertising Review Board (AARB) through a content analysis of advertising complaints made to both alcohol regulatory bodies. The analysis provided a profile of the complaints and revealed several problematic themes found within alcohol ads, specifically for containing elements that encourages underage drinking, having strong evident appeal to children/adolescents and promoting offensive behaviour, or excessive consumption, misuse or abuse of alcohol. Additionally, the review brought to light the importance of addressing placement of ads, as majority of complaints was with regards to that matter. This study brought about a better understanding of the current alcohol advertising landscape on social media and offers strategic insight for new policy response on key problem areas faced by the regulatory bodies on social media.

DOMESTIC SAFETY

Number: 121

Marketing Clean Cookstoves in Central Java, Indonesia

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This paper is a product of the on-going Indonesia Clean Cookstove Initiative (CSI) Program. The Indonesia CSI Program is led by Yabei Zhang, with a core team including Laurent Durix, Dejan Ostojic, Helen Carlsson Rex, Olivia Tanujaya, and Voravate Tuntivate and funded by the World Bank, Australian Agency for International Development (AusAID), and Energy Sector Management Assistance Program (ESMAP).

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Marketing Clean Cookstoves in Central Java

Background and Aims and Objectives

Indoor air pollution (IAP) caused by the burning of solid fuels such as biomass (mostly firewood and agriculture residues), animal dung, and coal in traditional stoves is one of the leading risk factors attributed to mortality and burden of disease. Worldwide more than half of the world population still relying on solid fuels for cooking and heating. In Indonesia, about 40 percent of the households - mostly in the rural and some peri-urban area - are still relying on biomass for cooking.

Household burning biomass in traditional stove for cooking is a major health risk factor in Indonesia. IAP caused by burning traditional biomass is responsible for an estimated 45,000 premature deaths annually, with women and children particularly affected, since they tend to spend more time in the kitchen or cooking area. Although the share of households using biomass has declined slightly in recent years, approximately 24.5 million households are still using biomass as the primary cooking fuel. The wide use of biomass can be attributed mostly to the lack of access to and affordability of advance fuels and stoves. To reduce IAP problem in Indonesia, Ministry of Energy and Mine and the World Bank is launching the Indonesia Clean Stove Initiative (CSI) program to help increase access to more modern clean cookstove. The program is currently in the pilot phase (Phase II). The main objective of this marketing effort is to develop a social marketing road map to promote commercially viable clean cookstoves in Central Java, as well as to document lessons learned for the scale up program in the next phase, and social marketing is one of the main activities for the pilot phase.

Behavioural Objectives and Target Group

The main target group of Indonesia CSI pilot program are women living in Central Java (pilot program selected area) who are currently using traditional biomass cookstoves. Through a Results-Based Financing (RBF) subsidy mechanism, Indonesia CSI Pilot Program is expected to support Market Aggregators (MA) to sell on a commercial basis approximately 3,500-5,000 clean cookstoves over a period of 8 months beginning from January to December 2015. Lessons learned from the pilot program will be used to scale up clean cookstove program in the next phase of CSI program, and to gradually transform traditional biomass stove market into clean stove market. The ultimate objective is to achieve universal access to clean stove by 2030, reaching the remaining 24.5 million households in the country that are still using biomass for cooking.

Market survey results reveal that 96 percent of cooks in the households are women. Women who are still using biomass for cooking can be classified into two mutually exclusive groups: (1) women who are still using only biomass for cooking, and (2) women who use both biomass and liquefied petroleum gas (LPG) for cooking or dual fuels users. Households that use dual fuels can be classified further into three groups: (1) use biomass to boil water and to supplement LPG for cooking, (2) use LPG to supplement biomass and (3) only use biomass to boil water. The survey confirms that majority of biomass users do not purchase biomass, but collect biomass fuel for use. This finding confirm that biomass stove that save fuels may not be very appealing from direct financial benefits point of view.

* MAs are defined as persons or entities (may consist of stove manufacturers, importers, wholesalers, or retailers in the supply chain) who are willing to take market and financial risk to manufacture and/or import, distribute, and sell clean cookstoves in the market. RBF subsidy is used to attract suppliers to become MAs to produce and/or import and sell clean stoves under the program. RBF requires systematic monitoring and verification by an independent third party to confirm that the stove was bought and used by consumers.

Citizen/Consumer Orientation

The general public is not aware of health risks associated with smoke from burning biomass fuels for cooking. Household survey reveals that 89 percent of households disagree that smoke from cooking is a big health problem, whereas only 6 percent strongly agree with this statement. Moreover, most households do not feel cooking with biomass make breathing more difficult and three quarters of the surveyed households agree that food tastes good when cooked with firewood. The survey also reveals that majority of the households have strong desire to change cooking environment. However, households’ desire to change, are not based on the health threat from IAP caused by burning biomass fuels, rather, the desire to change cooking environments is based on the soot deposit on the wall and ceiling of the kitchen, pots, and pans. Although one of the solutions to improve cooking environment is to switch to LPG, only 8 percent of the households believe that switching to LPG should be their first priority to carry out to change their cooking environment. This finding provides key insight about possible drivers for new clean cookstoves adoption and use them as drivers and motivators to convince consumers. The survey also shows that most consumers regard biomass fuel as cheap and abundant. It shows that about 79 percent of the households disagree that firewood is expensive to use for cooking, and similarly, 74 percent of surveyed household disagree that firewood is getting harder to collect. In addition, about 70 percent of surveyed households disagree that preparing wood or cutting wood for firewood is a burden for the family; and finally 67 and 58 percent of surveyed household disagree that firewood is hard to obtain in the market and cooking with firewood is inconvenient, respectively. This finding suggests that neither financial benefits and nor time saving obtain from using more energy efficient clean stove would be good.
motivators to convince most consumers to switch to clean stove. With respect to the issue of who decide to buy stove, results from household survey reveal that women in the households are the key person who decide when and which stove to buy to replace the old one. Women can independently decide to buy lower cost biomass stove. However, to purchase the more expensive stove, women must consult and/or make joint decision with the husband. This finding confirms that women are the target audience for the new clean stove. However, it is also critical to involve men as well.

The Social Offering

Five brands/models of clean biomass cookstoves are expected to be sold under the pilot program. These stoves pass lab test and safety requirement and therefore, emit significantly less IAP (PM2.5, CO2), are more energy efficient, and more durable (last longer) than biomass stove that are currently available in the market. This is because only stoves that pass the test for efficiency and harmful pollutant (PM2.5, CO2.) and pass the safety and durability assessment will receive program endorsement (endorsement logo label) and can be sold under the pilot program2. As a result, these new clean stoves to be offered to consumer by participating MAs are more superior in terms of safety, durability, cleanliness and efficiency than traditional biomass stoves. These new clean biomass stoves are offered to consumers by participating MAs through their respective distributions and retail shops in the program area, primarily Central Java during the pilot phase. Since participating MAs will through their supply chains sell their clean stoves in the market, consumers will be able to distinguish new clean stove from other stove using program endorsement logo affixed on the side of stove which serves as the quality assurance for cleanliness, energy efficient, durable and safe to use.

2 To receive endorsement from the program, MAs must have their clean cookstoves tested for PM2.5, CO2 emission and efficiency, and assessed for safety and durability at the designated stove testing laboratory.

Engagement and Exchange

Marketing activities to be carried out under the program are currently in the preparation stage. The program has not begun to engage consumers in the program area. However, the program has been working with stakeholders to develop plan to engage consumers and stakeholders. The planned engagement with consumers and stakeholders consists of several activities which will be carried out based on empirical evidence and behavioural change frameworks including: (1) campaigns to shape public knowledge and clean cookstove logo recognition, (2) provide community and social support, (3) offer financial incentive in the form of RBF subsidy, (4) provide stove choices by ensuring that there are several brands to choose, (5) establish standards for clean stove, and (6) work to empower women to make decision.

Public education and awareness raising campaigns on the danger of IAP created by smoke from cooking using biomass fuel with traditional cookstove and clean stove logo recognition will be managed using local media. The government and/or add fuel, (iii) can promptly reduce or increase heat, (iv) emits less smoke, (v) can use any types and sizes of biomass fuels such as, firewood, coconut shell, twigs, and etc.

Integrated Intervention Mix

Several MAs are participating in the pilot program; each MA will promote its own brand. As a result, marketing strategy to be carried by the program will concentrate on promoting all clean cookstove products which include any stoves with endorsement logo from the program. The marketing mix effort to be carried out by the program will not touch on the price or pricing policy. However, the strategic marketing mix related to price, product, and promotion message lies on presenting stove with endorsement logo, and presenting all clean stove with program endorsement logo to be stove that promote healthy living and save energy, with a simple slogan in Bahasa Indonesian as “Tunggu Sehat Hemat Energi (TSHE).” This strategic message will coincide with awareness raising campaign regarding health threat from IAP and program endorsed clean stove is the solution. Another strategic message for stove with endorsement logo is that it produces less soot and smoke in the kitchen. The message is based on market survey result which confirms that consumers are not aware of health threat from smoke. In addition, vast majority of households in the survey area have strong desire to change their

of MAs, but will ultimately reduce the retail price of clean cookstoves in the market, since MAs will need to compete for market share. To ensure that consumers have choices for brands of clean stoves for comparison, the program solicits local and international clean stove manufacturers, importers, and home appliance distributors to become MA. Regarding clean stove standard, CSI program is working with the government to set up the National Clean Cookstove Testing Laboratory, develop testing protocols, and establish national clean stove standards. The pilot program is designed to demonstrate the importance of establishing and developing the stove testing laboratory, testing protocols, and establishing clean stove standards.

Competition Analysis

The main competitors are traditional biomass cookstoves that are currently being sold and are used by consumers. These traditional biomass stoves can be classified into four types/models, namely “Keren,” one/two pothole fixed stove, stove made of stone, and three/five stones. “Keren” stove is considered to be the most popular types of stove in Central Java. “Keren” stove is inexpensive and costs about one US dollar. However, it is not durable, and lasts on average of about 15 months. Keren stove accounts for 63 percent of traditional biomass cookstove market. The second most popular stove is the self-built (fixed) one and two pot hole stove which used a combination of mud and brick as well as brick and cement as the main materials. The self-built (fixed) stove made from mud and brick, and the self-built stove made from brick and cement accounts for 31 percent of the market share. Finally, stoves made of stone which could last for decades accounts account for 7 percent; and three/five stones account for only 4 percent. It is important to note that typical household uses more than one stoves and significant number of households also own and use more than one types of stoves. In addition, old belief and tradition are very important to overcome too.

Segmentation and Insight

Using survey data, households can be classified into three mutually exclusive groups or we can broadly refer to as the three distinct market segments based on their choices of fuel. They include biomass users, LPG users, and dual fuels (biomass and LPG) users. Biomass users account for 25 percent, LPG users accounts for 27 percent, and the remaining 48 percent are households that use dual fuels. The two market segments that are the main target groups for this campaign, are the biomass only users and biomass and LPG or dual fuels users. As expected, overwhelming majority of cooks in the households in both market segments are women; male cooks accounts for only four percent. Average age of female cooks is 45 years old and average age of male cooks is 51 years old. Comparison by age and gender among the market segments reveals that biomass stove users are the oldest, LPG users are the youngest, and age dual fuels users are in between. Survey also reveals that these biomass stove users prefer stove that: (i) uses less fuel, (ii) gives high heat/cook fast, (iii) are durable, and (iv) can start fire quickly. The second set of preference includes (i) convenient and easy to operate, (ii) can easily remove and/or add fuel, (iii) can promptly reduce or increase heat, (iv) emits less smoke, (v) can use any types and sizes of biomass fuels such as, firewood, coconut shell, twigs, and etc.

Several MAs are participating in the pilot program; each MA will promote its own brand. As a result, marketing strategy to be carried by the program will concentrate on promoting all clean cookstove products which include any stoves with endorsement logo from the program. The marketing mix effort to be carried out by the program will not touch on the price or pricing policy. However, the strategic marketing mix related to price, product, and promotion message lies on presenting stove with endorsement logo, and presenting all clean stove with program endorsement logo to be stove that promote healthy living and save energy, with a simple slogan in Bahasa Indonesian as “Tunggu Sehat Hemat Energi (TSHE).” This strategic message will coincide with awareness raising campaign regarding health threat from IAP and program endorsed clean stove is the solution. Another strategic message for stove with endorsement logo is that it produces less soot and smoke in the kitchen. The message is based on market survey result which confirms that consumers are not aware of health threat from smoke. In addition, vast majority of households in the survey area have strong desire to change their
cooking environment. However, households’ desire to change cooking environment is based on the soot deposit on the wall and ceiling of the kitchen, and pots and pan. Given these unique qualities – create healthy living, save energy, and emit less smoke and soot - the program is expected to place and position clean stove with endorsement logo to be above all existing traditional biomass cookstove in the market in terms of value, quality, and price. With respect to location and how stove will be sold, CSI program has no direct influence on where and how each MA will place and sell its cookstove. However, promotion activities – including public media campaign messages regional wide for the pilot program and public awareness/educational campaign and road show with cooking demonstration at the community and public market - to be used by CSI program is expected to influence MAs to place their stove product or brand on multiple channels in order to reach as widest customers as possible.

Co-creation through Social Markets

Information collected will be shared with stove designers and developers as well as MAs. To carry out social marketing campaign, community mobilization, road show, and cooking demonstrations will serve as the key activities for social support to Women in the community and especially early adopters will be recruited to participate in these activities. With respect to other stakeholders, since the onset of Indonesia CSI program during Phase I (stock taking) and Phase II (the pilot phase), the program has been working with five stakeholders consisting of: the World Bank, Bio-Energy Department, Market Aggregators (MAs), local and international NGO (YDD and GERES). Although each stakeholder has its own responsibilities, all stakeholders are sharing the same objective, which is to create clean cookstove market. In this respect, responsibilities and tasks are specifically assigned to each stakeholder. Bio-Energy Department will be working with local government and local public health officials to educate public about the danger of IAP caused by burning biomass fuel in traditional cookstove as well as introduce clean stoves to the public though program logo recognition. Two other program partners will support the government and carrying out community mobilization, road show and cooking demonstration. The World Bank is supporting the government by providing campaign materials (video clips and printed media).

Systematic Planning

Theoretical foundation for the CSI pilot program is based on market approach and planning for the program is built around market mechanism to create a sustainable clean cookstove market in the country. In addition, the program is applying behavioural change theory to convince consumer to change their behaviour. The program uses RBF subsidy to incentivize MAs or any stove suppliers (who will be willing to form themselves into MA) to enter into the clean cookstove market. MAs who are willing to take investment risk will receive subsidy incentives for every qualified clean stove sold to and used by consumers. It is expected that RBF subsidy incentive will convince players in the stove supply chains to first participate in the pilot program which will allow them to see business opportunity for new biomass stove in the region and ultimately in the country. Behavioural change theory which is used as the guiding principle to engage consumers include: (1) shape public knowledge, (2) community and social support, (3) incentive and threat (financial incentive through RBF subsidy and threat through information of negative health impact from IAP), (4) comparison (by providing several brands, types/models of clean stove for consumers to choose in the market and these stoves are far more superior than traditional biomass cookstove), (5) Rules/regulation (by establishing standards and endorsement for clean stove), and (6) work to empower women – create healthy living, save energy, and emit less smoke and soot - in the cooking environment. Evaluation results on consumer preferences and acceptance will be shared with MAs, so MAs can improve their stove products. Pilot program team will use evaluation results on consumers’ knowledge and behavioural changes to improve and refine the program and develop lessons learned for the scale up program in Phase III of the CSI initiative with the goal of transforming traditional biomass stove market into clean cookstove market and the remaining 24.5 million households who are using biomass with traditional stove for cooking switch to clean cookstove by 2030.

References


Appendix

What is a “Clean Stove”? A “Clean Stove” is a technologically improved stove that uses solid biomass fuel, produces less or no harmful particles for health, and can save fuel. Clean stoves usually have better combustion and heat transfer efficiency, so they are more convenient to use and can cook faster.

What types of solid biomass fuel can be used in “Clean Stoves”? There are various designs of “clean stoves” and each design may be used with a different type of fuel. The varieties of fuels used by “clean stoves” include wood fuel, loose fuel (such as rice husk), and processed fuel (such as pellets, briquettes, or charcoal).

Where are “Clean Stoves” produced in Indonesia? At present in Indonesia there are no large “clean stove” producers. However, there are some individuals and institutions that have started production and marketing of some “clean stove” designs.

Clean biomass cookstove which passed the lab test and will be endorsed by the program
Ar dtomke demotivation from "drop-in-the-bucket" perceptions by over a large number of people. Such collective aggregation can engage pro-social consumption by aggregating potential benefits. We conducted a lab experiment and found that aggregating benefits over 1000 people was more persuasive than aggregating over 1 person or 100 days. Each year Wikipedia runs a donation program where such a statement is front and center. The motivating power of potential collective action has not been lost on environmental conservationists. For example, Earth Hour is an effort that encourages households and businesses to turn off their lights (Cubby, 2012). In light of these examples it is surprisingly that there exists no specific research examining whether it is indeed useful to describe potential behavioral outcomes, particularly those in the pro-social domain, using this basic structure and, if so, why. The current research aimed to remedy that gap.

Scale Expansion

In many pro-social domains, the efforts of a single consumer are equivalent to a small drop in a large bucket. One implication of the statement "If X people all do Y action then Z outcomes will be achieved" is that the drop-in-the-bucket metaphor is scaled up: individual action seems bucket-sized and the problem seems ocean-sized. Of course, the rational consumer would quickly realize that a "drop-in-a-bucket" and a "bucket-in-an-ocean" are equally trivial amounts; however, recent evidence suggests that this may not actually be the case.

As it turns out, consumers tend to focus on numerators relative to denominators (Kirkpatrick & Epstein, 1992). For example, many people will prefer to own 9 tickets in a 100-ticket lottery than own 1 ticket in a 10-ticket lottery, despite the statistical dominance of the latter scenario. More generally, there is a growing body of research in cognitive psychology and marketing showing that rescaling otherwise identical information can systematically change preferences (Burson, Larrick, & Lynch, 2009). The consistent finding in this literature is that decision-makers tend to perceive differences as larger when they are expressed on an expanded scale (such as costs per year) than when they are expressed on a contracted scale (such as costs per week). Larger differences in turn prompt greater reliance on that dimension in choice, thereby increasing preference for the option favored on that dimension.

The scale expansion examples used in the existing literature have all expanded scales by aggregating over physical units, such as time (e.g., 1 vs. 100 days) or distance (100 vs. 100,000 miles). The statement "If X people all do Y action then Z outcomes will be achieved" employs a unique scale expansion policy that aggregates over people. Aggregating potential pro-social action, such as replacing an inefficient light bulb with an efficient one, over 100 days or over 100 people produces the same savings in terms of total money saved and total emissions prevented.

Therefore, we expect that the effect of scale expansion through aggregation will influence preferences regardless of the aggregation policy. This is because the underlying theory behind why scale expansion operates is through increased attention to larger numbers, especially numerators. However, beyond this scale expansion effect, we predict that collective aggregation will be particularly effective because it uniquely boosts the positive effect of efficacy.

Efficacy

Efficacy is the ability to produce a desired or intended result. The concept of efficacy has been formalized into a successful model called social cognitive theory (Bandura, 1986), which has been very useful in accounting for human behavior in a range of contexts (Bandura, 1997; Luszczynska & Schwarzer, 2005) and is a core component of the theory of planned behavior (Ajzen, 1991), which is one of the most influential models of behavior in all of psychology.

There are at least four types of self-efficacy that have been distinguished (Bandura, 1986; 1997; Koletsou & Mancy, 2011): (1) "self-efficacy", which refers to an individual's perception of their own ability to perform a particular behavior; (2) "outcome-efficacy", which refers to an individual's perception of how well that particular behavior will produce the desired result; (3) "collective efficacy", which refers to an individual's perception of how well their group's actions will produce the desired result; (4) "Collective-outcome efficacy", which refers to an individual's perception of how well their group's actions will produce the desired result.

All four forms of efficacy – self, outcome, collective, and collective-outcome – become relevant when studying the motivation to make pro-social decisions. Generally, the four forms of efficacy can be thought of multiplicative in that if any are at zero then the behavior fails to be motivated. For example, consider an individual deciding on the first cold day of the year whether they want to reduce their thermostat by 2 degrees to reduce carbon emissions and help fight climate change. Note that this is a societal level goal that can only be achieved collectively; thus, all four forms of efficacy are relevant. In order for the individual to decide that they will adjust their thermostat the following must usually be true: the individual believes that (1) they can adjust their own thermostat setting (self-efficacy); (2) that reducing their own thermostat setting will contribute meaningfully to reducing carbon emissions (outcome efficacy); (3) that most other members of society can also adjust their thermostat setting (collective
efficacy); (4) that if most other members of society adjust their thermostat setting this will contribute meaningfully to reducing carbon emissions (collective outcome efficacy). If any of these beliefs are absent then, according to the model, the individual will likely fail to motivate the behavior.

We theorize that one of the ways by which scale expansion operates is via outcome efficacy. Larger values, particularly numerators, may attract more attention but attention is not sufficient to influence preferences. Larger values may influence an individual’s perception of how well an action will produce the desired result; that is, it may increase outcome efficacy. Through aggregation, mere drops become bucket sized. Therefore, we expect that the effect of aggregation, regardless of aggregation policy, will be mediated by both outcome and collective outcome efficacy but not self or collective efficacy. Similarly, larger values that have been generated by aggregating over many people may influence an individual’s perception of how well collective action will produce the desired result. Therefore, we expect that the effect of collective aggregation will have a relatively stronger effect by virtue of a stronger impact on collective outcome efficacy.

Methods

The participants who completed the experiment were 345 American respondents recruited from Amazon’s Mechanical Turk. In general, Mechanical Turk participants are more nationally representative of the general population than typical in-person convenience samples such as college students (Berinsky, Huber, & Lenz, 2012); nonetheless, AMT participants generally under-represent older and richer members of the population.

The experiment used a 2 x 2 between subjects design. The first independent variable was whether the efficiency savings information was aggregated over 1 person or 1000 persons. The second independent variable was whether the efficiency savings information was aggregated over 1 day or 1000 days. The dependent variable was the participants’ preference for engaging in the pro-environmental action, which was assessed via a 7-point scale anchored at the one end with “Strongly prefer unplugging phone charger when not using it” and at the other end with “Strongly prefer leaving phone charger plugged in all the time”.

The experiment was conducted online and took a median of 7.3 minutes to complete. After agreeing to complete the experiment, participants were asked to estimate the percentage of the time that themselves and others unplugged mobile phone chargers when not using them. Next, participants were directed to a page stating that a phone charger plugged in all the time compared to unplugging the potential electricity costs and carbon emissions from leaving the phone charger plugged in all the time.

During the next few screens, participants answered several questions designed to measure the different forms of efficacy associated with unplugging mobile phone chargers and associated impact. We inferred efficacy by way of four questions adapted from Koletsou and Preacher’s (2010) bootstrapping MEDCURVE tool for SPSS using the default values to assess the direct and indirect effects of Persons (1 vs. 1000) on preference with both outcome efficacy and collective outcome efficacy as mediating variables operating in parallel. Both outcome and collective outcome efficacy as mediating variables operating in parallel. Both outcome and collective outcome efficacy were measured with the question “If you unplug your charger when not using it, how will this contribute meaningfully to reducing carbon emissions in real life?” along a 5-point response scale anchored at one end with “completely able” and at the other end with “completely unable”. Individual outcome efficacy was measured with the question “If you unplug your charger when not using it, how will this contribute meaningfully to reducing carbon emissions in real life?” along a 5-point response scale anchored at one end with “enormous contribution” and at the other end with “no contribution”. Collective outcome efficacy was measured with the question “If others unplug their chargers when not using them, how will this contribute meaningfully to reducing carbon emissions in real life?” along a 5-point response scale anchored at one end with “enormous contribution” and at the other end with “no contribution”.

Results

There were clear differences between the “1 day 1 person”, “1000 days 1 person”, “1 day 1000 persons”, and “1000 days 1000 persons” groups (M1/1 = 5.0, SD1/1 = 1.9; M1000/1 = 5.3, SD1000/1 = 1.9; M1/1000 = 5.8, SD1/1000 = 1.4; M1000/1000 = 5.8, SD1000/1000 = 1.6). To investigate these differences, we carried out a linear regression analysis, polynomials centered, with Days (1 [coded “-1”] vs. 1000 [coded “+1”]) both entered as independent variables and preference entered as the dependent variable. The analysis revealed a main effect of Persons (B=-0.35; 95% C.I.: -0.52, -0.18; p<0.0001) indicating that, on average, preference were stronger for unplugging unused chargers when the information was aggregated over 1,000 persons than over 1 person. There was no effect of Days (p=0.7), nor was there an interaction (p=0.5).

We ran three follow-up simple effect contrasts. The first contrast compared the “1 person 1 day” group to the average of the “1 person 1000 days” and the “1000 persons 1 day” groups to the “1000 persons 1000 days” group and revealed no difference (p=0.2). The second contrast, and most importantly for the research thesis, revealed that preference for the pro-environmental action was higher in the “1 day 1000 persons” group than in the “1000 days 1 person” group (F(1,338)=8.9, p=.003).

As expected, for the self-efficacy response there were few differences between the “1 day 1 person”, “1000 days 1 person”, “1 day 1000 persons”, and “1000 days 1000 persons” groups (M1/1 = 5.3, SD1/1 = 1.2; M1000/1 = 5.4, SD1000/1 = 1.1; M1/1000 = 5.3, SD1/1000 = 1.3; M1000/1000 = 5.1, SD1000/1000 = 1.5). Indeed, statistical analysis revealed no effect of Persons (F(1, 341) = .7, p = .4), no effect of Days (F(1, 341) = .3, p = .8), and no interaction (F(1, 341) = .9, p = .3). Also as expected, for the collective efficacy response there were few differences between the “1 day 1 person”, “1000 days 1 person”, “1000 days 1000 persons” groups (M1/1 = 5.2, SD1/1 = 1.2; M1000/1 = 5.2, SD1000/1 = .9; M1/1000 = 5.3, SD1/1000 = 1.1; M1000/1000 = 4.9, SD1000/1000 = 1.4). Again, statistical analysis revealed no effect of Persons (F(1, 341) = .8, p = .4), no effect of Days (F(1, 341) = 2.3, p = .1), and no interaction (F(1, 341) = 2.7, p = .1). Thus, on average, aggregating over many people compared to one had no effect on self-efficacy and collective efficacy responses.

As expected, for the outcome response effect there were notable differences between the “1 day 1 person”, “1 day 1000 persons”, and “1000 days 1000 persons” groups (M1/1 = 2.3, SD1/1 = 0.8; M1000/1 = 2.2, SD1000/1 = 0.7; M1/1000 = 2.4, SD1/1000 = 0.9; M1000/1000 = 2.3, SD1000/1000 = 0.7). Indeed, statistical analysis revealed a main effect of Persons (F(1, 341) = 11.2, p < .001), no effect of Days (F(1, 341) = 2.5, p = .1), and a significant interaction (F(1, 341) = 7.0, p = .008). Also as expected, for the collective outcome response there were notable differences between the “1 day 1 person”, “1000 days 1 person”, “1 day 1000 persons”, and “1000 days 1000 persons” groups (M1/1 = 3.0, SD1/1 = 1.0; M1000/1 = 3.0, SD1000/1 = 1.1; M1/1000 = 3.2, SD1/1000 = 1.1; M1000/1000 = 3.5, SD1000/1000 = 1.2). Again, statistical analysis revealed a main effect of Persons (F(1, 341) = 9.5, p = .002), no effect of Days (F(1, 341) = 2.3, p = .1), and no interaction (F(1, 341) = .5, p = .5). Thus, on average, aggregating over many people compared to one produced higher outcome efficacy and collective outcome efficacy responses.

In order to test for the predicted mediation, we employed Hayes and Preacher’s (2010) bootstrapping MEDCURVE tool for SPSS using the default values to assess the direct and indirect effects of Persons (1 vs. 1000) on preference with both outcome efficacy and collective efficacy as mediating variables operating in parallel. Both indirect effects of outcome efficacy (B = .0587 (95% CI: .0032 , .1522) and collective outcome efficacy (B = .1869 (95% CI: .0569 , .3571) were positive and statistically different from zero. Thus, those presented with savings information aggregated over 1,000 persons had a stronger preference for unplugging unused chargers on average than those presented with savings information aggregated over 1 person, partially as a result of the effect of the aggregation format on both outcome and collective outcome efficacy which in turn influenced preference. Note that, as predicted, the mediation is stronger for collective outcome efficacy than individual outcome efficacy.
Discussion
The data collected in this experiment provide support to the idea that aggregating the benefits of potential collective action – in this case, 1000 people all unplugging unused mobile phone chargers for one day – is more motivating than simply realizing the aggregated benefits for one individual. We also found that people are sensitive not just to the size of the values presented, but also the aggregation policy used to calculate those values. Specifically, people possessed stronger preferences for the pro-environmental action when the aggregation occurred over 1,000 persons rather than 1,000 days. This difference was produced by differences in efficacy; people felt that their actions and the actions of others were more likely to be effective at achieving a collective goal, in this case, addressing climate change, when the potential savings are framed as deriving from the effort of many people than the effort of just one.

Theoretically, it appears that the simple manipulation of expanding the scale upon which information is presented can boost individuals’ beliefs about the contribution their individual actions towards the group goal, in this case reducing carbon emissions and fighting climate change, and thus boost intention to act. As described in social cognitive theory (Bandura, 1986) and the theory of planned behavior (Ajzen, 1991), belief that one’s actions can impact upon one’s goals is crucial to initiate change. However, in the context of a social dilemma such as climate change, it is also important that one believes that one’s group’s actions can impact upon one’s group’s goals. It appears that aggregating over people is effective at boosting this collective outcome efficacy, and motivating.

The direct policy and marketing implications of our results is that governments and firms trying to promote pro-social actions or products should look to express potential efficiency savings aggregated across people. This may be more effective than simply aggregating across time, and certainly more effective than not aggregating at all.

The collective aggregation effect studied in this series of experiments aggregated over a hypothetical “1000 people”. It would be interesting to vary each of these terms. We chose “1000” arbitrarily because it was a large but not unimaginable value. At what point do the benefits of scale size increases diminish? 100,000 people? 1 billion people? There is likely to be a relationship between the number of people aggregated over and perceptions of the likelihood of locating the required number of people to achieve the stated potential savings: as the number of people increases the perceived difficulty of locating that many willing and able individuals presumably increases, too. It would be interesting to learn where the peak of this U-shaped relationship exists.

The central conclusion of our work is that people can be motivated to engage in prosocial action that might otherwise appear to be inconsequential, actions such as switching off a light-bulb in order to reduce climate change, by presenting expected efficiency benefits in terms of potential savings when aggregated over a large number of people. Such collective aggregation can transform demotivating “drop-in-the-bucket” perceptions by making individual actions seem bucket-sized and by boosting belief in the effectiveness of many buckets.

References

Number: 48
Critically Analysing Social Marketing Response to Electricity Crisis in South Africa: An Appropriate Model Proposed

Abstract
South Africa’s electricity demand often exceeds supply capacity during peak periods. In response, the national electricity supplier, Eskom, has invested billions of US dollars to build new power stations, expected to go operational in 2019. While South Africans wait, they have two options: conserve electricity or face Eskom’s rotational electricity load shedding program, which often leaves some households and businesses for hours without electricity, costing the economy millions of US dollars. To avoid the latter, practitioners have implemented some social marketing strategies aimed at reducing electricity consumption. This study critically reviews these strategies and proposes an integrated conceptual model, which will guide social marketers in conducting proper consumer research for the understanding of the target audience, and for the implementation of appropriate social marketing strategies.

Introduction/Background
As the industrialization level of South Africa increases, and more households are being electrified (e.g., electrification increased from 36% in 1994 to 72% in 2004), the electricity demand often exceeds the current supply capacity of 41.9GW during peak periods (Pegels, 2010; IAE, 2014). To ensure continuity in electricity supply, the national power supplier Eskom, and the South African government have invested about R340 billion to build new power stations (i.e., the Medupi and the Kusile stations), which are expected to go operational in 2019 (Eskom, 2013). While South Africans wait for these new power stations, they are left with either the option of conserving electricity to match current supply, or with Eskom’s rotational electricity load shedding program, which often leaves some households and businesses for hours or sometimes days without electricity. In 2008, this costs the economy between USD 253 and 282 millions, mainly from businesses, hospital equipment and massive gold and platinum mines shutdowns (Pegels, 2010).

In terms of the more desirable and cost-effective option of electricity conservation, electricity-saving measures are being promoted in various media, including the country’s national TV news stations. Popular media has not only widely created awareness about the electricity shortages, but campaigns on saving tips and incentives are widely promoted. One of such campaigns is the “49M, remember your power” campaign, which calls on all 49 million South Africans, to refrain from the usual unrestrained use of electricity and “to save power, save their pockets and help save the planet” (49 million, 2013).

Eskom and the government, spearheading the “49M, remember your power” campaign envisaged that the implementation of a number of electricity saving tips by households and business will be as easy as “lifting a finger” to comply. The continuous electricity overconsumption over supply, and Eskom’s temptation to resort to load shedding are indicators that the implementation of the electricity saving measures are either insufficient or with Eskom’s rotational load shedding, “Electricity is not in the ear”. While South Africans await the new supply stations, Eskom and the government need to rethink their current social marketing approach, which mainly focuses on creating awareness of the problem and informing the public of what measures to take. Kennedy (2010) warns that attempts to merely create awareness of the
depletion of energy resources are insufficient to foster sustainable behaviour change. For a more effective and sustainable behaviour change, Kotler and Lee (2008) suggest that social marketers gain a deep understanding of the target audience behaviour. This understanding will stem from an extensive targeted consumer research (Andreasen, 1994; Kennedy, 2010). This paper thus has two main objectives: (1) to examine the ways in which practitioners have championed the social marketing role of behaviour change regarding electricity conservation in South African households, and (2) to propose a conceptual model, through which consumer research can be conducted to assess the major determinants of electricity conservation in South African households.

**Critically Evaluating South African Practitioners’ Social Marketing Strategies of Electricity Consumption Reduction**

Unlike commercial marketing, which is aimed at enhancing consumption and selling products and services, social marketing sometimes focuses on reducing consumption (see Peattie & Peattie, 2011). Social marketing ‘product’ or offering is behaviour change, which is inherently more complex to sell (McDermott, 2005:546). Considering the complexity of social marketers’ product, researchers (Kennedy, 2010; Kotler and Lee, 2008) recommend that rigorous consumer research be conducted by delving into factors shaping the adoption of a desired behaviour. However, Eskom and the government are spending millions of Rands on social marketing initiatives, aimed at reducing electricity consumption through educating society on the need for energy conservation, technology replacement, installation of solar panels, electricity supply rationing, and other presumed behaviour change measures (IEA, 2011).

For example, electricity prices have been increased by 78%, between 2008 and 2011 (IEA, 2014:54) with the aim of not only generating revenue to expand supply capacity, but to also discourage demand. To lower demand, electricity tariff plans such as the Incline Block Rate (IBR) which stipulates that households using more electricity would be charged a higher tariff price, have been implemented. Technology replacement entails providing residents with new energy-efficient technologies for lighting, water and space heating. A Solar Water Heating Programme was introduced to offer incentives of up to 40% discount to households willing to substitute existing electric geysers with solar heating geysers (IEA, 2011:50). In addition, a national programme has enabled Eskom to replace 18 million incandescent globes with more energy efficient Compact Fluorescent Lamps (CFLs) (IEA, 2011:50). In terms of the rationing strategy, Eskom launched the Power Conservation Programme (PCP) that sought to reduce 10% of peak demand. Eskom also introduced the Energy Conservation Scheme (ECS), which requested the country’s top 500 consumers operating in the industrial sector, to replace mandatory energy saving measures during electricity shortfalls (ibid). Load shedding programmes have also been implemented, although they have the negative effect of causing economic loss especially in the commercial sector. For awareness campaign, the “49 million, remember your power” a branded communication campaign was initiated in 2011 to encourage South Africans to use electricity sparingly by adopting saving tips such as “switch off light when not used”. A power alert message system available on internet or on television also provides real-time information on the electricity shortfall, and therefore mobilises all consumers to instantly take measures to prevent a peak-load crisis.

The South African Department of Energy (DoE) made an evaluation of the effectiveness of these electricity conservation initiatives. Their report revealed that mandatory energy saving measures, public awareness, and electricity saving measures were effective (DoE, 2012). Additionally, electricity price increases have had little effects on the overall electricity consumption reduction. Inasmuch as electricity is a basic need for households, evidence shows that electricity price is inelastic among the high and medium living standard households, who are the major electricity consumers in the residential segment (Louw et al., 2008).

The South African practitioners’ failure to achieve the desired response to the electricity consumption reduction measures can be explained from the lack of a genuine social marketing blueprint to support the consumption reduction initiatives (see McDermott et al, 2005). Like many other emerging countries, the social marketing discipline in South Africa is still nascent and therefore not always well understood (see Kelly, 2010). Social marketing interventions in developing countries are often criticized for their overreliance on the sales and purchase models (McDermott et al., 2008). Social marketing programmes are often designed to support behaviour change such as condoms and compact fluorescent lamps, and ultimately overcoming the prime behaviour change outcome intrinsic to authentic social marketing practices (Lefebvre, 2011:57). Sponsored by various government sources, the South African media has spearheaded social and health-related social marketing campaigns such as “report violence against women and raped people” and “stop smoke and support behaviour change” to “eliminate the element of surprise, securitize” HIV campaign. The South African social marketing scholars have been however, regrettably silent on this issues, with the exception of the condom social marketing research. A quick search in Google Scholars for scholarly research on social marketing issues about South Africa showed only the Condom Social Marketing (CSM) studies that focused the effects on the social marketing of condom use (e.g. Sweat et al., 2012).

**Core Findings from this Study and a Proposed Conceptual Model for Future Study**

As in the case of South African practitioners, literature review in this study show that social marketing programmes designed for electricity conservation have generally tend to rely solely on raising awareness of the problem, and promoting positive attitudes towards solving the problem (Peattie & Peattie, 2011:355). Raising awareness, increasing knowledge and changing attitudes toward energy issues will not adequately change behaviour, which is the paramount goal of social marketing efforts (see Andreasen, 1994; Jackson, 2005). While awareness creation and positive attitude promotion do have their merits, an effective social marketing programme will stem from undertaking extensive target consumer research (Andreasen, 1994; Kennedy, 2010). This will provide useful insights into people’s situations and corresponding behaviour and will guide appropriate strategies suited for changing undesirable behaviour (Lefebvre, 2011; McKenzie-Mohr, 2000). For electricity conservation, consumer research should start with identifying various determinants, which according to Jackson (2005) can be identified by reviewing theories and developing models of behaviour change. Donovan (2011:15) argues that developing models to explain a particular behaviour allows social marketers to pinpoint and test relevant determinants that shape behaviour, and ultimately provide directions for tailored interventions that concentrate on important levers. We therefore review a number of theories and previous models to propose an integrated conceptual model, which delineates major drivers and barriers of electricity consumption reduction.

Literature review for this study regarding electricity conservation reveals two overriding lines of research: the individualistic (self-interest) inclination and altruistic stream of research. Individualistic stream is premised on the fact that human behaviour is motivated by the desire to maximise the expected benefits for personal interests. The key frameworks running throughout this approach are the Theory of reasoned action (Fishbein and Ajzen, 1975), and deriving theories, which deal with psychological variables including beliefs, attitudes, social norms, perceived behaviour controls and behavioural intention. The altruistic line of research stipulates that pro-environmental behaviours result from the concern for other people, future generations and the planet. The altruistic trend mainy applies the Norm Activation Model (Schwartz & Howard, 1981) or deriving models such as Value-Belief-Norm, which rely on variables such as awareness of the problem, ascription to responsibility and personal (or moral) norms, to explain pro-environmental behaviour. Bamberg and Moser (2007) went a step further and proposed a model combining psycho-social (internal) variables developed in both the altruistic (using variables developed in NAM) and individualistic (using variable developed in the TPB) streams of research.

Given the cultural diversity of South Africa, integrating the two approaches to understanding energy conservation behaviour is pertinent (Sonnenberg & Eramus, 2013:74). It is also important because human behaviour is not solely shaped by internal motives, but by contextual factors as well (see Jackson, 2005; Sonnenberg & Eramus, 2013). With this in mind, we propose the conceptual model in Figure 1 that integrates socio-psychological variables (feelings of guilt, ascription to responsibility, attitude, social norms, moral norms, perceived behaviour control, intention) with a cognitive variable.
(awareness of the electricity problem), contextual variables (electricity price inflation, incentives, homeownership) and socio-demographic characteristics as covariates (household income, level of education and household size).

Figure 1: Proposed model of major determinants of electricity conservation

Theoretical and Practical Contribution of the study

Social marketing programmes have been criticised for the lack of extensive consumer research to support strategy formulation. Critically examining South African practitioners’ social marketing efforts to conserve electricity, this paper proposes a conceptual model of factors, which are most likely influencing consumers’ decision to use electricity sparingly. This will particularly contribute in the fields of social marketing and consumer behaviour in explaining electricity consumption behaviour. Practically, this study will be useful to public policy makers and governmental agencies striving to promote responsible behaviour towards energy and other resource conservation. It will subsequently pave a way for the enhancement of sustainable behaviour towards environmental protection and reduced electricity usage. This is particularly relevant to the South African context given Eskom’s limited capacity to supply electricity.

Reference list

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Table 1: P roposed m odel of m ajor determ inants of electricity conservation

The Abstract

The U.S. Air Force is the largest consumer of energy in the U.S. federal government, spending $9 billion on fuel and electricity in Fiscal Year 2013. Along with being a major cost, energy is also required to execute every element of the Service’s mission. Thus, an Air Force Energy Plan was developed in 2010 that identified “Change the Culture” as one of three priorities. Part of this effort was to develop an Energy Culture Change Plan and leverage the federal government-wide Energy Action Month in October as a focal point for a campaign to achieve two goals: increase awareness that energy is critical to the Air Force and encourage more energy efficient behaviors. Some of the findings as a result of the implementation of the campaign include: increase data collection and analysis on barriers to behavior change from Airmen; explore the use of mobile applications to provide personal data to Airmen that influences behaviour; and continue to leverage leadership, especially in the command structure, to promote behaviors.
Identification of barriers and benefits for Jack Johnson’s All At Once campaign.

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Abstract

Since 2008, musician Jack Johnson and his team have been running the All At Once (AAO) campaign to motivate fans to take individual environmental action. A recent overview of how the campaign integrated the principles of McKenzie-Mohr’s community-based social marketing model revealed the need to identify specific behaviour barriers and benefits for the target audience - Johnson’s fans. In this study, 1705 surveys were conducted with fans concerts on his 2014 North American tour to identify the perceived barriers and benefits of two selected local behaviours of the AAO campaign: buying local food and single-use plastic. Survey results will allow the AAO team to develop more focused community-based strategies for its target audience in future campaign versions.

Introduction/Background

In 2008, Hawaiian-based artist Jack Johnson was named by Billboard magazine as the “greenest musician”(Billboard, 2008). In addition to created a social action network All At Once (AAO). In the development of this campaign Jack Johnson and his team made a concerted effort to incorporate many of the principles of Canadian environmental psychologist Doug McKenzie-Mohr’s five step community-based social marketing (CBSM) model. CBSM was designed specifically for fostering environmentally-sustainable behaviour, and is one of the dominant models of practice in the social marketing literature (e.g. McKenzie-Mohr, 2011). CBSM’s five-stage approach – 1) selecting behaviours, 2) identifying the barriers and benefits, 3) developing strategies, 4) conducting a pilot, and 5) broad-scale implementation – emphasizes that direct, personal connection at the community level is the most effective means of fostering behavioural change (McKenzie-Mohr, 2011). The CBSM model places particular emphasis on applying the findings from barrier and benefit studies to the development of appropriate tools for a given CBSM campaign.

This paper is an extension of the presentation we made at the 2013 WSM Conference in Toronto in which we identified the components of the CBSM model that the AAO campaign had adhered to as well as which ones had been overlooked (Lynes and Whitney, 2013). We determined that while AAO had selected behaviours according to the principles of CBSM, the team had not carried out barrier and benefit research in developing appropriate strategies for their target audience – Jack Johnson fans (Lynes et al, 2014).

In this subsequent phase of research, we focus on the second step in McKenzie-Mohr’s model – identifying barriers and benefits for the two selected behaviours that are the focus of the AAO campaign: reusable water bottles and buying locally grown food. Jack Johnson’s 2014 North American Tour presented the opportunity to conduct identification of barriers and benefits, through intercept surveys conducted with fans attending select concerts during the tour. In carrying out this research, 1705 valid surveys were completed by Jack Johnson fans at six concerts across North America in the summer of 2014. The results of these surveys will allow Jack Johnson’s team to use tools in the AAO campaign that address the barriers and benefits identified by their target audience.

From a theoretical perspective, the results provide empirical evidence that can be used to draw links between the effectiveness of the social marketing campaign and the steps used in developing it. While many case studies have been discussed related to social marketing that fosters sustainability, none have examined how organizations are using models such as the CBSM model, in the development of their program(s).

The selection of the concert locations was predominantly a factor of convenience sampling as the first three concerts were within driving distance of the research team. The team also had connections at the eastern and western parts of North America. Information on-site at each of the selected music venues, with the caveat that the length of the survey had to be less than one minute, so that it did not detract from the concert experiences of the fans. Between four and six researchers were present at each of the concerts to administer the survey. Two researchers were stationed in the Village Green while the others were set with the task of going to other parts of the concert venue, randomly selecting fans and asking them to fill out the survey. Fans who completed the survey were given a stamp on their AAO passport to be entered to win stage-side seats at the concert. Approximately half of the fans were asked about buying local food while the other half were asked questions related single-use plastic.

The first part of the survey was comprised of three main components related to the two focus behaviours to determine: 1) whether the respondent actively practices the behaviour, 2) what he/she feels are the barriers to practicing the behaviour, and 3) what he/she feels are the benefits of practicing the behaviour. The latter two questions were open-ended in order to obtain ‘top of mind’ responses related to the barriers and benefits they were identifying. We then coded these responses into themes. In addition, four demographic questions were asked of respondents including age, gender, level of education and postal/zip code. Questions for the survey were developed in consultation with CBSM founder Doug McKenzie-Mohr.

Results & Discussion

The responses for the barriers and benefits were categorized according to respondent location, age, gender, highest level of education received, and general practice behaviour (i.e. whether or not they regularly engaged in the desired behaviour). Below we have organized the results into two sections: buying locally grown food and reusable water bottles.

Buying Local Food: Barriers and Benefits

Of the 848 surveys completed, 62% (526) were female and 38% (322) were male. The proportion of males and female respondents was consistent across concerts with the exception of San Diego which yielded a response of 50% female and 50% male. Figures 1 and 2 illustrates the aggregate totals for age and level of education.
In order to profile the practice behaviour of the respondents, the respondents were asked to respond “Yes” or “No” to the question, “Do you actively seek out locally grown food when you make food purchases?”. The aggregated total responses across the three individual concerts almost identically, where 72% of respondents stated they actively sought out locally grown food, versus 28% of respondents that stated they do not.

The top three barriers that were identified by respondents, regardless of their practice behaviour (i.e. whether they actively buy local food or not) were: 1) cost (30%), 2) availability (20%), and 3) lack of convenience (18%). It should be noted that while cost was identified as the biggest barrier at all locations with the exception of Cuyahoga Falls, at which listed the biggest barrier was identified as availability. The only barrier that was notably different between respondents who regularly buy local food and those who do not was ‘seasonality’ – 12% those who buy local food identified seasonality as a barrier while only 3% of those who don’t buy local food noted this barrier.

With respect to benefits of buying local food, the most frequently identified benefit across all respondents was 1) ‘supporting the local economy’ (42%), followed by 2) ‘health benefits’ (22%), and 3) fresh/taste (12%). Almost 10% of respondents who actively purchase local food stated ‘pesticide free’ as a benefit, demonstrating a misunderstanding between local food and organic food.

### Using Reusable Water Bottles: Barriers and Benefits

In this second survey the proportion of female to male respondents was similar to the survey on locally grown food. Of the 857 survey respondents, 63% (540) of respondents were female and 37% (317) were male. Figures 3 and 4 illustrate the distribution of age and highest level of education achieved across the 857 surveys.

In order to profile the practice behaviour of the respondents, the respondents were asked to respond to the question, “When you drink water, which do you use more frequently: Reusable Bottle or Single-Use Bottle?” The aggregated total responses across the three concert venues reflected the three individual concerts almost identically, where 77% of respondents stated they use reusable bottles versus 23% of respondents that stated they use single-use bottles.

**Across the concerts, the two top barriers that were identified by respondents were: 1) “clean-ability” (20%), and 2) “no barriers” (18%).** Interestingly, while the top barrier for those who regularly use reusable water bottles was “clean-ability”, the top barrier for those who do not practice this behaviour was “inconvenience”.

Of the respondents that claimed to use reusable water bottles, roughly 42% cited ‘less waste/ plastic in landfill’ as the primary benefit of their corresponding actions. Further, of the respondents that claimed to use single-use water bottles, roughly 35% also cited ‘less waste/ plastic in landfill’ as a potential benefit if they did choose to use reusable bottles. Aside from the benefit of less plastic, close to 35% of respondents that used single-use believed that reusable bottles presented a secondary considerable benefit of ‘saving the planet’.

The results of the surveys indicate that distinct segments exist within Jack Johnson’s fan base with respect to practice behaviour and demographic characteristics. The discrepancies in responses between demographic segments of the survey respondents present interesting considerations for Jack Johnson and his team, and can be used in the design of future AAO initiatives in order to promote sustainable behaviours more effectively.

With respect to purchasing locally grown food, respondents cited cost as the largest barrier, therefore increasing awareness and/or accessibility would not necessarily increase the uptake of this behaviour. Targeted approaches are required for different geographic locations to overcome barriers. For example, 30% of respondents in Cuyahoga Falls cited ‘availability’ as a major hurdle. In addition, targeted approaches are required for different age ranges to overcome barriers, as the barrier of ‘cost’ decreases in popularity after the age of 29, while the barrier of ‘convenience’ increases in popularity after the age of 29. Respondents’ lifestyle and relative position (e.g. marital status, income, etc.) may explain this inverse relationship. It is interesting to note that survey respondents valued the economic benefits of locally grown food more than the environmental benefits. Therefore, promoting the environmental benefits of local food consumption (e.g. less greenhouse gas emissions from transportation of food) would not necessarily increase the uptake of this behaviour. All respondent age categories older than 18 cited the benefit of ‘support to the local economy’ as the major benefit, and benefits related to the environment were cited by 5-10% of the respondents for each age group. Gender-specific approaches to promoting the behaviour could also be used, as the survey indicated that females are slightly more interested than males in the health benefits attributed to locally grown food, and males are slightly more interested than females in the benefit supporting the local economy through the purchase of locally grown food. The two most popular benefits ‘support to the local economy’ and ‘health benefits’ were also correlated with gender, where 45% of males cited ‘support to the local economy’, compared to 40% of females. In contrast, 25% of females cited ‘health benefits’ as a benefit of purchasing locally grown food, compared to 18% of males.

In the case of reusable water bottles, it is notable that 10% of respondents under the age of 18, and 10% of respondents in the 18-24 age range cited ‘convenience’ as a benefit to reusable water bottles. This may illustrate a generational outlook on reusable water bottles as respondents in all age ranges above 25 rarely cited ‘convenience’ as a benefit (9-5%). The benefit of ‘less waste’ was cited most often by respondents older than 30. Furthermore this benefit remained relevant with the younger respondents, as its popularity was shared with ‘saving planet/ eco-friendly/ less resources’. The benefit of ‘saving planet/ eco-friendly/ less resources’ was uniformly important to all age ranges, receiving roughly 30% of respondents for each age range. Discrepancies in responses by gender are also present. Females cited ‘clean-ability’ as the prominent barrier to using reusable bottles (23%), whereas males cited ‘clean-ability’ as a tertiary barrier (15%). In addition, twice the number of males (13%) to females (6%) cited Losing/Breaking/Misplacing as a barrier. Barriers cited by individuals with a negative practice behaviour (i.e. respondents that used single-use bottles) were concentrated mainly on the barrier of ‘inconvenience’ (30%). Barriers cited by individuals with a positive practice behaviour cited ‘no barriers’ (22%) and ‘clean-ability’ (21%). Corner & Randall (2011) recommend the use of social marketing techniques to provide valuable guidance for efficient and effective design of behavioural interventions, and strategic pairing with alternative approaches such as environmental education, value-based engagement and the enhancement of social capital and citizenship. By more closely adhering to the CBSM model through the identification of internal and external barriers and benefits related to the targeted behaviours promoted by the AAO campaign, Jack Johnson’s AAO team can more effectively engage fans and design behavioural interventions and educational components of his tours in order to achieve environmentally responsible behaviour, as well as measure whether or not the desired behaviour change occurred.
Future plans include collecting more on-site data at Jack Johnson concerts to see how fans respond to message framing within AAO initiatives, and determining the appropriate weighting factors for the benchmark criteria developed by Lynes et al. (2014).

References

Number: 78
If Climate Change is a Super Wicked Problem, is Social Marketing a Super wicked Solution?

Abstract
Australian governments, at all levels, have developed and delivered climate change social marketing programs, ranging from large-scale information provision to small-scale intensive engagement with target groups and individuals. These have primarily focused on mitigation responses to reduce the contribution of individuals and communities to climate change. More recently, adapting to climate change has been the focus of an increasing number of programs, reflecting a broader ideological shift within governments from mitigation to adaptation.

Social marketing has been criticised as an inadequate response to the problem of climate change when delivered in isolation from broader policy responses. This paper argues that current and historical social marketing approaches fail to take account of the complexities inherent in climate change. The shift from purely mitigation-based programs to those with an adaptation focus is an example of the sort of confounding factor, which has the potential both to create problems for current social marketing as well as to create opportunities for new approaches. Only by viewing climate change as a super wicked problem, with discrete but related complexity factors, can the designers of social marketing programs hope to develop and implement programs that will respond adequately.

Number: 94
Perceived value of using energy efficiently among low-income older residents
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Abstract
Drawing on value theory, this study explores the value of using energy efficiently by drawn on focus group research conducted in New South Wales, Australia with low-income older residents. Insights are offered through a value-in-behaviour perspective. This approach inspires social marketers to foster individual behavioural change through better understanding how value is created through everyday practices/uses. Within the value-in-behaviour framework this paper provides an account of how low-income older residents perceive the functional, economic, emotional, social and ecological value of using energy efficiently in the contexts of their everyday lives. Attention is drawn to how value in using energy efficiently emerges within the everyday contingencies and constraints configured by individual households’ financial, social, material and cultural contexts.

Number: 32
Social Practice Theory: A New Insight for Social Marketers to Foster Pro-environmental Behavior

Abstract
Behavior change theories and models had been widely applied in social marketing program, most of them focus primarily in individual-level and overlook other perspectives that significant to behavior change process. For that, social practice theory has been re-recognized among social marketers to provide new insights in behavior change process. This theory focuses on the change of social practices itself rather than individual or innovation. The potential of this theory cannot be neglected since a number of researches had applied social practice theory in recent years. The aim of this review was to contribute to the discussion of theories and models of behavior change and social practice theory and to offer an explanation of insight provided by social practice theory.

Key words: Social Marketing; Social Practice Theory; Behavioral Change; Sustainability

Introduction
The term “sustainable development” has become familiar to many people as a result of the efforts by international organization, governments, and society and attracts more people to engage in environmental sustainability (Drexhage & Murphy, 2010). Due to environmental problems were mainly attributed to unsustainable human activities and behavior (Takahashi & Sella, 2014), thus behavior change was the aims among most of the institutions when planning for sustainability. Although main achievements of social marketing are within the field of healthcare, recently social marketing has been applied to foster pro-environmental behavior with the assist of behavioral theory and it can be seen from various researches. For instances, Gray and Bean (2011) used social marketing segmentation approach to reduce household electricity consumption in New South Wales (NSW). Furthermore, Dale et al., (2012) increase recycling behavior among facility users in Rocky Mountain National Park (RMNP) in Estes, Colorado using Community-based Social Marketing (CBSM).

The Behavioral Theory or Models in Social Marketing Programs
Lefebvre (2000) reviewed the behavior change theories and models in social marketing programs and highlighted the more commonly mentioned theories and models in such programs including Theory of Planned Behavior, Health Belief Model (HBM), Social Cognitive Theory, the Transtheoretical Model of Behavior Change, and diffusion of innovations. For instances, theory of planed behavior is an extension of the theory of reasoned action (Fishbein & Ajzen, 1975). This theory suggests one’s intention is the independent factor to performed behavior. Individual intention is determined by one’s attitude toward the behavior (evaluation to the outcomes of behavior) and subjective norm (social perception or social pressure that causes individual inclines to do what other people think he or she should do). The last independent determinant to intention is perceived behavioral control (perceived ease or difficulty of performing the behavior) and it also could directly determine individual’s behavior (Ajzen, 1991). Next, health belief model (HBM) is a cognitive model that implies an
individual’s behavior is dependent on perceived susceptibility and seriousness that lead to beliefs about threats to consequence of behavior, and perceived benefits and barriers that lead to beliefs about effectiveness of behavior. Another stimuli “cues to action” also actuates adoption of behavior (Rosenstock et al., 1988; Sharma & Romas, 2012). Another theory which is also developed based on cognitive perspective is social cognitive theory (an extension of social learning theory). This theory suggests human behavior; personal factors (e.g. expectations, intention, beliefs, and self-perceptions); and environmental factors (situational influences) are in triadic reciprocal interaction (Bandura, 1989). Lastly, transtheoretical model of behavior change (also referred to Stages of Change) is another cognitive model which explains behaviors change occurred in six stages: 1) pre-contemplation; 2) contemplation; 3) preparation; 4) action; 5) maintenance; and 6) termination. Before implemented any strategy, program planners identified the elements that were categorized and represented by social practice theory disagreed with mind was the practice were then further examined by Shove et al. (2012) and background knowledge in the form of understanding, know-how, skills; and techniques); and meaning (i.e. forms of mental activities; states of emotion; motivational knowledge; ideas; and aspiration). Social practice theory emphasized an individual is nothing more than a carrier of practices. Besides, transtheoretical model presented the stages and processes of behavior change. However, these theories shared some problems where it is egoistic and neglected the contribution of technologies, objects and infrastructure in the behavior formation (Strengers, 2012; Spaargaren, 2011). By the way, the diffusion of innovation rather emphasize on innovation instead of individual. This theory suggests innovation is used to influence the behavior of a group of people. Nevertheless, this theory is lacking of concerning about the role of individual in environmental change process (Spaargaren, 2011).

An Emerging Theory – Social Practice Theory

Social practice theory is an emerging theory to describe how the social world was constructed by social practices and in analysis intrapersonal was not more than a carrier of practices in which stage conventional approaches recognized understandings, know-how, meanings, and purposes were personal attributes or individual qualities (Shove et al., 2012; Reckwitz, 2002). Reckwitz (2002) stated those features were elements and qualities of a practice in which the single individual participants and he further stated a social practice theory was a theory “highlight the significance of shared or collective social structural knowledge in order to grasp both action and social order”. Social practice theory disagreed with mind was the central phenomenon in human life (Schatzki et al., 2001). According to Reckwitz (2002), practice was „a routinized type of behavior which consists of several elements, interconnected to one other: forms of bodily activities, forms of mental activities, „things” and their use, a background knowledge in order to grasp both action and social order”. Social practice theory understood that the individual is more than the individual in which stage and corresponding process is applied. For example, target people are in pre-contemplation stage it could undergo process of consciousness raising to increase awareness and to engender the intention of behavior change among them (Prochaska et al., 1992). Theory of planned behavior, health belief model (HBM), and social cognitive theory did well explanation the extent of personal factors to behavior change and some theories even included the other factors such as environmental factors (e.g. social norms and expectations) that would determine behavior. Besides, transtheoretical model presented the reasons and processes of behavior change. However, these theories shared a similar problem where it is egoistic and neglected the contribution of technologies, objects and infrastructure in the behavior formation (Shove et al., 2012; Strengers, 2012; Spaargaren, 2011). By the way, the diffusion of innovation rather emphasize on innovation instead of individual. This theory suggests innovation is used to influence the behavior of a group of people. Nevertheless, this theory is lacking of concerning about the role of individual in environmental change process (Spaargaren, 2011).

Figure 1.0: Practices links being made by three elements

Source: Shove et al. (2012), pp. 29

As distinct from human-centred psychological and economic theories, social practice theory focused on practices as central of problem instead of individual. For instance, Table 2.2 extracted from Shove et al. (2012) work illustrated the difference between theories of behavior and theories of practice in terms of basis of action, processes of change, positioning policy and transferable lessons. Overall, social practice theory provided a non-individualist understanding of environmental behavior and it made possible social marketing program planner to have a new direction for strategies for environmental governance and research (Spaargaren, 2011).

Table 1.0: The difference between theories of behavior and theories of practice

<table>
<thead>
<tr>
<th>Theories of behavior</th>
<th>Theories of practice</th>
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<tbody>
<tr>
<td>Basis of action</td>
<td>Individual choice</td>
</tr>
<tr>
<td></td>
<td>Shared, social convention</td>
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<tr>
<td>Processes of change</td>
<td>Causal</td>
</tr>
<tr>
<td></td>
<td>Embedded in the systems of practice</td>
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<tr>
<td>Positioning policy</td>
<td>Clear, based on universal laws</td>
</tr>
<tr>
<td></td>
<td>Limited by historical, cultural specificity</td>
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Source: Shove et al. (2012), pp. 143.

Shove et al. (2012) emphasized „practices emerge, persist, shift and disappear when connections between elements of these three types were made, sustained or broken”. In other words, the three elements (material, competence and meaning) existed and linked together to form practices and it would disappear when the bond between the elements was broken. Changing or mixing elements and innovation in practice would make the practice circulate and change (Shove et al., 2012; Strengers, 2012). Spaargaren (2011) suggested innovations in practices in respect of sustainability referred to the introduction of new, more sustainable ways of „doing”, „saying”, „knowing” and „thinking” from the side of practitioners. Thus, a better understanding of everyday consumption practices enabled social marketers to introduce changes to current arrangements of practices towards sustainable practices.

There were some researches showed that application of social practice theory contributed in acting pro-environmental behavior change process. For example in the study of Hargreaves (2011), the insight of social practice theory is applied to the planning and implementing the behavior change initiative called Environment Champions in an office building. After the campaign, the waste was reduced with 29 percent (3.4 tonnes) and the electricity consumption was reduced with 5.4 percent (6 tonnes of CO2). In another case study, Hitchens (2011) applied social practice theory to understand the reason of air-conditioning addiction among professional office workers and the constraints to go outside which was not ambient as office was, and to identify the ways to encourage outdoors activity. Likewise, theory of social practice was used in Strengers (2012) study to reframe the issue of peak electricity demand and thus suggesting new roles and practices of energy demand managers and agents and in Spaargaren (2011) study reframe the environmental governance in terms of the role and responsibilities, the materials (such as objects, infrastructures and technologies), and culture, where no longer focus on individualism.

Conclusion

The potential of this theory cannot be neglected since a number of researches had applied social practice theory up till 2014 in environmental and others arena. In short, social practice theory offered a new insight which is systemic to understand the social order and change in the process of implementation of sustainable practices. Besides, social practice theory puts both individualist and innovation perspectives in which neither neglect the contribution of objects, technologies, and infrastructure to behavior change process.
nor neglect the contribution of role of community in environmental change process.

References


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Number: 84
(Applying Social Marketing Strategies to Address Common Pitfalls of Health Behaviour Change Apps
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Abstract
Developments in mobile technology and the ubiquity of smart devices have unleashed a plethora of opportunities for social marketers to induce positive behavioural change. This conceptual paper hopes to contribute by proposing a model based on selected intervention tool. In addition, it calls for social marketers to consider upstream factors, and push for better regulation and responsible advertisements of HBC apps.

Pitfalls of HBC apps: A Social Marketing Perspective
Social marketing is understood as the “application of marketing principles and techniques to create, communicate and deliver value in order to influence target audience behaviours that benefit society and the target audience” (Kotler & Lee, 2012, p. 7). Putting the target audience at the core, social marketing considers a range of multi-disciplinary factors that affects the behaviour change process. The National Social Marketing Centre’s benchmark criteria include considerations of: customer orientation, behaviour, insight, segmentation, barriers and competition (NSMC, 2014).

With regard to HBC apps, there is an impending need to establish the consumers’ intention before the app can be considered as an intervention tool. HBC apps are sometimes launched without prior analysis of the customers’ intention and the market demand. For example, participants in the Dennison et al. study observed that users who download HBC apps are likely those who have the intention and necessity to change their behaviour (chronic health and mental health problems). Participants were also inclined to believe that they were not the type of person “who would want or need that level of support” from an app.

Secondly, there is massive competition on the global app marketplace between social marketing programs, health providers and private developers. For example, the Health Promotion Board of Singapore has launched the “I Quit” smoking cessation app. A quick search of term “I Quit” on the Google Play Store turned out 100 similar smoking cessation apps. Developers range from government agencies (Tobacco Control Office of Hong Kong), to gaming companies (Mastersoft Ltd) and individual entrepreneurs using alternative behavioural change techniques, such as music.
frequencies. Confronted with this multitude of choices, the target audience can only rely on “face-value” information such as app description and customer reviews to decide whether to download and use an app. The app store is often unregulated and could cause uninformed users to conflate apps grounded in behaviour change, with non-effective cessation apps. This would not only cause confusion and ineffective behaviour change, but may even cause the unintended consequence of users losing faith in trying other methods to change their behaviour.

Lastly, social marketing consists of a “broader perspective”: looking at individual behaviour and also “social and physical determinants of that behaviour” (Hastings & Donovan, 2002). These social and physical determinants also include upstream factors. In the case of HBC apps, these are regulation and privacy issues, both of which have not been adequately addressed in literature or research. Nevertheless, these upstream factors have compounded onto the problems facing social marketers wanting to ethically utilise the full functionalities of an app and social networking sites for an HBC intervention.

Currently, the United States Food and Drug Administration (FDA) and Australian Department of Health’s Therapeutic Goods Administration (TGA) employ a “risk-based” approach towards regulating medical apps (FDA, 2014 and TGA, 2014), apps which are “intended to be used as an accessory to a regulated medical device, or transform a mobile platform into a regulated medical device” (FDA, 2014). This however, would mean that HBC apps that include paying attention and changing their behaviour are still not prioritised in regulation frameworks. Furthermore, there are severe privacy issues with HBC apps. While developers have to comply with the Operating Systems’ privacy conditions, the United States Federal Trade Commission (FTC) have reported recently that many private developers are selling consumers’ sensitive health data to advertisers (FTC, 2014).

Applying Social Marketing Strategies

This section proposes a model based on selected social marketing strategies, to guide the planning of the use of apps as an intervention tool.

Stage 1: Establish “Intention”

Social marketers wanting to implement a HBC app, as an intervention tool, should firstly determine the intention of the target audience in changing their behaviour. This is crucial, as apps have significantly transferred the autonomy in behaviour change from the social marketer’s efforts to an individual’s prerogative. Apps cannot be used as a way to induce intervention if the individual is not already motivated to do so.

The Integrative Model of Behaviour Prediction forms the backbone of this model proposed in this paper. Besides paying attention and changing their behaviour, the individual’s intention in changing their behaviour, it also considers whether the individual possess the skills and abilities to change their behaviour, and whether there are other environmental constraints in changing the behaviour (Fishbein & Yzer, 2006). In the Dennison, et. al. study, it is perceived by respondents that consumers download apps because they have an intention to change their behaviour. There are two tangents arising from this. The first (T1) assumes that the target user has an intention to change their behaviour. Thus, the next steps in designing the app would be customising the features to suit the level of skills and abilities of the user, and identifying and mitigating other environmental constraints to changing the behaviour.

The second tangent (T2) arises when the targeted user does not have a pre-conceived motivation to change their behaviour. For example, a healthy-looking individual may not be aware of their lifestyle habits, and would not invest the effort or phone memory space to download a healthy-living exercise app. Some of these users are “swing users” (analogous to the more commonly used term, “swing voter”) – those who have downloaded the app out of curiosity, or on the recommendation of their peers or internet sources. In the face of such target audiences, efforts should not be focused on promoting the app or used as the primary intervention tool. Instead, social marketers should shift their efforts towards raising awareness through other marketing methods, such as through social advertising and using influencers to amplify the message – creating “intention” among the target audience. The social marketer can introduce the app as an intervention tool once “intention” has been established among the target audience.

Stage 2: Address Downstream Issues

In the next stage, social marketers would have to consider the barriers facing the effectiveness and attractiveness of the app. These include product design and direct competition. These issues can be addressed with the Marketing Mix (4Ps).

Stage 2.1: Address Downstream Issues

In the next stage, social marketers would have to consider the barriers facing the effectiveness and attractiveness of the app. These include product design and direct competition. These issues can be addressed with the Marketing Mix (4Ps).

Stage 2.2: Address Upstream Issues

Besides adopting downstream approaches to address the audiences’ behaviours and choices, social marketers could enhance the effectiveness of HBC apps by being aware of upstream determinants and simultaneously adopting upstream strategies to transform the wider environment (Donovan & Henley, 2010).

Privacy: Firstly, social marketers should familiarise themselves with the Terms of Use of apps, app stores and social networking sites. They should also implement necessary privacy protections if the app requires the user’s data on sensitive health and personal information.

Regulation: While the process of influencing policy-makers to change
Academic papers

their stance on regulating apps is likely a long-term process, social marketers should advocate for responsible advertising of HBC apps and push for guidelines in app descriptions. In addition, social marketers could also consider developing benchmark criteria to aid health practitioners and mobile health developers in their descriptions of the app. These forms of regulation would allow consumers to be better informed, and would contribute to HBC apps’ effectiveness in pro-behaviour change.

Figure 1: Proposed Model of Planning for HBC apps

Conclusion

There has been a tremendous growth in the popularity of health apps (Khalaf, 2014), and even more so with Apple introducing the Health app in 2014, as a default app on Apple’s smart devices. Yet, eHealth expert Dr George Margelis commented at the recent eHealth Interoperability conference that there are a plethora of health apps available but they scrap the surface of health issues, and do not provide a solid program to address other severe health issues (Hall, 2014).

This paper emphasises that a multi-disciplinary approach is required to enhance the effectiveness of apps in inducing pro-behaviour change. Besides expanding the technological capabilities of an app and collaborating with health professionals, social marketers trying to keep to the objective of effecting positive behaviour change will need to consistently apply social marketing strategies into the HBC app design, marketing and dissemination. It is hoped that the proposed model and the selected social marketing strategies can be expanded and tested through further research into improving the effectiveness of HBC apps.

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Number: 34

Anti-Fat Bias, Health Consciousness and Eating Behaviour

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University of Brighton

Paurav Shukla

GCU London

Abstract

498 participants from South-East England were questioned about their diet, attitudes and beliefs towards obese people, health consciousness and normative influences. The findings confirm the prevalence of weight bias but also demonstrate anti-fat attitudes are positively related to eating behaviour. Surprisingly, healthy eating behaviour is negatively related to health behaviour. Surprisingly, healthy eating behaviour is negatively related to health behaviour. Significant differences exist between people with or without obese family members. There are important implications for social marketers and public health professionals: attempts to encourage healthy eating may have the unexpected negative outcome of exacerbating stigmatizing anti-fat attitudes; however, interventions which focus on the negative impact of obesity itself may influence some people to eat healthily. Attempts to raise health consciousness will not necessarily translate into healthy-eating behaviour.

Introduction and Background

The continuing rise in obesity rates (Stevens et al., 2012; WHO, 2008) is associated with increasing evidence of anti-fat attitudes, prejudice against, and stigmatization of, overweight individuals (Puhl et al., 2013). Anti-fat or obesity bias can be defined as the tendency to hold negative attitudes toward someone based upon their weight (Washington, 2011). It causes discrimination against overweight people in many domains: education (Caird et al., 2011), employment (O’Brien et al., 2013), and in healthcare (Puel and Brownell, 2006; Teachman and Brownell, 2001). The consequences can be serious, for example overweight people are more likely to suffer from depression (Luppino et al., 2010), low self-esteem (Franklin et al., 2006), and to be socially and economically disadvantaged (Sarlio-Lähteenkorva and Lahelma, 1999). Schwartz et al. (2006) measured implicit and explicit anti-fat attitudes across a large sample of
respondents in several countries and found even higher BMI respondents exhibited anti-fat bias. This supports research conducted by Crandall (1994).

According to the health belief model (HBM), health consciousness is a good predictor of healthy eating behaviour (Landstrom et al. 2007; Hearty et al. 2007). In field experiments Becker et al. (1977) found it was a useful descriptor and predictor of mothers' behaviour related to ensuring their child’s compliance with a prescribed diet and follow-up clinical appointments. Steptoe and Wardle (2001) explored the relationship between health values, focus of control and healthy lifestyles. For several diet-related behaviours individuals who value health (in other words, are health conscious) and exhibit high levels of self-control reported healthy lifestyles. However, some researchers have questioned the validity of the assumption health beliefs and consciousness result in healthier behaviours (Newsom et al., 2004; Michaelidou and Hassan, 2008). Newsom et al. (2005) analysed data from 250,000 American respondents. They found no association between behaviours such as smoking, drinking, exercise and diet and concluded health consciousness was a myth. Michaelidou and Hassan (2008) found health consciousness was a weak predictor and motivation of the consumption of organic foods. Pohlmeier et al. (2012) found a mismatch between quantitative measures of health consciousness and nutritional knowledge, and qualitative insights into eating behaviours. Some researchers have also questioned the relationship between planning, self-control and eating behaviours. For example, Townsend and Liu (2012) found that planning had a negative impact on diet for those individuals in "poor goal standing". We thus separate the action – behaviour constructs in this study.

Others have questioned the underlying assumption that healthy eating necessarily leads to healthier outcomes. Stead et al. (2011) discuss the potential emotional and social risks of healthy eating for adolescents. Smith and Hawks (2006) explored the relationship between health consciousness, obesity and intuitive eating in an American study. Individuals who consumed food in an intuitive, rather than controlled, manner tended to derive more pleasure from food, had lower BMIs and were less health consciousness in food choices. Penniak et al. (2009) conducted research into the relationship between obesity, interest in healthy eating and subjective health across European. They found interest in healthy eating was not significantly associated with the likelihood of being overweight or obese. So, there is evidence that health consciousness does not necessarily relate to healthy eating behaviours and weight. However, there has been little attempt to understand the relationship between obesity bias and healthy eating behaviour. This research addresses questions such as: are individuals who exhibit high levels of obesity bias more or less likely to eat healthily? How do normative influences impact on diet? How is health consciousness related to eating behaviours? The current study builds on, and tests, the health belief model by measuring the relationship between anti-fat attitudes, beliefs about obese people, health consciousness, normative influences and short and medium-term behavioural responses; namely healthy eating behaviour and maintaining healthy actions.

Methods

The study was carried out over a 5-week period in 2013 in South-East England. 1200 potential respondents were contacted with a final 1200 potential respondents. Part one recorded socio-demographic information. Part two captured the independent (i.e. anti-fat attitudes, health consciousness, belief about obesity bias) and dependent variables (i.e. healthy eating behaviour and maintaining healthy actions). The last part recorded participants’ height and weight. They were asked seven questions about their health consciousness based on the scale developed by Gould (1988), for example: I reflect about my health a lot; I am very self-conscious about my health; I am alert to changes in my health. These items were measured on a 5-point Likert-type rating scale with -3 (I strongly disagree) to +3 (I strongly agree) as anchors (alpha = 0.80). Participants were then asked 4 questions about their agreement/disagreement regarding beliefs about obese people (BAOP) (Allison et al., 1991): Obesity is usually caused by overeating; Most obese people cause their problem by not getting enough exercise; Most obese people eat more than non-obese people; The majority of obese people have poor eating habits that lead to their obesity. The responses were captured through a staple scale with -3 (I strongly disagree) to +3 (I strongly agree) as anchors. The scale reliability (0.70) was above the threshold (Gliem and Gliem, 2003). Normative influences were measured through items such as: When I consider buying healthy food products, I ask other people for advice; I feel more comfortable buying a healthy food product when I have received other people’s opinion on it; When choosing healthy food products, other people’s opinions are not important to me (reverse coded) (Flynn et al., 1996). These items were measured on a 7-point Likert scale (1 = Strongly disagree; 7 = Strongly agree) (alpha = 0.84). Participants were then asked 4 questions about their eating behaviour based on the scale developed by Hearty et al., (2007): I make conscious effort to try and eat a healthy diet; I try to keep the amount of fat I eat to a healthy amount; I reflect about my health a lot; I usually avoid eating fried foods. Measurements were taken using a 5-point scale with “most of the time” and “hardly ever” as anchors (alpha = 0.70). To assess participants’ ability to maintain healthy actions three questions were asked based on Sallis et al.’s (1998) scale: Post a weekly menu plan on your kitchen bulletin board; Keep a food diary for one week if you begin to slip in your food program; Keep problematic high-salt, high-fat foods out of sight, if purchased. The construct was measured through 5-point scale (1 = Sure I could not do it; 5 = Sure I could do it) (alpha = 0.72). In the last part of the questionnaire, height and weight data were collected to determine the BMI of participants. They were also asked if they had a family member whom they would consider overweight or obese using a “yes” or “no” response. Table 1 below presents a summary of sample characteristics:

<table>
<thead>
<tr>
<th>Table 1. Sample characteristics</th>
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</thead>
<tbody>
<tr>
<td><strong>N</strong></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td><strong>Annual household income</strong></td>
</tr>
<tr>
<td>Under £16000</td>
</tr>
<tr>
<td>£16000 - £25999</td>
</tr>
<tr>
<td>£26000 - £49999</td>
</tr>
<tr>
<td>£50000 - £99999</td>
</tr>
<tr>
<td>Over £100000</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
</tr>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Living with a partner</td>
</tr>
<tr>
<td>Married</td>
</tr>
<tr>
<td>Divorced/Widowed</td>
</tr>
<tr>
<td><strong>Highest educational degree</strong></td>
</tr>
<tr>
<td>GCSE or below</td>
</tr>
<tr>
<td>A-levels</td>
</tr>
<tr>
<td>HND or equivalent</td>
</tr>
<tr>
<td>Undergraduate or equivalent</td>
</tr>
<tr>
<td>Postgraduate or equivalent</td>
</tr>
<tr>
<td>PhD</td>
</tr>
<tr>
<td>Other professional qualification</td>
</tr>
<tr>
<td><strong>Overweight or obese family member</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td><strong>Weight status</strong></td>
</tr>
<tr>
<td>Underweight</td>
</tr>
<tr>
<td>Normal weight</td>
</tr>
<tr>
<td>Overweight</td>
</tr>
<tr>
<td>Obese</td>
</tr>
</tbody>
</table>
Findings

The analysis was carried out using LISREL 8.8 with maximum likelihood estimation procedure. 62% of the participants were female, and the average age 32 (SD = 12.27). The largest marital status category was single (56 %) followed by married (22%) and living with a partner (16%), with 42 % of all respondent having an undergraduate degree or equivalent. BMI was calculated and classified based on the clinical guidelines for overweight and obesity in adults used by the National Heart Lung and Blood Institute of the National Institute of Health (Phul et al., 2008). Average participant BMI was 22 (SD = 3.24). The classification showed 9% of the respondents were underweight (BMI < 18.5), 75% with normal weight (BMI 18.5 to 24.9), 13% overweight (BMI 25.0 to 29.9) and just over 2% obese (BMI ≥ 30). Table 2 shows the parameter estimates and relative t-values for the predictor and criterion variables. The direct effect of health consciousness was significant on both healthy eating behaviour and maintaining healthy actions. However, the relationship was negative for healthy eating behaviour while positive for maintaining healthy actions. Anti-fat attitudes had a positive relationship to healthy eating behaviour but did not have a significant association with maintaining healthy actions. Normative influences had a significant positive influence on healthy eating behaviour and negative influence on maintaining healthy actions.

Table 2

<table>
<thead>
<tr>
<th></th>
<th>Healthy eating behaviour</th>
<th>Maintaining healthy actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health consciousness</td>
<td>-0.31***</td>
<td>0.19**</td>
</tr>
<tr>
<td>Belief about obese persons</td>
<td>-0.11</td>
<td>0.06</td>
</tr>
<tr>
<td>Anti-fat attitudes</td>
<td>0.16**</td>
<td>0.09</td>
</tr>
<tr>
<td>Normative influences</td>
<td>0.25**</td>
<td>-0.23***</td>
</tr>
</tbody>
</table>

Significance levels: *** <0.001; ** <0.01; * <0.05.

We further tested these relationships by dividing our data in two specific groups: those with overweight or obese people in immediate family and those with none. Table 3 presents the results of similarities and differences between these two groups. As can be seen in Table 3, only health consciousness was significantly associated with maintaining healthy actions among families with overweight or obese people. The relationship between health consciousness and healthy eating behaviour was non-significant, as was that between BAOP and health eating. Healthy eating behaviour among people who had an overweight or obese person in family was also significantly associated with normative influences. Health conscious people without overweight or obese people in their family also tend to maintain healthy actions. However, for this segment there is a negative relationship with normative influences. Healthy eating behaviour in this group is significantly associated with health consciousness (negatively), anti-fat attitudes and normative influences (both positively).

Table 3

<table>
<thead>
<tr>
<th></th>
<th>Families with obese people</th>
<th>Families without obese people</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eating Behaviour</td>
<td>Maintaining Healthy Actions</td>
</tr>
<tr>
<td>Health consciousness</td>
<td>-0.18***</td>
<td>0.17**</td>
</tr>
<tr>
<td>Belief about obese persons</td>
<td>-0.10**</td>
<td>0.08</td>
</tr>
<tr>
<td>Anti-fat attitudes</td>
<td>0.05</td>
<td>0.003</td>
</tr>
<tr>
<td>Normative influences</td>
<td>0.07**</td>
<td>-0.07</td>
</tr>
</tbody>
</table>

Discussion

The correlation between anti-fat attitudes and healthy eating behaviour found in this research has important implications for social marketing initiatives targeting overweight individuals. The findings confirm previous reports of the prevalence of weight bias amongst various groups but they also demonstrate anti-fat attitudes are positively related to eating behaviour. This is a significant finding because it suggests attempts to encourage healthy eating through social marketing may have the unexpected negative outcome of exacerbating obesity bias. (Puel and Heurier, 2009). Social marketers and commissioners of weight services should consider potential unexpected consequences of their activities, which may do more harm than good. Targeting vulnerable groups – even to help them – may be deemed unethical (Smith and Cooper-Martin, 1997). Schwartz and Brownell (2007) argue that approaches centred on changing the behaviour of overweight individuals should be replaced by population-wide public health and policy initiatives to tackle obesity. Our findings suggest the promotion of healthy eating through social marketing and educational programmes should be accompanied by actions to dispel myths and assumptions about the causes of obesity. However, it appears interventions which focus on the negative consequences of obesity (which avoid stigmatizing obese people themselves) may influence some groups to eat more healthily.

These results call into question the validity of health belief - and related - models, which assume behaviour change takes place in a linear fashion, with beliefs and attitudes towards health leading to food choices. The underlying assumption is an individual makes choices in a rational, thought-through way and planned behaviour leads to particular actions. The findings do support the link between health consciousness and planned behaviour – for example dietary plans – but not between health consciousness and healthy eating; in other words, these constructs act separately. Surprisingly, healthy eating behaviour is positively related to normative influences and anti-fat attitudes and negatively associated with health consciousness. On the other hand, maintaining healthy actions is positively related to health consciousness but negatively associated with normative influences. Opinion-seeking behaviour should be encouraged and individuals wishing to change their diet and weight should be incentivized to turn to others for advice. Interestingly though, the data reveals those individuals who feel able to offer dietary advice may not be good role models in terms of actual behaviour. This has implications for food choice/weight loss interventions which rely on advice seeking/giving behaviour and the use of professional and peer advisors/role models. Future research should explore the nature of these normative influences more fully to help design and deliver more effective obesity interventions whilst addressing the issue of weight bias. There are also significant differences between people with or without obese family members: individuals with anti-fat attitudes from families without obese people practice healthy eating behaviour. There is a negatively significant relationship between belief about obese people and healthy eating behaviour in families with, and of normative influences on maintaining healthy actions in families without, obese members.

This is a correlational study with several limitations. Although large, the sample may not be representative of the entire population. Social desirability can influence responses when measuring explicit weight bias so future research should also use measures of implicit bias. Similarly, some respondents may have exaggerated their healthy-eating behaviour. Future studies could include experimental designs and more objective behavioural measures such as food diaries, observation and tick responses. In conclusion, this study has contributed to our understanding of weight bias, its relationship with health consciousness and eating behaviour and the implications of this for social marketing strategies and interventions.

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Matthew Changing Social Norms through Community-Based Social Marketing

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Griffith University

Abstract

The research investigates whether application of a community-based social marketing principle, increasing the visibility of a target behaviour in the community, can change social norms surrounding the behaviour. This research employed a repeated measures design to evaluate Victorian Health Promotion Foundation’s (VicHealth) Walk to School 2013 program, which increases the visibility of walking to school to promote active transportation rates in primary school children. The results suggest the program increased caregivers’ perception that children in their community walked to/from school and that walking to/from school is socially acceptable. The findings provide insight for enhancing the social norms approach, which has traditionally relied exclusively on changing social norms through media campaigns.

The Victorian Health Promotion Foundation (VicHealth) funded and supported this research.

Number: 56

Drivers of Condom Brands Perception, Choice and Loyalty among Generation Y South Africans: A Proposed Model

Abstract

Out of 6.4 million South Africans reportedly infected with HIV/Aids in 2014, 58% are Generation Y. To reduce the HIV prevalence rate, the government distributes free condoms and the private sector sells branded condoms. While studies suggest Generation Y South African students prefer commercially sold branded condoms over free condoms. This study reviews social marketing, consumer behaviour, brand loyalty and health-behaviour models to propose an integrated conceptual model, which delineates how internal and external factors may impact on condom brand perception, choice and loyalty. It provides useful insights into social marketing of a life-saving product such as condoms.

Introduction/Background

Generation Y (Gen Y) is a consumer segment, commonly reported as been born between 1977 and 1994 (Noble et al., 2009). They comprise a large group (about 37% of South Africans fall within the 20-37 age group of Generation Y in 2014) (Stats SA, 2011), and have the sheer size to transform markets in every life stage they enter.
loyalty and health-related models to propose an integrated drive” and “exercise more”, aimed at creating awareness of good social behaviour and changing undesirable behaviour. Augmented perception, but also the choice and loyalty among Gen Y South Africans (Kotler, 2011:135), social marketing has focused on public health issues and has used campaigns such as “stop smoking,” ‘eliminate empirically tested, and its results will guide the promotion and marketing of a life-saving product such as condoms. Decrease over the same period, from 30.4% to 28.7% 1. Integrated Conceptual Model of Condom Brand Loyalty Defined as the theory and practice of marketing for behaviour change. For instance, the Department of Health in collaboration with Higher Education Institutions (HEIs) embarked on free distribution of condoms to Gen Y students. These efforts are yielding fruits especially among the most affected provinces. Between 2010 and 2011, KZN recorded a notable decrease in the prevalence rate from 39.5% to 37.4%. Among the province’s 20-24 years Gen Y, the prevalence rate dropped from 31% in 2009, to 25.5% in 2011. Gauteng Province also recorded a decrease over the same period, from 30.4% to 28.7%. 1 Research findings are supporting the fact that condom use is one of the most realistic means of HIV prevention among Gen Y (Mulwo et al., 2009). In recognition of the important preventive role played by condom use among Gen Y; Nkwezi (2013) conducted a study on how government and commercial brands have been positioned and perceived by Gen Y students. He found that Gen Y had a preference for commercial condom brands (i.e., Durex, Lovers Plus and Trust) over the government’s freely distributed condoms (Love and Choice). Despite government’s huge and expensive efforts to promote the use of its condoms, questions are being raised about the factors impacting on Gen Y students’ preference for the commercially sold condom brands. This study is therefore aimed at investigating the economic, social and psychological factors, influencing not only condom brand perception, but also the choice and loyalty among Gen Y South Africans. It reviews social marketing, consumer behaviour, brand loyalty and health-related models to propose an integrated conceptual model of condom brand loyalty. The model can be empirically tested, and its results will guide the promotion and marketing of condom brands. The study aims to assist condom manufacturers to correctly position and market their products, and thus influence consumer behaviour. Importance of Branding in Social Marketing and to develop an Integrated Conceptual Model of Condom Brand Loyalty Defined as the theory and practice of marketing for behaviour change (Kotler, 2011:135), social marketing has focused on public health issues and has used campaigns such as “stop smoking,” “eliminate the element of surprise, scrutinize,” “say no to drugs,” “don’t drink and drive” and “exercise more”, aimed at creating awareness of good social behaviour and changing undesirable behaviour. Augmented products, such as condoms, birth control pills, cheaper alternative medicines and other healthy lifestyle products have been sold by social marketers to support behavioural change. How to sustainably market and evaluate the success of their marketing efforts, has however been a question social marketers are yet to answer. To sustainably market their offerings, McDvitt (2003:11) suggests that social marketers should build a brand of their offerings by understanding the needs of their target market, being consistent and authentic in satisfying the need, taking the time to build relationships, and providing tailored and quality programmes to build a strong image of their offering. As in the case of commercial marketing branding, aimed at building long-term relationships between brands and consumers, social marketing branding should be used to build programmes with healthy behaviours and lifestyle choices. For public health campaigns (e.g., use condoms), Basu and Wang (2009) suggest that branding strategies should be used to communicate value and forge long-term associations with members of the target audience. Public health and social marketing branding are currently being applied across a wide range of chronic and infectious disease issues and behaviours, one of which is HIV/Aids (Evans et al., 2012).
can be formed. The model proposed in Figure 1 was developed by integrating Strydom et al. (2000) consumer behaviour model, Champion and Skinner’s (2008) HBM, and Mulwo and Bischoff’s (2013) model of brand loyalty. These models have explored diverse drivers of perception, choice and loyalty.

Figure 1: Proposed Conceptual Model of Condom Brand Loyalty

Source: Researchers’ Own Model

Proposed method

To empirically test the relationships in the proposed model, qualitative and quantitative methods will be used to collect and analyse data. The qualitative study will be a platform to get various points of views as to why Gen Y prefers branded condoms, instead of the freely distributed government condoms. Opinions of the socio-economic factors influencing this preference and choice can also be gathered. This will assist in streamlining the specific socio-economic factors to be examined in the quantitative study. The qualitative study will be conducted with two (one with males and the other with females) focus group discussions in each of the two provinces. Conducting separate gender groups is important because of the potentially sensitive nature of the topic (i.e. sexual behaviour and HIV) and each gender can freely voice their opinions. To collect quantitative data, an online survey will be used, especially as most university students, who will be respondents, do have access to the Internet (Thinyane, 2010). The anticipated sample size for the quantitative study is 800 Gen Y between the ages of 20 to 25 years old living in Gauteng and KZN Provinces. According to Fernandez (2009), it is at this age range that young people establish their brand preferences and to De Wet et al. (2014), this age group is sexually active and most infected with HIV. For data analysis, descriptive statistics will first be run to measure socio-demographic differences in some variables. Structural equation modelling (SEM) will however be the main data analysis method for this study, due to its multivariate nature. SEM is appropriate to test the relationships postulated between the variables in the proposed model.

Implication for Theory and Practice

This study will increase knowledge regarding the importance of branding in social marketing through proposing a model of the socio-economic and psychological factors, which may drive Gen Y South Africans’ brand perception, choice and loyalty. This will contribute to the field of social marketing, especially considering Doner’s (2003) recommendation that social marketers should evaluate long-term outcomes of their offerings with variables such as brand loyalty, as opposed to mainly creating awareness of social problems and how to address them. According to Evans et al. (2012), social marketing and public health branding need continuous, innovative and robust research. The testing of this study’s proposed model would inform academics and practitioners of the specific factors impacting on condom brand perception, choice and loyalty of a large and lucrative market segment like Gen Y, at whom most social marketing HIV campaigns are targeted (French, 2010).

South Africa’s Health Minister2, Aaron Motsoaledi, recently acknowledged that condom usage is dropping among Gen Y South Africans. The decline is being attributed to the fact that the “standard-issued government "choice" condoms just aren’t cool enough”. Gen Y in three KZN universities perceive government condoms as smelly, ineffective and of lower status than commercial brands (Mulwo et al., 2009). This study will reveal factors, which the government and other social marketers can use in their campaigns to reinforce sustainable condom brand use among Gen Y South Africans.

Reference


Older consumers are ‘surfing’ the Internet and using technology to remain active as they age. Many of these ‘silver surfers,’ however, are rejecting services that reflect traditional, medical approaches to ageing. This trend creates a problem for researchers and service managers; there is no evidence base to inform the design of e-services that leverage consumer perspectives of ageing to help consumers remain active as they age. This paper therefore aims to a) conceptualise the issue of active ageing ‘in older people’s own terms’ as a foundation for designing e-services for active ageing, b) define a new five-dimensional approach to e-servicescapes and c) advance a framework that explains the response of ageing consumers to cues in the e-servicescape. The proposed framework can be tested in empirical studies to form an evidence base for service design and social marketing interventions aimed at promoting active ageing.

Introduction
In the wake of the ‘silver tsunami’, concerns about unprecedented levels of public health spending have given rise to ageing services promoting positive health behaviour change. Services aimed at promoting behavioural change must shift beyond ‘technical and functional thinking’ to consider all influencing factors, including the consumer’s own value constructions (Russell-Bennett et al., 2013). It follows, then, that active ageing services should be designed to reflect the ageing consumer’s lived experience and perceptions of value. In practice, despite new perspectives that highlight positive experiences of ageing, most ageing services remain grounded in traditional, medical approaches. The net result of this practice is that many services designed for ageing consumers fail to achieve adoption and uptake. There is declining interest in traditional, medical-based models such as residential aged care, with a new wave of savvy consumers rejecting viewing these models as a ‘last resort’.

The design of services that are attractive to an ageing market requires a fundamental understanding of the consumer’s lived experience to ensure congruence between service features and the needs and values of the consumer thus encouraging uptake of the service. A useful services marketing model for explaining the impact of service features on behaviour is the extended servicescapes model (Rosenbaum et al., 2011). Servicescapes research describes the physical and experiential environments and cues being rich in cues to signify the organisation’s capability and quality, and to communicate its image and purpose (Bitner, 1992). Examples of these cues are temperature, music, equipment and style of décor (Bitner, 1992). These cues produce in the consumer an internal response (cognitive, emotional, physiological) and in turn, a behavioural response (to approach, or to avoid); (Bitner, 1992). The servicescape model has since been extended to consider environmental stimuli within three dimensions: physical (encompassing ambient conditions, space/function and signs/symbols/artefacts), social and restorative (Rosenbaum et al., 2011). With the rise of e-services as a means of searching for, selecting and consuming health and ageing services, there is a need to understand how the servicescapes model can be translated to the online environment to facilitate positive behaviour change. This leads to the first research question being addressed in our proposed model: RQ1 How do consumers respond to cues in the e-servicescape of an active ageing service?

The existing servicescapes literature deals primarily with the relationship between cue and response, with less attention paid to internal influences that consumers ‘bring to’ the service encounter, such as personality traits and cultural influences (Lin, 2004). Despite affective disposition (the tendency to experience stable positive or negative affect over time and situations) having been identified as an important predictor of customer satisfaction, perceptions of service quality and even self-reported consumer behaviours (Burns and Bowling, 2009), to date there has been no empirical investigation of the impact of affective disposition on consumers’ interpretation of servicescape cues. It is particularly absent from studies of the online environment (e-servicescapes); (Mari and Poggesi, 2011). Given the heterogeneous nature of the ageing experience, there is a need to understand what affect personality traits such as affective disposition will have on consumer’s response to service features. This leads to the second research question being addressed in the proposed model: How does affective disposition influence the way e-servicescape cues are interpreted by ageing consumers?

The purpose of this paper is threefold: first, to conceptualise the issue of active ageing ‘in older people’s own terms’ as a foundation for changing the way that an e-service is designed for ageing consumers; second, to define a new five-dimensional approach to e-servicescapes; and third, to propose a framework that explains the response of ageing consumers to cues in the e-servicescape. This conceptual framework can then be tested in empirical studies to form an evidence base for service design and social marketing interventions aimed at promoting active ageing.

A Consumer Approach to Active Ageing
The study of active ageing is a relatively new phenomenon (Depp and Jeste, 2008). Fuelled by increasing social and economic anxiety about the impact of an ageing population (“the burden of ageing”), new
perspectives on ageing emphasise continued engagement in life (Depp and Jeste, 2006). Descriptions such as ‘healthy ageing’, ‘successful ageing’, ‘productive ageing’, and ‘active ageing’ incorporate normative notions of living well into older years (Boudiny, 2013). Despite the popularity of active ageing as a concept, there remains a lack of consensus on its definition and this has contributed to a failure to translate it into service design (Bryant et al., 2001). Moreover, operationalisation of the concept still relies on objective, functional measures such as absence of disease that don’t necessarily reflect the consumer’s lived experience (Depp and Jeste 2006). The consumer reality of active ageing challenges the frame traditionally applied by researchers (see Table 1) (Bryant et al., 2001; Rowe and Kahn, 1997). Consumers define health in later years as ‘going and doing something meaningful’, with key determinants of ageing well including ‘1) something worthwhile and desirable to do, 2) the ability to accomplish the activity, 3) the resources to support the activity and 4) something worthwhile and desirable to do’ (Bryant et al., 2001, p. 940). In describing the importance of resources, consumers emphasise valued relationships with family and friends (Bryant et al., 2001).

### Consumer Perspective vs. Medical Perspective

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Consumer Perspective</th>
<th>Medical Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multidimensional</td>
<td>Weighted towards physical / functional attributes</td>
<td></td>
</tr>
<tr>
<td>Emphasises personality and attitude</td>
<td>Emphasises behaviour</td>
<td></td>
</tr>
<tr>
<td>Heterogeneous / segmented</td>
<td>Cohort or age-based</td>
<td></td>
</tr>
<tr>
<td>Positive self-perception / high satisfaction</td>
<td>Deficit-based, i.e. focus on limitations</td>
<td></td>
</tr>
<tr>
<td>Subjective measures</td>
<td>Objective measures</td>
<td></td>
</tr>
</tbody>
</table>

### E-servicescape Theory

Technological advances are driving fundamental changes in the way that consumers maintain their health as they age. One example is the rapid uptake of healthcare-related apps. Designers of these e-services need to understand how increasing numbers of smartphone users are downloading healthcare applications. The virtual servicescape field has largely integrated or replaced the third dimension of the physical environment with a fourth dimension (Duay and Phelan, 2006). The model was subsequently expanded by Tombs and McColl-Kennedy (2003) to include the social dimension and later by Rosenbaum et al. (2011) to include the restorative dimension. In the context of active ageing servicescapes as they have the potential to facilitate supportive relationships and improve quality of life (Rosenbaum et al., 2011). For this research, we define the active ageing e-servicescape by drawing on Hopkins et al.’s (2009) e-servicescape framework and Rosenbaum et al.’s (2011) extended servicescape model to propose a five dimensional model; ambient, spatial/functional, symbolic, social and restorative. In the next section we outline how these e-servicescape dimensions may influence uptake or rejection of an e-service by ageing customers and the impact of affective disposition.

### Proposing an E-servicescape Framework for Active Ageing

We propose that an appropriately designed and managed e-servicescape can promote active ageing by facilitating each of the key determinants of ‘ageing well’; 1) something worthwhile and desirable to do, 2) the ability to accomplish the activity, 3) the resources to support the activity (with an emphasis on relationships) and 4) sufficient will or positive attitude (Bryant et al., 2001). To inform the design of e-services that reflect the consumer’s definition of active ageing we propose an e-servicescape framework for active ageing (Figure 1):

**Table 1: Comparison of Consumer and Medical Perspectives on Active Ageing**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Consumer Perspective</th>
<th>Medical Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affective Disposition</td>
<td>Ambient</td>
<td>Spatial layout / functionality</td>
</tr>
<tr>
<td>Symbolic</td>
<td>Social</td>
<td>Restorative</td>
</tr>
<tr>
<td>Resource</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Response</td>
<td>Update e-service</td>
<td>Reject e-service</td>
</tr>
</tbody>
</table>

**Table 2: The Influence of Cues in an Active Ageing e-service**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Example: Influence of cues in an active ageing e-servicescape</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ambient</td>
<td>Ambient conditions such as colour are likely to correlate with attitudes to the service, for example the use of certain hues to induce feelings of relaxation (Gorn et al., 2004). In turn, feelings of relaxation may influence the propensity of ageing consumers to participate socially.</td>
</tr>
<tr>
<td>2. Spatial layout / functionality</td>
<td>Spatial layout and functionality such as ease of navigation and usability are likely to lead to a sense of control and conversely, if usability is low, ageing consumers could feel that the ‘ability to accomplish the activity’ is compromised (Bryant et al., 2001).</td>
</tr>
<tr>
<td>3. Symbolic</td>
<td>Symbolic cues are under-researched in the e-servicescape domain (Man and Poggesi, 2011). Examples of signs, symbols and artefacts that could influence the response of an ageing market to the e-servicescape are logos or marks that signal a ‘senior-friendly’ service. Such symbolic cues are likely to engender a sense of trust in the service environment.</td>
</tr>
<tr>
<td>4. Social</td>
<td>Social cues such as display of emotion and facilitation of ‘connection’ via online forums could promote opportunities for ageing consumers to build relationships and social networks, both seen as important resources to support meaningful activity (Bryant et al., 2001).</td>
</tr>
<tr>
<td>5. Restorative</td>
<td>Restorative servicescapes can be translated to the virtual environment in ‘fascination’ or ‘the ability to hold a person’s attention effortlessly’ (Rosenbaum 2011, p. 606). An example would be online brain-training games that engage ageing consumers in ‘something worthwhile and desirable to do’ (Bryant et al., 2001).</td>
</tr>
</tbody>
</table>
Affective Dispositions and the e-servicescape

The second research question to be addressed is: How does affective disposition influence the way virtual servicescape cues are interpreted by ageing consumers? Whilst ‘affective states’ are understood as being transient and in response to service experiences (Westbrook, 1980), ‘affective disposition’ describes an individual’s general disposition to experience negative or positive mood states (Watson and Clark, 1984). Affective disposition has been shown to influence attitude, satisfaction and perception (Burns and Bowling, 2009). Indeed, Bliptner’s (1992) original model identified that individual personality traits are likely to influence a person’s reaction to servicescape cues and that ‘each individual enters an environment in a particular mood state’ (p. 65). In a study of older adults with chronic disease, positive or negative affect was shown to influence how individuals view their health and their symptoms (Hu and Gruber, 2008).

A key premise guiding this study is that affective disposition may influence responses to servicescape cues and that this may yield ‘unique’ effects in terms of behavioural response within an active ageing e-servicescape. Table 3 provides examples of the ways in which affective disposition may affect the interpretation of cues in each dimension of the e-servicescape.

### Table 3: Examples of Influence of Affective Disposition on Cue Interpretation

<table>
<thead>
<tr>
<th>Dimension of cues</th>
<th>Example of how affective disposition may influence interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ambient</td>
<td>Positive or negative affect influences information processing (Watson and Clarke, 1984), which could affect the way ambient conditions, for example colour, are interpreted.</td>
</tr>
<tr>
<td>2. Spatial layout / functionality</td>
<td>Positive or negative affect influences levels of ‘alertness’ (Watson, Clarke, and Tellegen, 1988), which could affect the way spatial cues, for example web navigation, are interpreted.</td>
</tr>
<tr>
<td>3. Symbolic</td>
<td>Affect and affective intensity can influence memory (Watson and Clarke, 1984), which could affect the way signs and symbols, for example logos and other brand marks, are interpreted or recalled.</td>
</tr>
<tr>
<td>4. Social</td>
<td>Affect is associated with personality, e.g. positive affect with extraversion (Watson and Clarke, 1984). Aspects of personality could affect the way social cues such as online forums are interpreted, for example an individual high in extraversion may have a higher propensity to engage socially online.</td>
</tr>
<tr>
<td>5. Restorative</td>
<td>Positive or negative affect influences how individuals view their mental wellbeing (Hu and Gruber, 2008), which could affect the way restorative cues such as ‘creating a sense of belonging’ are interpreted. For example, someone with a positive affective disposition may be more receptive to this restorative cue.</td>
</tr>
</tbody>
</table>

### Implications / Conclusion

With a rapidly ageing population in Australia and many other Western countries, it is important that government agencies and not-for-profit agencies develop e-services that are attractive to ageing consumers. We propose that developing e-services in health that are less overtly medicalised (e.g. weight, cholesterol) and more aligned with the consumer definition of ageing (e.g. doing something meaningful) will result in higher levels of uptake and result in positive health behaviours. The design of these e-services needs to leverage the specific cues in each dimension of the e-servicescape that will result in uptake and overcome barriers resulting in rejection. Furthermore the design needs to actively link to the affective disposition of the consumer to ensure there is congruence between the consumer and the e-service. This will lead to more effective e-services for ageing consumers benefiting both the individual and society as older consumers engage in more active lifestyles.

### References


### Number: 67

**Stick With It! Preliminary Results of a Pilot Study using Nudging to Assist with Weight Loss Maintenance**

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2 Alliance for Research in Exercise, Nutrition and Activity (ARENA), Sansom Institute for Health Research, University of South Australia, Adelaide, Australia.

**Abstract**

Four out of five people who lose weight, are unable to maintain their weight loss. Therefore there is a need for effective weight maintenance interventions. “Stick With It!” is a six-month randomised controlled trial testing the feasibility and efficacy of using low-cost nudging items, that support key weight maintenance behaviours. Preliminary six-month results indicate that (1) participants used and liked the items “A great way to reinforce the proper way to eat and exercise” and (2) there is a trend towards greater weight and abdominal fat regain in the control group (n = 5) compared to the intervention group (n = 9). Early results suggest “Stick With It” is feasible and may be effective for minimising weight regain.
Number: 6
The Use of Photovoice to Understand American Indian Youth’s Perceptions of their Dietary Landscape

Abstract
A community-based participatory research (CBPR) method, “photovoice,” was used to gain insight regarding the opportunities and challenges American Indian (AI) youth perceive they have in their daily environments with regard to eating healthily. Fourteen 11-14 year old AI youth were provided with cameras to capture the barriers they face to eating healthily in their environments (school, home, reservation)1, the opportunities they have for eating healthily in their environments, and images of the foods and customs they consider to be traditional to their culture. These insights will contribute to developing an adaptation of an established intervention, Cooking with Kids, designed to increase the intake of healthy foods, particularly fruits and vegetables, and to increase youth cooking competencies. The larger grant is guided by social cognitive and focuses on identifying determinants of health behaviors and processes through which these determinants work. Results of the reported photovoice study suggest a need for general nutrition information, a clearer picture of what is healthy, and easier access to healthy foods in their home, school and broader community.

1 An Indian reservation is a legal designation for area of land managed by a Native American tribe under the United States Bureau of Indian Affairs, rather than the governments of the United States.

Introduction
One of the defining distinctions between social marketing and other social change models is that social marketing pays close attention to the needs of the target audience (Andreasen, 2002) and uses the marketing mix to take the benefits of a behavior change to help that audience overcome the barriers to engaging in healthier choices. This study sought to better understand the environmental obstacles AI youth face with regard to eating healthily as well as the opportunities and resources available to them to support healthier food intake.

In the present study, we used photovoice to inform an initiative directed at reducing health deficits among children with limited opportunities for healthful eating. This larger effort will include, among other things, a classroom program aimed at increasing fruit and vegetable consumption and improving cooking competencies among youth on living on or near Indian reservations. It will further seek to involve families in the program, draw out tribal support, and develop custom components to the curriculum that would be culturally specific.

AI’s historically ate diets rich in corn, beans, squash, berries, nuts, and melons. Game such as deer, buffalo, fish and birds were hunted and consumed fresh (Schell and Gallo, 2012). In contrast, the majority of today’s AI’s consume food items that are purchased and pre-packaged foods rather than fresh items (Jernigan et al., 2012). This major change from organic foods to meals high in salt, sugar, and fat has led to a sharp increase in obesity and diabetes, notably among AI youth who grew up with this diet over the past thirty years (Jernigan et al., 2012).

AI children and youth suffer from obesity (body mass index [BMI] greater than or equal to 30.0) at a rate of between 25 and 31% (Schell and Gallo, 2012). Within this same population, 54% of AI adults 20 to 74 years of age are classified as obese—a statistic at risk of growing as higher proportions of the population become obese earlier in life (Indian Health Service, 2011). American Indian children and adults suffer from obesity more than any other racial/ethnic group in the United States (Jernigan et al., 2010).

A complex mix of social, economic, and institutional factors contribute to obesity in any population, but AI communities often face greater challenges given their lack of access to high-quality and culturally appropriate foods. This lack of food availability may be one factor contributing to the finding that AI youth consume fruits and vegetables an average of only once per day, well below the recommended daily intake (Fila and Smith, 2006). This means the majority of AI children do not receive the essential vitamins and minerals, derived from fruits and vegetables, necessary for good health and weight maintenance (Centers for Disease Control and Prevention, 2013).

Yet even with better food options, evidence suggests that fighting obesity requires more than just a healthy, well-stocked larder (Boon and Claydesdale, 2005; Kropski et al., 2008; Shaya et al., 2008; Waters et al. 2011). Children and adults must know which foods are healthy and be willing to eat more nutritious meals. In addition, establishing culturally centered and community-based prevention programs for AI youth is essential for countering this epidemic in its early stages (Cobb et al., 2006).

Method
As previously stated, this study was part of a larger initiative directed at reducing health deficits among children with limited opportunities for healthful eating. A qualitative method of research, photovoice, was used to gather perspectives on the challenges to and opportunities for healthful eating among AI youth living on or near AI reservations. Photovoice is a participatory research strategy commonly implemented in health research and is most commonly used with marginalized populations. The method involves asking participants to capture images within their communities/environment based on a specified subject or theme. Participants photographed their everyday realities and share and discuss the meaning of these pictures with researchers, policy makers, and community members (Wang and Burris, 1997). In this way, photovoice provides a participatory means of sharing perspectives, expertise, and knowledge; researchers often use it as a tool for social change, especially for disenfranchised groups and youth. This method is especially useful in cultures that rely on storytelling, narrative, and images to convey the experience of life within a community or tribe, making it an optimal approach for American Indian culture (Castleden and Garvin, 2008).

Participants
A classroom of 14 American Indian youth who attend a New Mexico middle school for AI youth from any tribe were recruited to participate in the study. Students were informed that they were being invited to participate in this project because they have personal insights and experiences to share that will help to develop an in-school cooking and tasting curriculum for elementary school youth living on or near reservations. Parental consent and student assent were obtained according to IRB requirements. Students were 11-14 years of age, with 11 males and 3 females. While overrepresented by males, this was the composition of the class that participated. The school was chosen because students from many different reservations attend this school. Students self-identified as being from the following tribes: Navajo, Hopi, Zuni, Laguna, Acoma, and San Felipe. At the completion of the project, participating students received a $25 gift card to Wal-Mart.

Procedure
A 75-minute introductory session was conducted with the youth participants with the following goals: 1) explain the purpose of the photovoice project, 2) build enthusiasm for the project, 3) create a healthy group dynamic and comfortable environment among participants, 4) review tips for taking good photos, and 5) discuss the ethics of photo-taking. The session was conducted by the Principal Investigator (PI) of the study who was assisted by the classroom teacher and a health educator from Indian Health Service, Albuquerque, NM.

Three disposable cameras were purchased for each of the participants. Each student received a camera labeled “Opportunities”, one labeled “Challenges”, and one labeled “Traditions”. Students each used one camera to take photos related to the opportunities for healthful eating in their environment (home/school/reservation), one camera to capture photos related to the barriers/challenges to eating healthily in their environment (home/school/reservation) and one camera to photograph Native/Traditional foods and customs in which they and/or their families participate.

Students were given two weeks to complete their picture taking. They then returned their cameras to the classroom teacher who had the photos developed. The PI returned after the photos were developed and talked to each participant individually.

Student and PI viewed each photo together, and explanations and quotes made by the student were written on the back of the photo. A health educator from Indian Health Service listened to the conversation between PI and student and occasionally encouraged participants to elaborate on and/or clarify their observations. The guiding questions asked of each participant included: (a) What is this
a photo of (if unclear)? (b) Why do you consider this a barrier/opportunity/tradition? (c) What does this mean to you? (d) How does this barrier/opportunity/tradition relate to your life? (unseen story behind the picture). (e) Why does this barrier/opportunity/tradition exist?

Data Analysis

A thematic analysis was used and results were analyzed by domain, theme, frequency, and examples. Following the individual interviews, participants summarized the themes from their photographs and identified illustrative photos relevant to each theme. The PI and two research assistants then identified the three most salient opportunities and challenges identified by the participants. A pile sort with a four-member cross-cutting team (Welker and Romney, 1988). For validity and to gain an outsider perspective on the data (Padgott, 2008), the pile sort process was repeated with a group of four researchers (independent of the project).

Results

Opportunities for Eating Healthy

This is better than that. Participants were often unskilled at categorizing foods as healthy and unhealthy. They frequently photographed foods they identified as “healthier” than alternatives, sometimes accurately, sometimes inaccurately. For example, one student (male, 14) commented that putting chocolate syrup in milk “makes the milk healthier.” Another example was a photograph of fried corn tortillas. It was explained as an example of a food that is healthy because “it’s better for you than flour tortillas.” One participant stated that he eats Honey Nut Cheerios because they are healthy because “it is better for you than flour tortillas.” One participant stated that he eats Honey Nut Cheerios because they are better for you than Frosted Flakes (male, 11). This was a dominant theme across all participants.

[PLEASE NOTE: SAMPLE PHOTO COLLAGES HAVE BEEN REMOVED FROM THIS CONFERENCE SUBMISSION PAPER DUE TO SPACE LIMITATIONS]

Each time a participant showed a photo of a food they considered an “opportunity” for eating healthy and contrasted it with something they considered “less healthy” the PI asked, “Why is it healthier?” Most commonly, participants referred to an influential other/source (e.g., “That’s what my Mom told me”, “they give it to us at school so it must be pretty good for you”) or to package labeling claims (e.g., “It says it’s good for cholesterol”).

Perception of Healthy Foods at Home and School. The majority of photos taken related to the challenges of eating healthy revolved around junk food in the home, the temptation of fast food. The most common foods identified as “traditional” included Indian bread, fried Indian bread, Navajo tacos, tortillas (corn and flour), red chili, green chili, squash, squash stew, beans (pinto and black), posole, Indian pie, mutton, mutton stew, Navajo burgers (“burgers wrapped in fried bread”), blue corn mush, potatoes, carrots, onions, corn meal (for cooking and ceremonies), deer meat soup with pinions, water (“used for everything, to drink. And in the sweat lodge they pour water on you to represent becoming a man”), deer jerky, corn pollen, sweet potatoes, coffee (“because we give the medicine man coffee”). There would certainly be disagreement among tribal members about the identification of some of these foods being called “traditional” but this was from the youth’s perspective. For example, fried Indian bread is not considered a traditional Native food among tribal elders, but it has become a staple in many Native diets in recent decades.

Discussion

The results of the photovoice project point to the need to provide youth with general nutrition education, encourage strong parental involvement in intervention efforts, and to provide youth with easier access to healthy foods at home, school and within the broader community.

Youth could rarely explain why a certain food was healthy (“I just know that it is”), and their definition of healthy was typically based on a comparison to other foods—which is healthier than that. This pointed to a need for nutrition education. Additionally, youth overwhelmingly confused being active and/or not overweight with being healthy which nutrition education would also address. Finally, empowering youth with the facts about nutrition should minimize their tendency to assume that something is healthy because of the source (e.g., “they serve it to us at school so it must be healthy”).

While the majority of youth believe they have access to healthy foods at home, the home environment also provided one of the greatest barriers for youth in regard to eating more healthily. Therefore, it is critical to engage parents in nutrition programs their kids are exposed to at school so they can learn and reinforce at home the nutrition and cooking messages their children receive at school (Shaya et al., 2008; Luepker, et al., 1996; Baranowski, et al., 2000; Davis et al., 2003). Common barriers reported by parents for lack of engagement in school-based interventions include low value, high cost, and competing family demands (Garcia-Dominic et al., 2010). Therefore, any efforts to engage families need to overcome these barriers, particularly when working with low-income families. Results of this study support the need to reduce the quantity of unhealthy foods found in the home and school by providing easier access to quality foods. In the case of AI families, educating parents...
about how to shop for, and prepare snacks and meals with healthier, affordable and accessible foods and ingredients might be an appropriate strategy. While a nutrition education curriculum with high levels of parent/guardian involvement will not solve the problem of proximity to grocery stores, understanding how to shop for, store and serve nutritious foods on a low budget would be an important contribution. With regard to the school environment, Bureau of Indian Education schools should be encouraged to adopt federal dietary guidelines.

Using photovoice to gain youth perspectives is giving the participants an opportunity to present collage exhibits to their parents, school administrators and tribal leaders to heighten awareness of their need for access to more nutritious foods and nutrition education. The photovoice methodology also allowed participants and the researchers to dig deeper into their attitudes and beliefs than would likely be learned through more typical formative research, such as focus groups or surveys.

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Cobb, N., Kileen, M. and Cullen, T. (2006, May 2), Al/AN Pediatric Height-Weight Surveillance System, Department of Health & Human Services, Indian Health Service, Division of Epidemiology and Disease Prevention, Albuquerque, NM.


SUBSTANCE USE

Number: 99

Alcohol Consumption Behaviours in Vietnam: A Tale of Two Cities

Lukas Parker, RMIT University Vietnam

Hau Pham, RMIT University Vietnam

Linda Brennan, RMIT University

Dang Nguyen, University of Oxford

Torgeir Aleti, Victoria University

Abstract

This paper presents results of a study into social drinking behaviours in Vietnam with a view to gain an understanding of how consumption norms are established and transferred within the cultural setting. Covert observations were used to study the dynamics of group drinking behaviour among adults consuming alcohol in various selected types of public venues in Vietnam’s two largest cities, Ha Noi and Ho Chi Minh City. The results show considerable differences in drinking behaviours and social practices between these two cities. This means that social marketing initiatives will need to be mindful of these differences in order to promote responsible drinking and consequently reduce the rate of alcohol-related problems.

Number: 54

Can social marketing approach help towards better law implementation?

Tanja Kamin, University of Ljubljana and Daša Kokole, Noexcuse

Abstract

The paper focuses on social marketing’s response to concerns regarding alcohol availability which is strongly related to excessive alcohol consumption among young people. It demonstrates that regulation on limiting alcohol availability to young people is not effective if not supported with good strategy for its enforcement. Our study is based on experimental design and shows that social marketing interventions can increase the effectiveness of regulation; they can bring results in increasing compliance with the law when it
comes to regulating alcohol availability to young people.

**Key words:** alcohol, alcohol availability, regulation, social norms, upstream social marketing

**Introduction/Background**

Healthy behaviour and health problems are a function of the interaction between the individual and the larger environment (Andreasen, 2006). It follows from this that social marketing interventions should be directed at various levels and not be limited to the individual (Wallack, 2000); in fact several social problems could be most effectively prevented upstream, on the structural level (Wallack et al., 1993, Gordon, 2013). The evidence shows that the most effective strategies to reduce alcohol-related harm, such as restrictions on advertising and sponsorship, reductions in availability and increase in price, need greater public support and social marketing efforts – both downstream and upstream – could be very useful in tackling alcohol-related harm by “moving conversation away from ‘problem’ drinkers and instead talk about drinking cultures” (Jones, 2011: 265). Instead of encouraging young people to end with high-risk drinking, or to invest huge resources to manage alcohol-related harms like injuries, problems with memory (Brown, S. Tapert, Giammarco-Delis, 2000) it will demonstrate that applying social marketing principles, such as the use of the 4Ps to increase awareness, understanding, change attitudes, and motivate people to change, adopt, or sustain a particular behaviour (Hastings, 2007). In the case of respecting the law that regulates selling of alcohol to young people, both sellers and young people should change attitudes towards the minimum drinking age law. Furthermore they need to be motivated for respecting the law. The sellers of alcohol should become more aware of the reasons behind the law, better understand their role in tackling alcohol-related problems in society and get motivated to strictly comply with the regulations. Strict checking for identification of young drinkers that want to buy alcohol should become a first step in compliance with the regulations and perceived as an accepted norm instead of being perceived as a random act that depends on the mood of particular staff in shops or in bars.

Social marketing intervention should thus be designed in such a way that it would correct peoples’ misconceptions concerning the prevention of violation of the law and the expectations of the regulation. Modifying expectations and attitudes regarding compliance with the minimum drinking age law represents a fundamental step toward changing social norms (Glassman and Braun, 2010).

**Method**

We designed a social marketing intervention to improve compliance with the minimum drinking age law by utilizing a social norm theory, directed upstream, to sellers (shopkeepers and cashiers). In designing the communication strategy a great deal of consideration was directed toward the benefits that the target group could obtain from the intervention. Intervention aimed to present the sellers as part of the solution to the problem, not as a problem that needs to be corrected. Particularly important goal was in changing sellers’ perceptions that they are in minority when they are respecting the law. After the intervention the sellers would need to believe that the majority of them want to respect the law, that they have a good reason to do that and that they are socially recognized active contributors to tackling alcohol-related problems of young people.

Communication strategy was designed according to the research findings based on personal interviews with shopkeepers and cashiers (Kamin et al, 2010) which revealed several difficulties the sellers have when dealing with minors attempting to buy alcohol. These were identified as barriers to desired behaviour—checking young people for IDs needed to be addressed as part of the intervention. The argumentation for checking minors for IDs was given from the sellers’ point of view, as well as suggestions on how to deal with rude customers. The interviews often spawned a debate in which sellers reflected on their experience with young people buying alcohol. Sellers asked for additional explications of the law dealing with the legal age limit. They also described such situations as stressful and raised concerns about their children growing up in an alcohol welcoming environment. Some of them reported that they do not have problems with minors buying alcohol, since they are checking ID’s of the majority of young people. The sellers admitted to checking IDs from the sellers’ point of view, as well as suggestions on how to deal with rude customers. The interviews often spawned a debate in which sellers reflected on their experience with young people buying alcohol. Sellers asked for additional explications of the law dealing with the legal age limit. They also described such situations as stressful and raised concerns about their children growing up in an alcohol welcoming environment. Some of them reported that they do not have problems with minors buying alcohol, since they are checking ID’s of the majority of young people. The sellers admitted to checking IDs of the minority, posters, checkout signs with citations of the law setting the legal age limit, and T-shirts with the project logo were designed. The promotional material was used to approach sellers with age limit, posters, checkout signs with citations of the law setting the age limit and enabling the sellers and cashiers to request customers’ ID, and T-shirts with the project logo were designed. Project’s slogan was “18 rules” combined with a cartoonish super hero, reminding young people that the legal age limit to purchase alcohol is 18. The promotional material was used to approach sellers in supermarkets and other stores and convince them to check ID’s consistently and regularly, when a young customer attempts to buy alcohol.

Promotional material such as point of sale store equipment, stickers with age limit, posters, checkout signs with citations of the law setting the age limit and enabling the sellers and cashiers to request customers’ ID, and T-shirts with the project logo were designed. Project’s slogan was “18 rules!” combined with a cartoonish super hero, reminding young people that the legal age limit to purchase alcohol is 18. The promotional material was used to approach sellers in supermarkets and other stores and convince them to check ID’s consistently and regularly, when a young customer attempts to buy alcohol.
Social marketing interventions took place on 12 store locations, part of 8 store chains, in 4 major Slovene towns, in April and May 2014. In line with store policies in 2 major supermarket chains in Slovenia (Spar and Mercator), higher management was approached by a project associate, introducing the 18 rules! project. Direct contact with the project associate was very welcomed by the sellers. Firstly, a 5 minute introduction was given by a project associate, acknowledging difficulties the sellers may be having dealing with minors attempting to buy alcohol. The argumentation for checking young people for IDs was given from the sellers’ point of view, as well as suggestions on how to deal with rude customers. The promotional material was gladly accepted. The most welcomed promotional material were the T-shirts, given to all the sellers that were addressed directly. In summary, sellers were highly responsive and attentively listened and recognized the discussed issue as socially important.

We measured the effect of social marketing intervention by conducting a research with the mystery shopping method before and after the intervention in shops that had interventions and in shops without the intervention as control groups.

Total number of stores visited was 24; 3 in experimental and 3 in control group in each of the four cities, chosen on basis of their size and location: Ljubljana, Kranj, Celje, Maribor. The before and after measurements took place between February and May 2014. The stores were divided in 2 groups; one experimental and one control group. In each store, there were two measurements before and after the intervention, so in total, there were 24 measurements before and 24 after the intervention in each of them.

16 young people participated as mystery shoppers and observers, out of which there were 4 males and 12 females. The age range of the mystery shoppers was 16-17, and age range of observers was 18-22. The main criteria for participants’ selection was their age below 18, but during the mystery shopping actions care was taken in advance that the participants followed appropriate dress codes to ensure they all looked their actual age. A mystery shopping scenario was the following: two shoppers entered the store: the underage (the purchaser) and the 18+ (observer) person. The purchaser took 0.5 litre of beer and a snack and went to the cashier. Different scenarios could occur: the store clerk sold the beer without asking, or they asked for the ID. In case they asked for the ID, the purchasers were recognized the discussed issue as socially important.

Results

If we compare results from the experimental and the control group, it can be seen from Figure 1 that in the experimental group the rate of sold alcohol decreased by almost a third, whereas in the control group the rates remained the same.

*Note: number of measurements in each of the groups was 24 before and 24 after the intervention

Figure 1: Percentage of Beers Sold Before and After the Intervention in Total for Experimental and Control Group

When checking the rates in each of the cities separately, it could be seen that there are differences both in experimental and control group (Figure 2 and Figure 3). Ljubljana had the smallest decline in rates of beer sold.

*Note: number of measurements in each of the groups was 6 before and 6 after the intervention

Figure 2: Percentage of Beers Sold Before and After the Intervention in the Experimental Group by City

In the control group, it can be seen that the only difference is in general compliance across various cities – there was no difference from the first to the second measurement in any of the cities.

*Note: number of measurements in each of the groups was 6 before and 6 after the intervention

Figure 3: Percentage of Beers Sold Before and After in the Control Group by City

To compare the results not only across stores, but also within them, a new variable was created with categories »Less«, »Equal« and »More«. In the »Less« category, there were all the stores which had less beer sold at the second intervention compared to the first (eg. At the first intervention beer was sold at both measurements whereas at the second intervention only at one of the measurement). In the »Equal« category there were stores in which number of sold beers was equal at both measurements and in the »More« category, there were more beers sold at the second measurement compared to the first. The results show that in the control group there were no changes and same number of beers was sold in both measurements. Sellers complied with the law more regularly after the social marketing intervention: after the second measurement in 58% of the experimental group stores less beer was sold compared to the first measurement.

*Note: the 24 Before and 24 After measurements in each of the groups were compared and taken into consideration for the variable

Figure 4: Percentage of the Stores Where at the Second Measurement There Were Less, Equal or More Beers Sold Compared to the First.

Discussion/Conclusion

From the results it can be seen that the general rate of incompliance with the law was high, ranging from 83% to 96%. Regulation on limiting alcohol availability is supposed to be effective, however without enforcement, the law has limited effect. It is interesting to notice that interventions had different effects in different towns – which might have something to do with different levels of readiness to change in various communities, as posed by Community Readiness Model (Kelly and Stanley, 2014), for which main assumptions are that communities are at a different stage of readiness for dealing with specific problems and a higher stage of readiness will lead to more effectiveness in addressing the problem. There have been some interventions (both social marketing and marketing inspectorate) done previously in Ljubljana, but not in the other cities and that might have influenced the overall results – Ljubljana had lower base rate of alcohol sold in the pre-measurement compared to the other cities.

As shortcomings of the study it should be noted that only beer was bought this time and young people themselves have pointed out that the results might have been different if different type of (stronger) alcohol would be included in the study. Also, regarding the selection of the underage shoppers, the only criterion was age below 18 and no additional screening procedures took place. It should be noted though that the same mystery shoppers visited several different cities, so the differences in results between the cities could not be only explained by differences in shoppers’ appearance. Important finding of the experiment is that quite some sellers asked for the ID of the young customers, but then sold alcohol anyway. In future study we will conduct follow up interviews with retailers to identify why some...
Academic papers

retailers continued to sell alcohol to young people despite having checked shoppers ID, and to assess how the intervention impacted retailer’s attitudes towards selling alcohol to young people. From this study we can conclude that social marketing intervention approach can bring results in increasing compliance with the law when it comes to regulating alcohol availability to young people. What should be further explored is how to tailor interventions in different communities, which are at different stage of readiness for change.

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Number: 9

Alcohol social marketing campaigns on Facebook: Comparing two approaches

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Foundation for Alcohol Research and Education

Track 9. Licit and illicit substance (ab)use

Abstract

In Australia and internationally social marketing campaigns have been successfully used to raise awareness and change behaviours in the public health areas of tobacco control and random breath testing for alcohol (Wakefield et al, 2010; Durkin et al, 2012; Elder et al 2004). Analysis of these social marketing campaigns have identified that campaigns are most successful when they clearly identify the target market, develop messaging based on sound research, and the aim to change a behaviour. This is consistent with Andreasen's benchmark for social marketing campaigns which specifies that behaviour change should be the benchmark for the design and evaluation of a campaign (Andreasen, 2002).

Social marketing campaigns are increasingly using social media platforms to engage their target audiences (Dibb and Carrigan, 2013), although there have been limited studies on the use of social media in public health social marketing campaigns and the approaches adopted by these campaigns. This study examines the approaches used on social media by two alcohol social marketing campaigns being undertaken in Australia. These campaigns are the New South Wales Government funded campaign 'Stop before it gets ugly' and the alcohol industry funded campaign 'How to drink properly'. Both campaigns identify young people as their target audiences and both use a range of media to communicate their messages, including social media. The most recent 20 Facebook page posts and their comments up to 31 December, were analysed using a thematic analysis. Facebook was the social media platform selected as it was the only platform used by both campaigns.

Together the 20 posts from the campaign Facebook pages elicited 18,772 likes, 5,322 comments and 4,199 shares. The campaign 'How to drink properly' received greater levels of interaction with consumers. Four common themes were identified in the posts of both Facebook campaign pages. These themes are ‘drinker types’, ‘harm minimisation’, ‘consequences of drinking to excess’ and ‘when to call a night’. One additional theme was elicited from the ‘How to drink properly campaign’. This was ‘objectifying women’. When examining the comments made on the campaign posts, one common theme was ‘positive feedback’.

While the campaigns resulted in significant interaction on Facebook with consumers, the majority of consumer posts shared experiences of drunken experiences which glorify drinking to excess. This was particularly prominent with the ‘How to drink properly campaign’ which referred to less serious consequences of drinking to excess than the campaign ‘Stop before it gets ugly’. Neither campaign had a clear behaviour change message.

References


SYSTEMS SM

Number: 91
Corporate Social Responsibility and Problem Gambling Marketing Programmes

Abstract
Although traditionally Australian culture has long accepted having ‘a drink, a smoke and a bet’ as a way of life, more recently an awareness of the harms associated with over-consumption of any of these three products has resulted in an increased focus in the media and academic literature on the issue of problem gambling. In turn, Governments have placed increasing restrictions on Electronic Gaming Machine (EGM) operators when it comes to marketing their service. Results from 13 face-to-face interviews in NSW highlight stakeholders’ awareness and compliance to the existing regulatory restrictions. Although they consider themselves to be law-abiding corporate citizens, EGM operators need to be proactively involved in socially responsible marketing programmes.

Number: 102
Social Marketing and Marketing Systems; Towards a Coherent Theory of Change
Christine T. Domegan
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Abstract
Many, if not all social marketing interventions could be considered in terms of marketing systems theory, i.e. focussing on generalised value exchange per se and the intricacies of understanding exchange from a social systems perspective. This paper highlights the importance of a focal system in social marketing programs, locating these as embedded within macro level social marketing systems, exo and meso level structures, impacting micro choices. It discusses three causal dynamics of an intervention; social mechanisms, strategic action fields and generalised value co-creation, focussing on processes rather than variables. Importantly, nesting behaviour change within a social marketing systems perspective, to scale out and up social change, offers the potential of a coherent theory of change.

Number: 125
The Role for Social Marketing in the Program of Saving Lives at Birth in Indonesia
Salut Muhidin, Jerico F. Pardosi and Cynthia M. Webster
Macquarie University, Australia.

Abstract
In 2009 the Indonesian government put in place the “Revolusi KIA” program, which literally means Mother and Child Health (MCH) revolution. The program is a community-based initiative with the aim to reduce maternal and infant mortality rates in the NTT province. The aim of the program is to provide assistance to mothers to give birth in health facilities and thus reduce traditional home-based births. This paper evaluates the program and finds variable results due to lack of awareness and knowledge of program benefits, perceived financial costs, cultural practices and environmental disparities. Based on the results, recommendations are made and promotional material developed and distributed.

TECHNOLOGY

Number: 23
Disguising the Performance of M-games in Social Marketing
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Queensland University of Technology

Abstract
Despite the explosion of mobile games (m-games) and the uptake of games as a social marketing tool for behaviour change, little is known about which game attributes (design factors within a game) are preferred by consumers. This study reports the findings of four focus groups (n=23) to propose three new categories of game attributes along with seven preferred game attributes for social marketing m-games. These results provide a unique contribution to social marketing theory given the goal of a social marketing m-game is both entertainment and behaviour change. Further, the findings suggest strategies for practitioners seeking to develop, design and build social marketing m-games.

Introduction/Background
In the marketplace, m-games have become a dominant platform in gaming, which is estimated to be worth $100 billion by 2017 (Brightman, 2014). Recognising this upward trend, social marketers are beginning to embrace m-games as a way of increasing consumer’s motivation and ability to change their behaviour (Rothschild, 1999). However, despite the enthusiasm, social marketers have developed m-games with little knowledge about the preferred game attributes required for a successful behaviour change game (Eagle et al., 2013). This gap in knowledge is particularly important given that research shows 66% of consumers quit playing an m-game after 24 hours (Gatson, 2014). Entertainment is an essential outcome of any game and social marketers face the difficult task of balancing the need for entertainment while also achieving behavioural outcomes. This balance is challenging as both research and practice have shown that specific aspects of social marketing m-games are typically less interesting than the entertainment features. Within the literature there are two streams of game attribute theory: entertainment games and serious games. However, both areas of the literature do not reflect the distinctive aim of a social marketing m-game; facilitating a behaviour (be it change or maintenance). Thus, the purpose of this research is to identity and classify the preferred social marketing m-game attributes.

Literature Review
Recent empirical studies on serious games from related disciplines including education (Wilson et al., 2009) and public health (Vogel et al., 2006) have hinted at potentially important game attributes which may be applied to social marketing m-games. However, game attributes from other areas are not easily applied to social marketing m-games. As stated previously, social marketing m-games are complex in nature as they seek to not only entertain but to go beyond and achieve a behavioural goal. Despite the evidence of literature on serious games, the core purpose of these games appears to be the generation of knowledge and learning rather than the facilitation of behaviour or behaviour change. Given one of the characteristics of social marketing that sets it apart from education is behaviour change and prior literature on serious games does not have this focus, there is no current serious game framework that is directly applicable to a social marketing context. However, while there is no one game attribute framework from a similar discipline that can be used, there are several that hint at important game attributes for social marketing m-games.

A review of the game literature reveals numerous game attribute frameworks (see Table 1). Garris et al. (2002) notes that “there is clearly little consensus regarding how these essential characteristics (attributes) are described” (pg.446). Further, although there have been recent developments in the understanding of game attributes in entertainment and serious games, these research efforts are lacking in comprehensiveness or present issues regarding game attribute overlap (Pavlas et al., 2009). Thus, with so much clutter and confusion regarding game attribute frameworks (Kanev et al., 1998), there is difficulty in identifying appropriate game attributes that could
be applied to social marketing m-games. Additionally, game attributes should be systematic and repeatable (Bethke, 2003), but with so many game attribute frameworks in both the entertainment and serious game literature, it is unclear if they are covering important game attributes for social marketing m-games or including attributes which are unnecessary or undesired (Choi et al., 2004).

**Table 1: Review of Game Attribute Literature**

<table>
<thead>
<tr>
<th>Game Attributes</th>
<th>Education (n=82)</th>
<th>Psychology/Marketing (n=64)</th>
<th>Public Health (n=27)</th>
<th>Game Design (n=69)</th>
<th>Totals</th>
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<tbody>
<tr>
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<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
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<td>4</td>
<td>3</td>
<td>1</td>
<td>18</td>
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<tr>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
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<td>6</td>
</tr>
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<td>VR Experience</td>
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<td>1</td>
<td>7</td>
</tr>
</tbody>
</table>

*References available on request*

**Method**

This research used a qualitative approach with four focus groups and a total sample size of 23. Focus groups were semi-structured, with the use of an interview guide and lasted between 60 and 75 minutes each. However, the guide was not followed rigidly and discussions were flexible based upon participants’ responses and discussion. Purposeful sampling (Coyne, 1997) was used, which involved the selection of smart-phone owners aged 18-35 years of age, as this demographic is generally the target of most social marketing m-games. Further, using a sample of current smart-phone owners allowed for the downloading and playing of social marketing m-games in the focus group. At the start of the focus groups, participants were presented with four games to choose from: Dumb Ways to Die, My Quit Buddy, Quit for You Quit for Two and City GT. These games were selected because they were part of social marketing or behaviour-based programs. Participants played their chosen game for 10 minutes, followed by discussion.

**Results**

Analysis of the data revealed three categories of game attributes for social marketing m-games, which were: (1) interaction, (2) disguise, and (3) performance. Within these three categories, seven game attributes were identified, including: sensory stimuli, controls, character, challenge, feedback, behaviour monitoring and virtual experience. The categories and preferred game attributes are shown visually in Figure 1 and discussed in detail in the next section. The attributes correspond to two of the three criteria for successful social change outlined in Rothschild’s (1999) MOA model; motivation and ability.

![Figure 1. Preferred Game Attributes of Social Marketing M-games](image)

**1. Interaction Attributes**

The first category of game attributes, “interaction”, focused upon functions within the social marketing m-game which engaged users senses, namely sight and hearing (sensory stimuli), as well as touch (controls). This category assisted in motivating the users to play (corresponding to the motivation criteria in the MOA model proposed by Rothschild, 1999). The two game attributes which were classified as interaction were sensory stimuli (made up of visual and audio themes) and controls (made up of intuitive and demanding controls). From the data it was evident that visuals were a key component of sensory stimuli and motivated participants to choose their particular social marketing m-game: “…the characters look cute, yeah it just looked like it had the best presentation and I guess like the best finish product out of all of them.” Respondent 1, Dumb Ways to Die. Conversely the majority of respondents indicated they didn’t see audio as a necessary component of sensory stimuli. From the data it emerged that controls could be themed as intuitive or demanding. Respondents indicated that controls should be intuitive to the player and not overly demanding, thus intuitive controls were deemed to be preferred.

**2. Disguise Attributes**

The second category of game attributes to be identified in the data was disguise. This category of game attributes appears to be a particularly important feature of a social marketing m-game as it demonstrates how entertainment can be balanced against achieving a behavioural goal. It appeared that if the behavioural goal was masked or disguised in some way, the user was able to distract themselves from the often uninteresting behavioural goal. In many ways, these features allowed the user to ‘pretend’ they were just playing a game for fun even though they knew they were really playing it for a behavioural outcome. This second category of game attributes; ‘disguise’, is made up of the game attributes of challenge, character, and feedback. These game attributes appear to be used by consumers differently in social marketing m-games compared to an entertainment game where these attributes are often the entire purpose of the game.

Challenge refers to contests, tasks or goals a social marketing m-game presents a player. Many participants reported that a level of challenge existed within their chosen social marketing m-game and how an optimal level of difficulty must be present. Although this result was expected and consistent with past research, two themes of challenge emerged, individual and multiplayer. The majority of respondents discussed that individual challenge was a preferred component of challenge and how this would be a key motivational factor in them continuing to use the game. This is illustrated by the following response: “Yeah I would get addicted to wanting to keep bettering myself at the game.” Respondent 8, Dumb Ways to Die. However, it is important to note that individual challenges which were seen as too difficult or too easy were judged negatively by participants. Thus, individual challenges must ensure an optimal level of difficulty but also achievability. Participants also discussed how challenge could incorporate rivalry with friends, peers and other players, which was labelled as multiplayer challenge. The majority of participants indicated that multiplayer challenge, whilst not evident in the social marketing m-games would be a preferred game attribute.

Character describes the avatar or controllable object a player uses to achieve tasks or goals within the game. The characters or objects players controlled within social marketing m-games varied from anthropomorphised characters in Dumb Ways to Die, to babies in Quit for You Quit for Two to cars in City GT. As such the data was coded according to human or non-human based characters. Human characters, which was evident in both Dumb Ways to Die, was a preferred game attribute: “Well I really liked it that you felt like you had an emotional connection to the baby. …but I did feel I don’t know because you have to name the baby and you get to pick how it looks and make it look like you and anyway that was really good.” Respondent 10, Quit for You Quit for Two. Alternatively, non-human characters was evident in City GT as a controllable car. Whilst respondents initially discussed how the car was a favoured part of the game, the majority agreed there needed to be greater choice and customisation in their selected car.

Feedback is the positive or negative reinforcement a player is given based upon their actions during or after (e.g. bad social/health
behavior) playing a social marketing m-game. Similar, to Eagle et al.’s (2013) conditioning and suggestion feature for mobile apps, feedback is used to reinforce actions within the game as well as within the real game (desired behavior) which may be carried out in the form of suggestions or tips. The results indicated that participants distinguished between two types of feedback within a social marketing m-game, positive and negative reinforcement. Positive reinforcement occurred through the accumulation of points, unlockable game features and supporting or encouraging interaction. Negative reinforcement occurs through the reduction of points or ‘lives’ within the game or information about the negative consequences of the player’s actions outside the game. Respondent #10 discusses how both components of feedback are preferred in a social marketing m-game: “I’m a bit of a collection whore and try and get everything in it (positive reinforcement)…I thought it was pretty good at the end how if you fail it had a little button that says pledge to stay off the train tracks or something. And it has a little guy holding his heart (negative reinforcement).” Respondent 10, Dumb Ways to Die.

3. Performance Attributes

The third category of game attributes, “performance”, is made up of the game attributes of behaviour monitoring and virtual experience which provided skills, knowledge and experiences which help the user reach or achieve desired behavioural goals (corresponding to the ability criteria of the MOA model proposed by Rothschild, 1999). Furthermore, the performance category is entirely unique to social marketing due to its focus on assisting voluntary behaviour change. Unlike other games, where the performance focus is upon entertainment, social marketing m-games require performance game attributes which encourage a social or health behaviour that is voluntary. As such, social marketing m-games are different to other games because they require specific game attributes that facilitate a voluntary behaviour.

Behaviour monitoring can be defined as the customised tracking of a user’s behaviour. Interestingly in the literature, previous frameworks (in particular Eagle et al. (2013) for mobile apps and behaviour change) identify tailoring (customisation of information) and self-monitoring (tracking a user’s behaviour) as separate attributes. However, these results indicate that these occur simultaneously, thus they have been classified as the same game attribute for social marketing m-games. The following response exemplifies how behaviour monitoring is a preferred game attribute: “Yeah, so they had me enter in a bunch of information. Then they gave me personalisation information so that was really good. Um, and ah that probably would be the only reason I would keep it, to check every week and be like how much money have I saved.” Respondent 5, My Quit Buddy.

Virtual experience can be viewed as a games representation of the real world which simulates behaviour performance virtually. This game attribute was only specific to two of the four games in this study; Dumb Ways to Die and City GT. Participants specified that this was a preferred attribute as indicated by Respondent #9 who discusses how avoiding a call whilst driving in the City GT game was a favoured aspect: “I liked the fact that it did test you and didn’t warn you in any way that you were going to receive a phone call and how that was incorporated into the game. Like I honestly thought it was someone trying to call me. And I was like well….I won’t answer it.” Respondent 9, City GT. However, it is important to note that there is an optimum level of virtual experiences. Particularly, participants indicated that there could be “too much” or “too little” virtual experience focus of social marketing m-games as discussed by Respondent #4 who played Dumb Ways to Die: “So the actual game to do with train safety I only did one that whole time I played. I don’t know whether it’s reminding you often... So yeah for however long we played for…15 minutes there was one of them. So maybe the frequency of actually reminding you about the purpose of the game would have been enhanced if they did that more often.”

Discussion/Conclusion

The need to balance entertainment with a behavioural outcome is crucial for a social marketing m-game to ensure that the game is played for sufficient time to influence a behavioural habit. The game attribute category of interaction appears to provide the motivation to continue playing while the category of performance develops the ability to practice the behaviour. The game attribute category of
disguise however appears to be the critical factor that enables the balancing act to occur between entertainment and behaviour goals. For this ‘preference’ to occur, consumers prefer to expect gaming attributes and their gaming experience to be a similar to entertainment games. Therefore, social marketers should ensure that they design m-games which have an experience equal to that of entertainment games but also ensure that performance game attributes are included to assist in behaviour change or maintenance. The results of this research contribute to the scholarly discussions regarding the designing of technological interventions such as m-games in social marketing. Further, this research builds upon the work of Eagle, et al. (2013) in mobile apps for behaviour change to explore game attributes in social marketing m-games. It is important to note that whilst these preferred game attributes have been identified, their level of preference may vary depending upon the game and the behavioural outcome and importantly, the consumer as well. Future research should attempt to uncover how these preferred games attributes build value for both the consumer and the social marketing agency.

References


Number: 69

Exploring the Use of Sport-Linked Alcohol Marketing via Social Media

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Constatino Stavros, RMIT University
Aaron Smith, RMIT University
Geoff Munro, Australian Drug Foundation
Kevin Argus, RMIT University

Abstract

Despite extensive research exploring alcohol advertising and sponsorship through sport, minimal attention has been given to the nexus between alcohol promotion and sport through digital platforms.
Given the immersive nature of social media, and high levels of sport and social media consumption by young people, this research addresses a critical gap in our understanding. Drawing on social identity theory, this exploratory study adopts a netnographic approach to investigate how alcohol companies use sponsorship of professional sport in their social media marketing activities. Our findings identify four strategies in which alcohol brands use sport to cultivate a sense of camaraderie and shared identity through social media, involving high levels of engagement, co-creation of content and social activation. Policy implications are identified.

TOBACCO

Number: 110

‘TOUCHDOWN ON PLANET OF THE VAPES’: UK E-CIGARETTE CONSUMER BEHAVIOUR AND ATTITUDES - A NETNOGRAPHY

Dr Tom Farrell, Oxford Brookes University, Anastasia Tate, Oxford Brookes University

Abstract

Smoking causes preventable diseases and premature deaths globally. Tobacco contains nicotine, an addictive psychoactive drug (Benowitz, 2010) that many smokers have difficulty quitting. Marketed as an alternative to smoking, e-cigarette use is rapidly growing worldwide. E-cigarettes can aid smoking cessation but remain a gateway to nicotine addiction. This innovative study examines e-cigarette consumers or ‘vapers’ perceptions of e-cigarette use. A netnography helped gain insights into vaping culture by analysing the discussion forums of an online vaping community. The findings show that vaping is perceived as helpful in reducing tobacco smoking frequency and overcoming negative stereotypes around traditional cigarettes. Our evidence suggests that social and recreational vaping is increasing rapidly. Health and tobacco control practitioners need to consider the important role that online communities play as institutional gatekeepers and promoters of vaping and e-cigarette consumption.

Introduction/Background

Approximately 10 million people in the UK smoke tobacco, and surveys consistently find that most smokers want to quit (ASH, 2013a; ASH, 2013b). Researchers have investigated the use of e-cigarettes (EC) in smoking cessation; however, evidence surrounding the effectiveness of e-cigarettes in reducing tobacco use is mixed. Brown et al. (2014) found near universal awareness of e-cigarettes and a quarter of UK smokers are unsure as to whether e-cigarettes are less harmful than cigarettes. Bullen et al.’s (2013) found no significant difference in quit rates between nicotine replacement therapies and e-cigarette users. There is weak empirical support for EC as a cessation aid. Dutra and Glantz’s (2014) study of US adolescents suggests the use of e-cigarettes does not discourage, and may act as a gateway to nicotine addiction. A recent study by Yamin et al. (2010) indicated that adolescents who had made an attempt to quit smoking were more likely to use e-cigarettes but less likely to no longer use cigarettes. Martinez-Sánchez et al. (2014) found that e-cigarette use is strongly associated with current smoking (dual use) and most users continue to be addicted to nicotine. Clearly dual-use of e-cigs and smoking and on-going nicotine addiction carry health risks. A concern among health practitioners is that the EC industry try to promote cessation of smoking, without any support or assistance from National Health Service (NHS) smoking cessation services. In fact, for the first time in four years, the NHS saw demand for its stop-smoking-services fall (Dockrell et al., 2013). It is increasing rapidly. Health and tobacco control practitioners need to consider the important role that online communities play as institutional gatekeepers and promoters of vaping and e-cigarette consumption.

Vaping as a Sense of Freedom:- E-cigarettes offer many perceived benefits; particularly as vaping overcomes many negative social stereotypes associated with tobacco smoking. Members were also actively engaged in health and legal debate on medical restrictions. Vaping is anecdotally described by many vapers on the POTV forum. The data was coded and thematically assessed as a recognised methodology to help construct (or re-construct) the map of a new or rapidly changing terrain (Germontrez and Howorka, 2013). It provides the opportunity for researches to develop understanding of highly technical, social, variable and emergent subcultures. To gain insights into the culture of vaping a netnography of an online user community called ‘Planet of the Vapes’ (POTV) was undertaken by the authors to identify key facets of e-cigarette smoker's experiences with smoking behaviour and sustainable smoking habits. Adopting a netnographic approach was designed to explore the consumption behaviour and attitudes of UK vapers. Netnography is a recognised methodology to help construct (or re-construct) the map of a new or rapidly changing terrain (Germónprez and Hövorka, 2013). It provides the opportunity for researches to develop understanding of highly technical, social, variable and emergent subcultures. To gain insights into the culture of vaping a netnography of an online user community called ‘Planet of the Vapes’ (POTV) was undertaken by the authors to identify key facets of e-cigarette smoker's experiences with smoking behaviour and sustainable smoking habits.

Method

Cova, Kozinetz and Shankar (2007), claim that by researching consumer tribes, marketers can start to genuinely understand the real drivers behind consumer behaviour. They believe that researching “cultures of consumption” is a paradigm shift in consumer research, and that by learning about consumer tribes and researching them, marketing practitioners can start to genuinely understand the real drivers behind consumer behaviour. The term subcultures of consumption, was originally coined by Schouten and McAlexander (1995, p. 43) to describe the phenomenon as “a distinctive subgroup of society that self-reflects on the basis of a shared commitment to a particular product class, brand, or consumption activity”. Ethnographies are often the chosen research method for studying subcultures of consumption, such as Harley-Davidson enthusiasts (Schouten and McAlexander, 1995), mountain men (Belk and Costa, 1998), gay consumers (Kates, 2002) and windsurfers (Wheaton, 2000). Since the increasing popularity of the internet in the 1990’s, consumers are able to form virtual communities, attracting much attention from marketers as these communities can present single homogenous market segments (Cova et al. 2007). Online consumption and brand enthusiasts not only exchange information and experiences in virtual communities, but by informing and influencing one another, they can serve as important advocates. This suggests an innovative methodology to better understand the phenomena of vaping and the culture of e-cigarette consumers. An ethnographic approach was designed to explore the consumption behaviour and attitudes of UK vapers. Netnography is a recognised methodology to help construct (or re-construct) the map of a new or rapidly changing terrain (Germontrez and Howorka, 2013). It provides the opportunity for researches to develop understanding of highly technical, social, variable and emergent subcultures. To gain insights into the culture of vaping a netnography of an online user community called ‘Planet of the Vapes’ (POTV) was undertaken by the authors to identify key facets of e-cigarette smoker's experiences with smoking behaviour and sustainable smoking habits.
benefits to the user. The new behaviour offers many freedoms from the downsides and negative associations with traditional tobacco usage. Most former smokers see vaping as advantageous in that they are less expensive than tobacco, they offer control over their nicotine addiction, are safer to themselves and do not harm other people, do not smell bad and they can be used indoors to get around the smoking ban. The forum members also perceive that their health is better and they can win back the years lost to tobacco. (See Table 1). It means I’m no longer coughing up tarry crap, and can run or stair climb without getting short of breath. Also it tastes and smells nicer, and costs less. What’s not to like? [P:DL]

Vaping as a Recreational Hobby:- Vaping is akin to a recreational hobby. The vapers really are active in seeking out new flavours, recipes and all the paraphernalia associated with the e-cigarette. In the similar way hobbyist and clubs share all information about their world, the vapers rate flavours, post videos and reviews online. All the latest gadgets and technology information is discussed and shared. The discussions on new flavours are like restaurant critics, with expert members sharing their ratings and opinions. Sources of e-cigs, liquids, new devices and price offers are also specified. A strong sense of club culture emerges that endorses their behavioural habits and rituals around vaping (See Table 1). I now view this as a hobby, I have learnt so much from the people on this forum, it is my support group if you like. It gives you the inspiration to keep off the stinkies. [P:AI]

Vaping as a Social Community:- The members identify themselves as vapers and this is reinforced by the community itself. It provides advice, support, informed debate and a sense of belonging. There are also highly active members who post daily who are seen as vaping experts, many act as advocates of vaping and even educators of the ‘newbies’. The vaping community is also growing in numbers and they are even meeting up in the real world at vaping events. These core values and beliefs about the virtues of vaping also give rise to their collective strength in numbers, with discussions threads helping to argue a case to protect their consumer rights to use their new ‘life saver’. Vaping in its novelty provides them with a cult status that is stylish and sophisticated to stand out from the crowd. These are very different identifiers of their own and for traditional smokers banished to the outside, using a legal yet potentially lethal product (See Table 1). This is the vaping community having one of those difficult discussions about the legal and moral issues that we currently face and might inform legislation… These discussions help us as a group establish our position and formulate our defence of that [P:C]

An important overall finding is that there is evidence that most community members used to (or still do) smoking as a traditional smoker banished to the outside, using a legal yet potentially lethal product (See Table 1). This is the vaping community having one of those difficult discussions about the legal and moral issues that we currently face and might inform legislation… These discussions help us as a group establish our position and formulate our defence of that [P:C]

Discussion/Conclusion

Netnography is a powerful research tool that can provide great insight into social marketing contexts, rich data revealing findings less often declared in researcher led surveys, focus groups etc. The method enables a window into the world of the e-cigarette consumer group. The POTV community has a steadily growing membership since its launch in 2012, currently over 18,700. The site offers vapers ‘how to’ tutorials, themed forum discussions including: beginners’ guides, wikis, polls, health and legal information, news, product reviews, safety notices, community awards, connoisseurs club. The POTV site is a one stop shop for all vaping related information and paraphernalia. The site also carries advertising and links to vendors of vaping equipment, liquids and member generated articles and discounts. Looking at the discussions, we see first-hand that anyone wishing to learn about vaping and quit smoking can instantly access support and advice from other vapers, rather than smoking cessation services. Whilst self-efficacy is central to smoking cessation, our findings suggest the online community vapers show little or no intention of stopping vaping itself. Unknown long-term effects of vaping do not currently seem to worry community members, as e-cigarettes are considered less harmful than smoking. Attitudes and subjective norms towards e-cigarettes are therefore more positive on the forums given by definition members are always vocal about vaping. Evidence shows that often forum vapers are dual users and not necessarily just switching one habit for another, to the ‘lesser-of-

two-ews’. Paradoxically smokers to quit smoking start vaping, an alternative new habit that remains addictive. A real concern is the potential of vaping communities to encourage non-smokers into any vaping by glamourising a new habit. While this is difficult to quantify or access demographic data on the vaping community sites, the promotion of vaping to new users with ‘how to guides’, promotional discounts and non-evidenced based health information is worrying. Vapers on the site are anti-regulation, they perceive their e-cigarettes use as recreational more than medicinal and they seem to want to indefinitely use them. The power of the POTV e-cigarettes community and its sense if social belonging also adds weight to the beliefs that vaping is beneficial and that the community must be active to campaign against new regulation. It is also very difficult to unpack the degree to which such sites are supported by commercial interests of the EC industry. Controlling e-cigarettes consumption must therefore consider the role of marketing activities. On line vaping communities sites such as POTV are encouraging adoption and use. They provide a significant opinion leadership function and are not policed as yet to the level of restrictions that apply to marketing conventional cigarettes. Refieldset to the development of alco-pops in the 1980s, there is a plethora of e-cigarette flavours with strong youth appeal including candy, alcohol even cannabis. Claims made regarding e-cigarettes effectiveness as smoking cessation aids also need to be regulated, evidence based and clearly made on community websites. This initial UK netnography study can inform health practitioners and smoking cessation services of the motivations behind e-cigarette marketing and consumption. Policy makers should not underestimate the power of unregulated social media and commercial sponsored e-cigarette communities. More research is needed to address medical professionals concerns about the safety of vaping, particularly in light of big tobacco launching medical e-cigarettes and smaller e-cigarette companies using aggressive lifestyle style marketing to attract young people and even non-smokers. Netnography research can play an effective role in gathering a vital evidence base.

Table 1 : Data Summary & Exemplar Verbatim Quotes Table

<table>
<thead>
<tr>
<th>THEME 1</th>
<th>Freedom from…</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Expensive prices of tobacco</td>
<td></td>
</tr>
<tr>
<td>• Harms others through second hand smoke</td>
<td></td>
</tr>
<tr>
<td>• Control over addiction</td>
<td></td>
</tr>
<tr>
<td>• From ill health caused by smoking</td>
<td></td>
</tr>
<tr>
<td>• No longer stigmatised smoker</td>
<td></td>
</tr>
<tr>
<td>• Tobacco Smoke &amp; disgusting smells</td>
<td></td>
</tr>
<tr>
<td>• Smoking Ban and outdoors</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THEME 2</th>
<th>Hobby to…</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enjoy purchasing e-cigarette paraphernalia (devices and flavours)</td>
<td></td>
</tr>
<tr>
<td>• Love try out new flavours</td>
<td></td>
</tr>
<tr>
<td>• Share recipes</td>
<td></td>
</tr>
<tr>
<td>• Replaces behavioural habits and rituals of smoking with vaping</td>
<td></td>
</tr>
<tr>
<td>• Clubby</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THEME 3</th>
<th>Community that…</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provides advice, support &amp; informed debate</td>
<td></td>
</tr>
<tr>
<td>• Sense of belonging &amp; identity</td>
<td></td>
</tr>
<tr>
<td>• Expert Users</td>
<td></td>
</tr>
<tr>
<td>• Educates Newbies</td>
<td></td>
</tr>
<tr>
<td>• Advocates for vaping</td>
<td></td>
</tr>
<tr>
<td>• Forum helps to protect the industry and their ‘life saver’</td>
<td></td>
</tr>
<tr>
<td>• Stylish and coolish</td>
<td></td>
</tr>
<tr>
<td>• Meet ups in offline too</td>
<td></td>
</tr>
</tbody>
</table>

"Vaping gives me hope that I can grow old (disgracefully!) to see my kids grow up and, in turn the grand kids. ". [P:D23]  
"For the first time in 20 years I believe I will have to consider my pension and how to cope with grandchildren. I have also joined a gym and have started weight training and some bag work which are things I enjoyed since my teens…" [P:D1]  
"It means I’m no longer coughing up tarry crap, and can run up stairs without getting short of breath. Also it tastes and smells nicer, and costs less. What’s not to like?" [P:D1]  
"I now view this as a hobby, I have learnt so much from the people on this forum, it is my support group if you like. I gives you the inspiration to keep off the stinkies. " [P:AI]  
"The physicality is exactly the same, the enjoyment is far better, I never saw any tobacco cigarettes that were flavoured cherry or blackcurrant or bugongbong flavour (whatever that flavour is) when I smoked" [P:BU]  
"This is the vapers community having one of those difficult discussions about the legal and moral issues that we currently face and might inform legislation… These discussions help us as a group establish our position and formulate our defence of that" [P:C]  
"Having these debates in the confines of our own forum develops our ideas and understandings" [P:AW]  
"I have met people here and in real life, people I would not of spoke to if it was not for vaping and every single one of them is special in their own way, and we all have that one thing in common." [P:D]
Introduction

Warnings on tobacco packaging are a simple and cost-effective means of communicating the health risks of smoking (Hammond, 2011), and most governments now require warnings on tobacco packs, typically on the principal display areas. Tobacco companies, however, use the entire pack as a communications tool, including pack graphics and descriptors, pack structure (e.g. shape, style of opening) and other pack elements such as the tear-tape, cellophane, inner foil, inserts, barcodes and indeed the cigarette itself (CTCR, 2012; Moodie et al. 2014). They also use non-visual pack elements, such as tactile, olfactory and auditory cues, to attract consumers and enhance the brand experience (Spence and Gallace, 2011). In this study we use similar packaging techniques to those of tobacco companies, but with the aim of encouraging smoking cessation rather than promoting a brand. For our first design we created pack inserts featuring health messages. Tobacco companies use pack inserts to inform of pack redesigns, brand extensions, new product development, promotions, and encourage smokers to challenge tobacco regulation. Inserts are considered ‘a very effective and inexpensive means of advertising’ (Rowse and Fish, 2005). Inserts are only used in tobacco packs to convey health messages in Canada, but there is no research on their impact.

Our second design was cigarette packs which played pre-recorded audio health messages. While the visual appearance of packaging is paramount when trying to capture the attention of consumers, package designers recognise the importance of auditory cues include, for instance, packs that make a distinctive clicking noise when the lid is closed. Given the rapid evolution of tobacco packaging, these first-generation audition packs may, in time, be supplanted by more sophisticated audition packaging, such as cigarette packs that play pre-recorded messages, music or other noises; already on the market for other products (Packaging Europe, 2013).

For our third design, a health warning was included on the cigarette itself. According to the marketing literature, primary packaging comes into direct contact with the product itself (Ampuero and Vila, 2006). When applied to cigarettes, the product, namely tobacco, is packaged within filtered or unfiltered cigarette paper. Tobacco industry journals describe the cigarette as an increasingly important advertising medium for tobacco companies (Mapother, 2012). With this in mind, we explore whether young women smokers, often the target audience for commercial packaging and product innovation (Carpenter et al., 2005; Kotnowski & Hammond, 2013; Moodie et al., in press), respond to these innovative ways of communicating health messages.

Methods

Design and sample

Focus groups were used given the exploratory nature of the study. The sample was 49 women (16-24) smokers, recruited in Glasgow (Scotland) in 2012 using purposive sampling. Smoking prevalence among 16-24 year olds women in the UK is very high (NHS
Information Centre, 2012). Eight groups were conducted, segmented by age (16-17; 18-24) and also social grade (ABC1 - Middle classes; C2DE - Working classes).

Materials

Each group was shown packs and cigarettes specially designed or modified for the study.

1) Pack inserts

Four pack inserts were used: two featuring a gain framed message (Quitting will improve your health) and two a loss framed message (Smoking damages your lungs), see Figure 1.

Results

Figure 1: Inserts featuring gain- or loss-framed messages, and on-cigarette warnings

2) Health warning on cigarettes

We displayed a short warning, ‘Smoking kills’, on the cigarette in four ways: 1) at the bottom of the filter, displayed horizontally, 2) on the cigarette paper, displayed horizontally, 3) on one side of the cigarette paper, displayed vertically, and 4) on both sides of the cigarette paper, displayed vertically – see Figure 1.

3) Audio pack warnings

Two cigarette packs were fitted with a small voice recording and playback unit, as found in ‘talking’ birthday cards, and constructed so that a pre-recorded message played when the lid was opened. We used one general message about available help, ‘Get help to quit, call 0800 0224 332 for more information on the options available’, and one message tailored to young women, ‘Smoking reduces fertility. If you are planning to have a child now or in the future smoking can reduce your chance of conception by up to 70 per cent’.

Procedure

The groups were held in local community centres. Participants signed consent forms at recruitment and were reminded about confidentiality, the right to withdraw and the right not to respond to any question before the groups commenced. A semi-structured topic guide allowed the same topics to be discussed across groups whilst permitting flexibility in the discussions and prominent issues to be explored in greater depth (Silverman, 2008). Participants were shown each pack that had been created for the study and asked about their general perceptions and perceived impact of each. Participants were debriefed at the end of each group about the harms associated with tobacco use. Each group lasted approximately ninety minutes and was recorded and transcribed verbatim.

Results

Pack inserts

Awareness of inserts used by tobacco companies was quite low. Although they could be discarded without being read, the general view was that inserts with health messages would be read at least once. Familiarity with inserts, in time, was considered something that could decrease their impact however, with rotation important for preventing desensitisation: “If they changed, like, all the time then yeah (I would look) but see if it was, like, if I noticed that the top was just the same all the time I would probably just ignore it” (16-17, ABC1).

Perceived impact of inserts on smoking behaviour

It was mentioned that the cessation inserts were more helpful than the on-pack health warnings. Participants generally felt that they would read the cessation inserts and thought the information was relevant: “I think they are a lot more attention grabbing than just the warnings… for a start they are a bit, like, less aggressive and you want to really read what it’s saying to you and, this one says stuff, like, about a bit more than their health” (16-17, ABC1). Contrasting views emerged about the ability of these inserts to encourage quitting. Some reported that cessation inserts would have no effect on smoking behaviour but others thought they may make them pause and reflect on whether they should be smoking or not.

Of the two lung damage inserts, participants were almost always immediately drawn to the image of the blackened lungs, which tended to elicit a strong response, including shock, and lead some participants to suggest that this insert would make them think about quitting or reducing consumption, e.g. “I think I’d probably gee (give) up if that came in every packet. I would probably stop smoking” (18-24, ABC1). However, there was criticism of the tone of these messages. They were considered judgemental, unlike the cessation inserts which were viewed as helpful and encouraging: “I wouldn’t read it because it’s just another one of those things saying don’t smoke, don’t this, don’t that, whereas the other ones are actually wanting to help you” (16-17, ABC1). For some, the image was viewed as aggressive and met with hostility and it was suggested that this, in turn, could lead to the insert being ignored.

Audio pack health messages

The ‘talking’ packs were described as ‘annoying’, especially given that there would be a high frequency of exposure: “It’s the voice, it would drive you nuts especially if you were in and out the packet all day” (18-24, C2DE). Comments were frequently made about attempting to avoid the messages by dismantling the packet, e.g. “I would rip the top off” (16-17, ABC1), removing the sound mechanism, e.g. “I would just rip the chip out” (18-24, C2DE), or discarding the packet and using an alternative carrier, e.g. “If all the packets had that I’d take all my fags out of the packet and... even just put them in my bag if I didn’t have anything else. I’d just throw the packet straight away” (16-17, ABC1).

Perceived impact of audio health messages on smoking behaviour

The general response to the talking packs was negative, and indeed angered some participants, who believed it unnecessary and a step too far, while others equated it to a lecture on the dangers of smoking: “Getting a lecture of somebody is not going to help you, it’s just going to annoy you” (16-17, ABC1). The resistance to the audio warnings was related to them being annoying, the inability to escape from the messages being communicated and because of the attention that it would attract from others. The packs were viewed as a source of embarrassment, and something that could deter them from opening the pack in public.

The audio messages did receive some positive comments, including being seen as personal: “Because it’s speaking to you, and even though that is obviously on every single packet that they make, it’s as if they are singling you out, speaking to you directly” (16-17, C2DE). Others also felt that the talking packs could influence them, or others, to think about stopping smoking, e.g. “It would probably get you to quit smoking because you wouldn’t open your packet” (16-17, C2DE), or strengthen resolve to quit: “See if when you’re smoking your cigarette and your cigarette pack is talking to you, telling you to quit, quit, quit, like the whole time you’re smoking it, then that would probably deter you” (16-17, ABC1).

Smoking cessation and helpline message

The cessation message was deemed useful for reminding smokers of the helpline number: “I think that one would help much more because see after a while you would actually know that number off by heart” (16-17, ABC1). Although felt to be “quite a good way to keep the number handy” (18-24, C2DE), the cessation audio message was not considered something that would be likely to have any impact on their smoking behaviour.

Reduced fertility message

The fertility message was considered hard-hitting and more relevant than the cessation message, e.g. “A message like that would have more of an effect on me” (16-17, C2DE), and appeared to be a deterrent for some: “I didn’t know it would reduce fertility and stuff so, I don’t know, I think you just wouldn’t bother doing it (smoking)” (16-17, ABC1). Message impact varied according to the desire to have children. Those not planning to have children, or that already had children, were most unaffected by the message, or questioned its accuracy. Those thinking of having children appeared most affected, e.g. “See the first part, where it goes, ‘if you are planning on having a child’, you’d listen because you’d be like I want more information on this sort of thing” (16-17, C2DE).

On-cigarette warning

2) Health warning on cigarettes

The fertility message was considered hard-hitting and more relevant than the cessation message, e.g. “A message like that would have more of an effect on me” (16-17, C2DE), and appeared to be a deterrent for some: “I didn’t know it would reduce fertility and stuff so, I don’t know, I think you just wouldn’t bother doing it (smoking)” (16-17, ABC1). Message impact varied according to the desire to have children. Those not planning to have children, or that already had children, were most unaffected by the message, or questioned its accuracy. Those thinking of having children appeared most affected, e.g. “See the first part, where it goes, ‘if you are planning on having a child’, you’d listen because you’d be like I want more information on this sort of thing” (16-17, C2DE).
Response to the on-cigarette warnings was mixed. Some felt that a warning on the cigarette would increase awareness of the potential health risks, while others noted that it might decrease smokers’ satisfaction with the pack. For instance “When you are talking and waving it about its Smoking kills, Smoking kills, Smoking kills, you can still see it” (18-24, ABC1). Others viewed the warnings as ‘stupid’ or ‘desperate’ or claimed that smokers receive sufficient information about, and are cognisant of, the associated risks: “You know smoking kills anyway” (16-17, ABC1).

**Perceived impact of on-cigarette warning on smoking behaviour**

Several participants said they would feel embarrassed displaying cigarettes with the warning ‘Smoking kills’ in public: “I wouldn’t smoke them in front of anybody” (18-24, C2DE). It was suggested that this perceived social awkwardness may make smoking less appealing: “Everyone can see that I am smoking a cigarette and it says ‘Smoking kills’, it’s a bit of a, like, stupid image, so I think it would really put me off smoking” (16-17, ABC1). The very presence of ‘Smoking kills’ on the cigarette was also considered an unwelcome reminder that “You are smoking your life away” (16-17, C2DE).

**Most appropriate way to display the on-cigarette warning**

The general view was that the warning printed once on the cigarette paper, whether horizontally or vertically, could be easily concealed or obscured when smoked. The warning on the filter was considered surprisingly visible because it would ‘be visible when opening the cigarette pack and would remain intact once the cigarette was finished, although it would not be visible when smoked. The warning printed vertically on both sides of the cigarette paper was considered the most effective as it was most salient, e.g. “It stands out more than the rest” (18-24, C2DE), and would have greater visibility: “When you are flicking your fag no matter what side you are actually holding your fag you are going to see it” (18-24, C2DE).

**Discussion**

Employing similar packaging techniques to those used by tobacco companies to promote brands and smoking more generally, we explored ways in which packaging could be used to communicate health messages and promote cessation. Although pack inserts can be discarded without being read, irrespective of message, most of the sample suggested that they would read inserts at least once and would continue to do so if the messages were rotated frequently. The inserts with gain-framed messages were considered helpful and likely to encourage message engagement, supporting the decision of the Canadian government to use only gain-framed messaging on pack inserts. The loss-framed inserts showing damaged lungs, while positioned to increase salience. Some participants thought it would be detrimental to include warnings, which are smoking your life away” (16-17, C2DE).

The study has multiple limitations. The findings are not generalisable. The study was conducted in a sample of young women smokers, and it is not known whether the results would be generalisable to the wider population of smokers. It is possible that the results may have been influenced by the choice of response option in the questionnaire. The study was conducted in a single country and it is not known whether the results would be generalisable to other countries. It is also not known whether the results would be generalisable to smokers of different ages, genders, or smoking patterns.
Comments on the Make Smoking History (MSH) Facebook page were qualitatively evaluated to find out who is interacting with the page and which posts generate the most interaction. The majority of people commenting on MSH posts are ex-smokers. Policy-legislation themed posts were more popular with males, who also made eight times as many comments on prohibition than females. Posts themed ‘loved ones’ were twice as popular with females than males. Most comments were made during business hours, which was also when most posts were uploaded. Males commented twice as often as females between 6am-9am, and females commented twice as much as males between 9pm-12am.

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When it’s good to be a quitter: The development of youth orientated counter-marketing anti-tobacco resources.

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Emily Messiah, Thirroul Neighbourhood Centre

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Ross Gordon, Department of Marketing and Management, Macquarie University

Counter marketing involves the use of commercial marketing techniques to engage young people about harmful health behaviours, and to highlight how the industries producing the products involved in these behaviours have manipulated and targeted them. This study used a counter marketing approach to target youth smokers and non-smokers from lower SES groups in regional NSW to help change attitudes towards smoking, and contribute towards a reduction in smoking prevalence. Formative research was conducted with young smokers in a local community centre setting, which informed the development of tobacco counter marketing materials and youth engagement activities. Initial process evaluation was also conducted to generate insight on the effect of the counter-marketing program.

Introduction/Background

Most Australian adult smokers identified they started the behaviour as a teenager. Although smoking rates in Australia are declining, in 2011, an estimated 17,900 Australian school children progressed from experimental to established smoking behaviours with 16% of 17 year old males and 13% of 17 year old females having smoked in the past week. It is clear now that earlier uptake is associated with heavier smoking patterns, higher probability of smoking related disease and being less likely to quit later in life (White and Bariola, 2012). The average age of initiation to smoking behaviour is 15 years of age in Australia and a child who starts two years prior to this is five times more likely to die of lung cancer than a person who started when they were 24 (Winstanley et al, 2005).

Numerous factors that increase the likelihood of young people initiating smoking have been identified. These include peer influence (Kobus, 2003), parents and siblings (Avenevoli and Merikangas, 2003), socioeconomic status (Siahpush and Borland, 1995) and positive depictions of smoking in the mainstream media (USNCI, 2008).

Despite Australia’s world leading policy and strategic approach to smoking cessation, the majority of current resources such as smoking cessation services, and tobacco control campaigns primarily target adult smokers, i.e. the legal smoking population. Whilst these broader national approaches do have some impact on youth smoking initiation (Pierce, et al, 2012) and some recent campaigns have focussed on youth prevention (eg. Smarter Than Smoking campaign, http://www.smarterthansmoking.org.au/), there is still a strong need for cessation interventions specifically for young people in Australia. Currently in NSW, to register for the iCanQuit online program, those under the age of 18 must have parental consent to register, representing a significant barrier for young people to engage with this service. Furthermore, while existing campaigns commonly identify the health risks associated with smoking, they do not utilise counter marketing tactics despite evidence showing it has been an effective approach in anti-tobacco campaigns such as truth® (Farrelly et al, 2005) and other social branding campaigns (Ling et al, 2014). Overall, here is a paucity of counter marketing in social marketing programs outside the US, and more generally a lack of development in the social marketing as demarketing literature (Dibb & Carrigan, 2011). The present study aimed to help address these gaps in the knowledge and practice base by exploring the utility of counter marketing in a youth orientated tobacco control program in regional Australia.

Theory/Framework

Counter marketing involves the use of commercial marketing techniques to engage young people about harmful health behaviours, and to highlight how the industries producing the products involved in these behaviours have influenced and manipulated them (Allen et al, 2009). Counter marketing has been predominantly used as a social marketing approach to demarketing tobacco, and has been shown to be an effective intervention approach to effect behaviour change among adolescents, as it appeals to their desires to be independent and rebellious against older authority/corporate figures (Stead et al. 2009). The truth® campaign in US highlighted the use of subterfuge and targeted marketing strategies at youths by the tobacco industry to encourage smoking, and featured fast paced, edgy advertising conveying information about tobacco industry tactics and the health effects of smoking. The campaign messages are not disrespectful or dismissive of smokers, nor do they preach to youths about how they should behave. Rather, youths are encouraged to engage with the facts and to form their own opinions about smoking and the tobacco industry (Allen et al. 2009). Evaluation of the truth® campaign estimated that it was responsible for 22% of the nation-wide decline in youth smoking from 1999 to 2002 in the US (Farrelly et al. 2005). A separate cost-effectiveness study found it was economically efficient and saved between $1.9 billion and $5.4 billion in medical costs for society (Holgatre et al. 2009).

The present study used a counter marketing approach to target youth smokers and non-smokers from lower SES groups in regional NSW to help facilitate a reduction in smoking prevalence. Despite counter marketing being identified as a successful approach for targeting youth smoking in the US, to date there have been few attempts to implement a counter marketing program in Australia. Given that considerable efforts have been made to develop effective smoking control strategies to the general population in Australia to curb smoking rates, exploring the utility of a counter marketing strategy in youth is appropriate.

Method

The study was funded by a community engagement grant scheme, and involved collaboration between university researchers, a local neighbourhood community centre, and local youth, and drug and alcohol services in regional NSW. The project involved formative qualitative research with low SES youth aged 12-17 years old to investigate their attitudes and lived experiences in relation to smoking, and to explore their views on and responses to information regarding the tobacco industry targeting youth smokers. Insights from the formative research were used to inform the design and delivery of a pilot counter marketing tobacco campaign involving youth community workers and local drug and alcohol service practitioners. A qualitative program process evaluation was then conducted.

A series of large group consultations (n=22) were conducted with adolescents aged 12-17 years old who attended the local neighbourhood community centre. Participants were recruited using purposeful sampling by the community centre workers and consisted of both smokers and non-smokers. A large group activity was selected instead of focus groups as the adolescents at the centre were familiar with one another and after consulting with centre workers, this was deemed most appropriate. This provided a less formal setting, in which participants would be more comfortable to talk about their attitudes and experiences with smoking. The groups explored the topic of youth smoking, what value they placed on smoking and to identify potential campaign themes, messages, concepts and communication channels. Stimuli were used in the groups to encourage discussion, such as examples of anti-tobacco commercials and material from internal tobacco marketing
documents that highlighted manipulative tactics to engage youth. Ethical approval for the study was obtained from the university ethics committee, and written or verbal informed consent was obtained from the participants and parents/guardians. The groups were digitally recorded and thematically analysed using QSR NVivo 9.

Based on the formative research, the project team identified appropriate channels of communication, developed a series of campaign messages, and created a range of materials including a Facebook page, a tobacco counter marketing booklet, and a community mural. The materials were pre-tested with adolescents at the community centre (n=6) during small group discussions and refined accordingly. The project team including a graphic designer worked closely with the young people attending the groups to ensure that campaign materials were appropriate and appealing to the target audience. One of the key features of this pilot intervention is that the young people co-created the program activities in line with existing studies that have taken a community asset building approach to social marketing programs (Stead et al. 2013). This approach ensured that the researchers/centre workers were not dictating the terms of the intervention and that the young people involved took ownership of the creative and strategy side of the project.

**Results**

**The role of smoking in participant’s lives**

Participants in the formative research that smoked identified a number of reasons for doing so such as boredom, stress and social influence. Despite smoking, one participant believed his actions were harmful and could potentially influence his younger siblings so did not smoke around them.

“It’s not really addictive, it’s just a matter or whether or not you’re bored enough to smoke or not.”

“If you look up to someone and they’re doing it, you’re going to do it. You want to be like them. Do everything like them. It’s like what my brothers do to me. If they saw me smoking, they might start and that’s why I don’t smoke at home. You have to be a leader.’

“Doesn’t really depend on where you live, it’s what you see you know”

Most of the smokers knew what their triggers were and knew that they were addicted to cigarettes. They also believed they could give up smoking at any time and that it was simply a matter of willpower and that they were in control of their behaviour.

“When I have a cup of tea, after a meal, after sex, after a period of not having access to a cigarette, when I’m reading, watching TV, driving, there are lots”.

“I just started doing it when I was drinking, just something to do. It just went on from there. I started smoking the next day after the party, when I was sober, just became addicted to it”.

“It’s simple. If you chose to start smoking, you can choose to stop smoking. If you really don’t want it, you don’t have to have it”.

We asked participants why they did not want to quit and found that some had tried (and failed) and others wanted to but there was some that were not interested in quitting.

“I do, I have tried twice this year unsuccessfully. I just bought ‘The easy way to quit smoking’. I hope to have the time to read it within the next fortnight”.

“I never said I didn’t and I have to die of something”.

“I just started doing it when I was drinking, just something to do. It just went on from there. I started smoking the next day after the party, when I was sober, just became addicted to it”. 

“Strange, I didn’t really get it how they all fainted in front of the building”.

“I didn’t see the big tobacco company in it”.

Participants appeared to be more receptive to the quitting smoking timeline TVC. Participants enjoyed that you could see the instantaneous benefits of not smoking and also the cartoon format of the TVC. However, as the video was nearly four minutes in length, participants began to lose concentration after one minute and began to talk amongst themselves.

“That’s a good ad because it shows people the rewards if you give up…it might give you some confidence and give people a chance”.

“I thought it was good and persuasive and can show how much you can change”.

Feedback from the Australian TVC (Meet Mick-http://smokingtakelives.org.au/micks-story) was mixed. The first showed a middle aged male called Mick who smoked all his life and was diagnosed with COPD. Participants were immediately turned off the screen with one commenting, “my mum smokes and whenever we see these ads, we just change the channel”. Many of the participants had seen commercials similar to this before, and none of the participants appeared to like them and did not think they were meant for them.

“I think teenagers would just say, well I’ve just started to smoke so it doesn’t really bother me”.

“That’s probably one of the worst ads I’ve seen”.

This discussion appeared to identify that existing tobacco control television commercials are not very appealing to low SES youth, and that different messaging and campaign strategies in youth smoking programs would be required.

**Views on tobacco industry strategy to engage youth**

Following the TVC discussion, we asked participants why tobacco companies would market their products to young people. Most participants stated that they don’t see TVCs promoting cigarettes, but did mention seeing smoking during TV shows and movies, although participants did not view this as advertising. Further to this, there was a discussion about internal documents from tobacco companies (Bero, 2003) that have shown they have deliberately targeted young people, used language that showed little respect for young people and gave nicotine to young people as their potential new customers, to replace older ones who have died as a result of tobacco related diseases. We asked participants how this made them feel, and most smokers and non smokers had not thought about or seen this information before and felt manipulated. A few participants noted that companies are simply trying to sell their product and that this is legitimate business, but other participants stated that they felt these actions by the tobacco industry were deceptive.

“So why are they telling everyone to quit but still selling it (cigarettes)”.

“They (tobacco industry) knew it was bad but sort of just tricked you to think it was ok”.

**Development of program materials and activities**

We then asked participants what activities or resources would be interesting to them to deal with smoking and they were able to identify several options. Participants identified a number of different resources that they would be interested in contributing to. Suggestions included a Facebook page, a booklet, a community mural, and additional information and support sessions from trained support staff. In particular the booklet was identified as a potentially useful resource, provided it was appropriately designed.

In the discussions around what to include in a booklet, participants did not want anything too lengthy and something that was “just filled with boring information”. In earlier discussions on why young people smoke, participants raised a lot of issues within the groups and found that different messaging and campaign strategies in youth smoking programs would be required.
relevant facts based on the formative research and asks them simple questions such as; why do you smoke and is this a good enough reason to do so? A Facebook page was set up using the neighbourhood community centre’s profile, which provided information about the project, counter-marketing messages, and facts about youth smoking. To help promote engagement on social media, multiple competitions offering movie passes encouraging users to like and share information contained on the Facebook page were ran. Another aspect of the project was a collaboration between a local illustrator and youth to create an anti-smoking community mural that will be displayed publicly near the local train station where hundreds of community members and commuters will view the mural each day.

The youth attending the centre were involved in the design making regarding the content and painting of the artwork.

Discussion/Conclusion

Using a counter-marketing framework, this pilot initiative aimed to target youth smokers and non-smokers from lower SES groups in regional NSW to help change attitudes towards smoking, and contribute towards a reduction in smoking prevalence. The study helped raise awareness among participants about tobacco industry tactics to target young people, and encouraged young smokers to reflect on their behaviours. The program activities also engaged young people in a co-creative process by directing the content of the information booklet, and being involved in the painting of the community mural. The project has identified the utility of counter-marketing strategies to target and raise awareness about youth smoking and potentially contribute towards access of smoking cessation and support services, as a pathway towards reducing smoking prevalence in low SES youths. Compared to the US where the tobacco industry is more active in public debate (Ling et al, 2002), this is not the case in Australia so it was not surprising that young people did not immediately connect with the truth campaign. Despite this, it was encouraging that counter-marketing strategies were still engaging with this group of young people. Furthermore, the active community engagement approach demonstrated the utility of community assets based approaches to social marketing. Further process and impact evaluation research of the present program, in addition to further large-scale development, implementation and evaluation of counter-marketing strategies in different locations, and regarding social marketing topic contexts (for example youth alcohol consumption) can help advance the knowledge base in this area. Such work would help identify the utility and applicability of counter-marketing strategies, further refine their conceptual and practical development, and demonstrate the relevance of social marketing as a demarketing approach.

References

For and By the People: Promoting Citizen Participation in Local Governance in Bangladesh

Aims and objectives

The 2010-14 SDLG program, funded by the U.S. Agency for International Development, implemented by Tetra Tech ARD, consulting by HDI, was designed to promote decentralization and improve capacity of local governments in Bangladesh. Objectives are:

1. Expand the roles and authorities of local governments (achieved through closed-door policy dialogues and CDPDs and not covered in this case-study)
2. Enhance citizen participation in local government activities including, partaking in planning meetings, discussion of development projects, helping in revenue collection activities and participating in standing committee and Citizens in Governance (CiG) forums (to improve financial and decision-making transparency and accountability of local government offices)
3. Strengthen and expand capacity of Local Government Associations (LGAs) by developing database, networking and knowledge-sharing opportunities between different local government constituencies (not covered in this case)
4. Ensure better media reporting through orientation and capacity building of local media professionals to facilitate greater coverage of local government activities on local and regional media outlets (not covered in this case)

Work with LGAs and media involved capacity building, marketing platform design and activities. Therefore, this social marketing case-study concentrates on objective-2, which was the major behavior-change thrust area.

Behavioral Objectives and Target Group

Target group for SDLG’s citizen participation component included the following:

1. Primary Audience: General citizens – community members in rural to peri-urban areas, aged 18-40 years, with an emphasis on youth and females – in 22 designated districts of Bangladesh

<table>
<thead>
<tr>
<th>Target Audience</th>
<th>Behavioral Objectives</th>
<th>Key Performance Indicators / Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizens (esp. Women and youth aged 18-40 years) in 22 project sites</td>
<td>Expand citizens’ scope to interact with and discuss local issues with local government officials (e.g. through Citizens in Governance forums, standing committees)</td>
<td>% initiated / set up from the targeted 500 CiG forums</td>
</tr>
<tr>
<td>Citizens become aware of participatory planning and open budget meetings and participate in these meetings for collaborative governance</td>
<td></td>
<td>% of citizens aware of participatory planning and open budget meetings</td>
</tr>
<tr>
<td>Encourage positive attitudes regarding the potential / effectiveness of citizen participation (i.e. their belief in their own power to influence the course of local governance) by improving the image, credibility and trust-factor of local government officials</td>
<td></td>
<td>% of citizens who believe their input and feedback was considered in local government decision making</td>
</tr>
<tr>
<td>Contribute to local governments’ tax collection activities, which in turn would help communities self-finance development projects</td>
<td></td>
<td>% change in total revenues in unions &amp; municipalities</td>
</tr>
</tbody>
</table>

Citizen/customer orientation

SDLG used a baseline, a knowledge-attitude-practice (formative) study for insights and an end of project evaluation survey. In fact, the combination of interventions (e.g. establishing citizen forums, creating association opportunities for local government officials and training media professionals to increase coverage) was developed on the basis of consultation meetings with community members. In addition to information collected through a 2011 baseline survey and 2013-14 endline survey, the communications campaign was developed on the basis of qualitative evidence from audience research. For example, it was found that in 85% of targeted households didn’t know of the existence of laws mandating meetings / committee structures – which were therefore largely missing the voices of women and the most poor. This is why, emphasis was put on youth and women while targeting for the project and getting them to participate. The campaign was constructed from the seminal understanding that a power imbalance existed between citizens and officials. Thus, the CiG was born, to formalize and legitimize an alternative citizen body that could act as a counterbalance and a watchdog.

The Social Offering

The SDLG campaign marketed an idea: ‘government is a process and you can take part in it’. In turn, it offered a chance to shape and influence communities’ development and inhabitants’ wellbeing. This is a shift away from the traditional perception of local governments as viceroys of a central monarchy. SDLG aimed to build awareness about the value of participation in local government so that citizens will demand more transparency & accountability and help prioritize development projects. At the same time, capacity building supports the supply of quality services from local government entities and the LGAs, with the media reinforcing the message with expanded local coverage. Systems of collaboration between citizens and governments paved the path for growth of self-generated revenues.

In terms of services and/or systems, setting up of platforms like CiG forums, Local Government Associations (for knowledge-sharing), radio-shows (for women leaders) and eye-witness reports for young, amateur journalism created avenues for such participation. Strengthening existing legal provisions like Standing Committee meetings, open budget and planning meetings actually put citizen feedback to work.

Engagement and Exchange

Citizen consultations were used to develop the intervention mix and insight-mining research employed, to design the campaign. Three Local Government Associations (LGAs) were consulted in developing messages and materials. The communications strategy was developed in a 2-day workshop involving local government leaders and experts, CiG members, NGO staff, media professionals and program personnel.

CiG forums were created to establish lasting relationships and convenient hubs/channels of communication. A database of CiG members was created, so that, when materials (e.g. Citizen in a Bag: see annex) were produced, they could be disseminated according to this database. Likewise, a group of youth (mainly from government Community Information Centers or CICs) was assembled, trained on media production and asked to produce eye-witness reports on local government activities. This crowdsourced work was published / uploaded on SDLG branded platforms and the best-performing participants, awarded internships at Media Professionals’ Group. Implementing NGOs were trained on radio-production – to enable continued production of ‘Women’s Hour’ – a talkshow involving women leaders in local government. NGOs also received extensive training on script-writing and theatre production, to facilitate small, internal interactive-theatre teams.

Competition analysis

Because SDLG was engaged in the social-marketing of an idea (and associated behaviors), there were no direct competitors. Competition existed, however, in the form of ‘competing behaviors.’ So, competition existed in the form of Members of Parliaments (MPs) who – with vested interested in resisting decentralization – often opposed citizen participation in local governance. Competition emerged when...
local officials offered resistance, viewing citizen participation as an intrusion and an unnecessary burden on their daily lives. Each group had its own way of doing things and often derived undue financial advantage from the same. Their alternative was ‘non-participation’ – since that would mean no citizen oversight.

Segmentation and Insight

Target Audiences: the largely illiterate / semi-literate rural and peri-urban populations (i.e. potential CiG members) in 22 districts. In the campaign, priority segments were identified as women aged 18-40 years (due to underrepresentation in local governments and potential for implementing women-friendly projects & work-environment) and youth aged 18-24 years (due to growing apathetic political-views and potential to influence local governance).

Key Insights: most citizens hold a deep-set view of the government as some sort of a feudal authority instated to rule over them. Local governance -- as a process involving elected officials, citizens, media and other interest groups -- was not understood by most community members interviewed.

Youth segments did not see the necessity of contributing to make the government work properly. Many opined that it was a ‘money-game’ and their only incentive to join was financial gains. Women leaders and (potential) CiG members felt ignored by male members of the community. ‘What can we add that they (males) haven’t already said?’ asked one woman in Sirajganj, reflecting a pervasive attitude.

Integrated Intervention Mix

A modified Theory of Change model was used to design SDLG interventions. The logic was:

- Target audience > behavioral objectives > interventions > message > media > KPI & measure

The product at hand is an idea: citizen participation in local government brings tangible benefits for the community. The idea’s tangible components were CiG and standing committee meetings, revenue collection drives, planning & budgeting meetings, project site visits and discussions on the citizen charter. As a social marketing project, SDLG provided these platforms / opportunities for free. It also provided communication platforms like ‘Women’s Hour’ (radio variety show hosting women members and leaders) or Eye-Witness Reports (video clips on local development and governance, shot by young activists). In both cases, participants were encouraged to find corporate sponsors for continuing their activities once SDLG concluded.

For promotions, TV and radio advertisements were used in conjunction with billboards, tin-boards (see annex), posters, citizen charters, booklets, guides etc. Interactive folk drama and high profile visits (e.g. by the US Ambassador) was used to pique interest and deliver a strong message. Additionally, digital and social media training was targeted at youth to enable them to document and produce reports on local development and governance.

Co creation Through Social Markets

Citizens were involved – e.g. through the baseline survey (2011), insight mining study – in influencing the campaign design, concept and the communication mix. The communication planning workshop included local government officials, local journalists and opinion leaders. Creative concepts were shared and pretested with community representatives.

Moreover, much of the media content generated by SDLG was also co-created with citizens. The first instance is that of young students / (potential) CiG members felt ignored by male members of the community. ‘What can we add that they (males) haven’t already said?’ asked one woman in Sirajganj, reflecting a pervasive attitude.

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Moreover, much of the media content generated by SDLG was also co-created with citizens. The first instance is that of young students / activists who were given a basic training on computers, social-media (Facebook) and hand-held camera operation. They were asked to film development projects, revenue collection efforts, public structures needing repairs etc. and produce their own ‘eye-witness reports’. These were then uploaded to SDLG website, Facebook page, participants’ social networks – serving the dual purpose of fostering a watchdog role and instilling a sense of ownership in local development.

The SDLG radio program for women leaders was also partially co-created. Unitrend produced 4-episodes with help from local trainees, who then took over the task of completing the rest. Local women leaders came to share their experience and encourage girls to enter the local government. One national FM and five community-radio stations broadcast the shows. Likewise PR coverage on local newspapers, instead of being supplied from corporate headquarters, was developed by local journalists, with basic guidance from SDLG. This improved their commitment to the issue and drove up chances of follow-up stories.

Systematic planning

The planning process involved research & insight-mining, ideation, concept development, (participatory) message development, creative designing, pre-testing, media planning and implementation. M&E was undertaken separately. The underpinning theory was a modified version of Prochaska’s Transtheoretical Model (Stages of Change Model) – progressing through: Pre-contemplation, Contemplation, Preparation, Action, Maintenance and Termination. SDLG’s target audience was not contemplating local governance, apart from cases of personal injury or grievance. So, interventions were designed to ‘trigger’ audiences. For the ‘conceptual audience’, ‘Demand Strategy’ was used to arrive at ‘Citizen Keen’ – citizens who would be keen to get involved if they really grasped the benefits of doing so.

A performance monitoring plan (PMP) was devised to monitor activity and results data collected by field office staff and third party grantees. Training was provided to field staff for data-collection and compilation. Annual Data Quality Assessments (DQAs) were conducted to ensure integrity of the process. Data was compared with preset performance indicators and corrective measures taken. An endline evaluation was also carried out (see next section).

Results and Learning

Outcomes from the SDLG project were measured through the Performance Monitoring Plan (PMP) and the endline survey of 2013-14. Highlights are as follows:

- 500 out of 500 (100%) CiG forums set up in the 22 districts (PMP)
- Overall citizen awareness of participatory planning and open budget meeting went up 25% (endline)
- Incidence of citizen participation in participatory planning and open budget meetings reached 97 and 99 percent respectively (at baseline, 85% households had not heard of these meetings) (endline)
- Citizen satisfaction with local elected council chair increased by 20% (endline)
- Citizens conviction that their input and feedback was considered in the local government decision-making process crested to near 100% in both unions and municipalities (PMP)
- 23% increase in citizens who think their local government manages funds with transparency and accountability (endline)
- Average 62% increase in local revenue generation across unions and municipalities (PMP)

Our work with SDLG reinforced the notion that social marketing must be led by a strong, relevant consumer insight that pertains to ‘what audiences want’. Insights – seldom spelled out during focus groups – should be ideally developed in the field. People respond when they’re given what they want, not what development-agencies want to give. Program benefits must not be shoved down like bitter pills. Rather, they should be delivered how medicine is administered to children – coated in sugar (i.e. something the recipient wants). Plain descriptions of functional benefits – if not linked to a higher dream / ambition /fear – can fail to change behavior. ‘Good governance’ was found to be an inadequate motivator during our work on SDLG. Likewise, ‘environment’, ‘social protection’ and ‘human rights’ are likely to be poor incentives for behavior change in a country like Bangladesh. ‘Promise of status / respect’, however, may be a potent force.

Community mobilization activities have high-impact and recall, when compared to mass media messages. In social marketing, there is no real substitute for audience interaction. It facilitates community co-creation and positions co-creation as lucrative opportunity.

It is time to start developing qualitative indicators for behavior change communications – because, by definition, behavior won’t be amicable to quantification. For example, there have been lively discussions by female members at CiG forums, who had traditionally kept silent in front of men. This signified real change. However, this was not captured in the data – meaning SDLG couldn’t claim a significant achievement.
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Appendix

Number: 36
A Review of Global Social Marketing Case Studies involving HIV/AIDS, Hepatitis fC, and STBBIIs
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A Review of Global Social Marketing Case Studies involving HIV/AIDS, Hepatitis C, and STBBIIs
Introduction
This paper shares highlights from five recent social marketing case studies related to HIV/AIDS, Hepatitis C, and Sexually Transmitted and Blood-Borne Infections (STBBIIs).

Aims and objectives
In 2013 and 2014, Murmur, in partnership with Culbridge Marketing, conducted a literature review of recent, highly effective social marketing case studies for use in three training webinars sponsored by the Public Health Agency of Canada. The three webinars were: (1) “Introduction to Social Marketing,” (2) “From Research to Strategy,” and (3) “Evaluating Program Impacts.”

Five programmatic case studies served to illuminate key points of the webinars. These cases represented effective social marketing program design, research and evaluation related to prevention of sexually transmitted diseases. The selected cases were: The Bridge Project (Malawi), Chlamydia Outreach Advice Screening and Testing—COAST (United Kingdom), Stop the Drama Downunder (Australia), The Healthy Penis (United States), and HoMBrES: Hombres Manteniendo Bienestar y Relaciones Saludables, or Men Maintaining Wellbeing and Healthy Relationships (United States).

 Behavioural objectives and target group
All cases aimed to reduce the spread of sexually transmitted diseases. SMART (specific, measurable, achievable, realistic and timely) behavioural objectives were specific to each of the three projects: Malawi Bridge Project, (BRIDGE) Coast, Stop the Drama Downunder, The Healthy Penis, HoMBrES
The Malawi Bridge Project was designed to reduce high-risk sexual behaviours in Malawi. Objectives, measured by four waves of household surveys during the program lifespan, included:

1. Increase by 6.5% the median age at first sex from 15 to 16
2. Decrease by 10% unmarried youth 15 – 24 having sex in last 12 months
3. Decrease by 1% the number of men reporting more than one sexual partner during the last 12 months
4. Increase condom use by 15% at last sex by unmarried youth
5. Increase by 20% condom use by adults with non-regular partner(s).

(BRIDGE) COAST intended to increase rates of youth in Northern Lincolnshire aged 15 – 24 testing for Chlamydia, measuring actual screenings through the program and core screening sites annually over three years. (NSMC)

Stop the Drama Downunder planned to increase access to diagnosis, treatment, and care of STIs for Australian gay men from 2007 to 2010, measured by online surveys and monthly HIV, Syphilis, and Chlamydia tests taken at three medical clinics. (Pedrana, et al.)

The Healthy Penis intervention aimed to increase syphilis testing rates among gay and bisexual men in San Francisco from 2002 to 2005, evaluating effectiveness via serial street-based surveys in campaign-targeted neighbourhoods. (Ahrens, et al.)

HoMBrES sought to increase consistent condom use in past 30 days measured at 18-months past training via surveys during the project, from 2003 to 2007. (Rhodes, et al., CDC)

In terms of target groups, the webinars stressed the difference between identifying a priority population and a targeted group. The Malawi Bridge Project’s target groups included sexually active youth, particularly unmarried youth 15 – 24 and men with multiple partners. COAST aimed to reach 15- to 24-year-olds living in Northern Lincolnshire, and later refined the target group as males 15-24 in that area. Stop the Drama Downunder sought to reach Australian gay men and men who have sex with men (MSM). The Healthy Penis specifically targeted gay and bisexual men in San Francisco. HoMBrES named as its “priority population” recently immigrated, sexually active heterosexual Latino men in rural areas, because this region of the United States has both the fastest growing Latino population and disproportionate HIV and STD infection rates. The target group became members of Latino soccer teams.

Citizen/customer orientation
All of the cases selected had a strong citizen/customer orientation. Each performed research on attitudes, beliefs, behaviours, and incidence rates at the outset. HoMBrES, for example, conducted focus groups with 50 newly arrived, less acculturated men. COAST aimed to reach 15- to 24-year-olds living in Northern Lincolnshire, and later refined the target group as males 15-24 in that area. Stop the Drama Downunder sought to reach Australian gay men and men who have sex with men (MSM). The Healthy Penis specifically targeted gay and bisexual men in San Francisco. HoMBrES named as its “priority population” recently immigrated, sexually active heterosexual Latino men in rural areas, because this region of the United States has both the fastest growing Latino population and disproportionate HIV and STD infection rates. The target group became members of Latino soccer teams.

The social offering
The cases selected for the webinar all sought to “provide protection” to targeted populations from specific sexually transmitted diseases in the interest of improved health. COAST introduced a more attractive testing process. HoMBrES provided peer coaching. The Malawi
Bridge Project offered new products and services to boost self-efficacy and prevent the spread of disease. Healthy Penis clarified the link between sexuality and HIV/AIDS. The Drama Downunder made it easier for gay men to seek health information.

Relationship-building, engagement and exchange

The chosen cases all engaged citizens and stakeholders in the process of developing and executing the program. Programs sought to develop long-term relationships by listening carefully to their community members and acting on citizen recommendations. Two particularly innovative examples of engagement and exchange are provided below.

HoMBReS engaged target group members in research planning and conducted collaborative research alongside members of that group. Additionally, HoMBReS discovered that a key barrier to desired behavior was poor access to relevant information and health care in general. Barriers were countered by having each team elect its own ‘Navegante,’ or navigator, who took 16 hours of training to serve as a health advisor and opinion leader.

In “Stop the Drama Downunder,” Victoria established a prospective online cohort of gay men to help monitor and evaluate the impact of various HIV and other STI prevention initiatives. The panel included men aged 18 years or more who self-identified as gay or homosexually oriented in the past 5 years and who provided informed consent. Panel members have been surveyed every 3–6 months since September 2008.

Competition analysis

Interestingly, “competition analysis” was not explicitly described in the five cases selected via the literature review. The webinars did highlight exchange theory (barriers and costs vs. benefits and motivators), where such factors as price of condoms, embarrassment, loss of pleasure, and loss of convenience were shown as competing interests to public health. Cases such as “Stop the Downunder” positioned offerings as more attractive than status quo.

Segmentation and Insight

One of the most interesting examples of segmentation and insight came from the Malawi Bridge Project, where focus group participants had expressed helplessness about poverty, pessimism about the effectiveness of condom use, and fear about HIV testing. Bridge conducted a qualitative assessment with in-depth interviews and discussion sessions to elicit insights. Coded transcripts of focus group discussions revealed that girls’ self-efficacy and perceived ability to exert choice against constraints affected their decisions. Research also led to the insight that perceptions of stigma were high.

As a result of these insights, the Malawi Bridge Project segmented its population into four groups (Responsive, Avoidance, Proactive, Indifference) based on two psychographic variables: perceived risk and self-efficacy through the Risk Perception Attitude Framework. The programs were fully focused on reducing stigma and bolstering self-efficacy through small, targeted actions. The campaign slogan, Nditha! means, “I can do it!” in Chichewa.

The Healthy Penis intervention’s pretesting with gay men revealed the insights that “scare tactics would be tuned out, and that didactic messages could be negatively perceived as preachy.” (Klauster & Ahrens, 2013.) The Healthy Penis’s light-hearted cartoons were created in response. Segments included three distinct racial / ethnic groups, personified by three penis characters named Clark, Byron, and Pedro based on demographic research.

Integrated intervention mix

The HoMBReS community-level intervention with a rural Latino soccer league deployed an innovative mix of interventions. Soccer teams comprised of 20 to 25 players, each elected one opinion leader who was trained as a lay health adviser. The program interventions included training, demonstration, discussion, one-on-one discussions, Exercises, Lecture, Printed materials, a resource manual, and risk reduction supplies such as condoms and lubricant. (See appendix for brand and product imagery for all interventions.)

COAST made many changes to the testing infrastructure to make testing more attractive to primary and secondary audiences. COAST made screening more convenient for young males by issuing DIY testing kits at points of convenience, but the screening process was also made convenient for service providers. Nurses were provided with all the necessary screening tools in one bag (‘clinic in a bag’) and they were offered incentives. The COAST team managed all client treatments and follow-up of sexual partners for those diagnosed as positive. Providers accessed patient records cost-free using an electronic patient record system.

BRIDGE’s Radio Diaries program was just one of a number of tactics used. It was specifically designed to reduce stigma, increase self-efficacy, and change social norms around acceptance of people living with HIV, while providing small do-able’ actions. 90,000 scratch cards were printed for distribution at community events and through local partners.

Stop the Drama Downunder’s tactics included a mix of traditional mass-media approaches and communications materials for distribution at gay events and clinics. Importantly, however, all products referred the reader to the campaign’s website, www.thedramadownunder.info which shares information and tools for STIs, testing and treatment. Web users can locate testing sites, sign up to be reminded for regular check-ups, and send an email or text to partners.

The Healthy Penis focused on “product” through branding, “price” by using humour, “place” by targeting gay venues, and “promotion” through an integrated mix of materials. Cartoon strips were initially published semi-monthly in a popular gay Bay Area publication. After publication, poster-size reproductions were posted on the streets; in bars and commercial sex venues; on bus shelters and bus advertising; on palm cards; and on banner advertisements on one of the most popular Internet sites for meeting sex partners among gay men.

Co creation through social markets

Citizens and stakeholders were typically engaged in research phases and/or through advisory panels, where they were given opportunities to influence the project and engaged in co-creation. For example, it was within one of the COAST focus groups that a 15-year-old girl came up with a name for the program. As another example, HoMBReS originally approached the Latino men’s soccer league only to carry out focus groups, but one of the participants of the focus groups suggested that the program target soccer players themselves. The partnership then expanded to include the local soccer association.

Systematic planning

The size and scope of the interventions varied from local to national. The webinars sought to feature both scaled-up best practices and examples for projects on lower budgets. The webinar demonstrated how various programs used exchange theory, the stages of planning, 5 stages of CBM planning, and the 4Ps, and highlighted how the programs reflected these models. The Malawi Bridge Project developed its own logic model to differentiate short and long-term objectives of the project and used the risk perception attitude framework to delineate segments. HOMBRES also developed a logic model to visualize resources, processes and outcomes, which informed the expanded role of community advisors.

The planning processes varied by program, as did the stages of evaluation. Each program was informed by formative research, including focus groups, surveys, and interviews. The webinar highlighted programs such as COAST and The Drama Downunder for using direct measures to evaluate progress, including use of data from testing clinics and labs. The Malawi Bridge Project used a quasi-experimental design. Instead of using a randomly selected control group, it used carefully matched non-intervention groups for comparison.

Results and learning

The Malawi Bridge program demonstrated that people who were not exposed to any of the campaign activities had a 40% testing rate, while the corresponding figure among the high-exposure group was in excess of 60%. In terms of efficacy to use a condom and to be faithful, a significant association with exposure was found; those who were exposed to more channels also had higher levels of efficacy. Relevant knowledge steadily increased with exposure.

COAST found that testing rates rose in both targeted location in years one through three. In Year 1 (2007/08) North East Lincolnshire (NEL) screened 7.5 per cent of its 15–24-year-old population (higher than the England average of 4.9 per cent) and North Lincolnshire (NL)
screened 3.8 per cent. In Year 2 (2008/09) NEL screened 17.6 per cent of its 15- to 24-year-old population (reaching the 2009 target of 17 per cent) and NL screened 13.2 per cent. In Year 3 (2009/10) NEL screened 26.4 per cent of its 15- to 24-year-old population (exceeding the 2010 target of 25 per cent) and NL screened 20.4 per cent.

Stop the Drama Downunder results showed both unaided (43%) and aided (86%) campaign awareness was high. In a multivariable logistic regression, awareness of the campaign (aided) was independently associated with having had any STI test within the past 6 months (prevalence ratio = 1.5; 95% confidence interval = 1.0-2.4. Compared with the 13 months before the campaign, clinic data showed significant increasing testing rates for HIV, syphilis, and Chlamydia among HIV-negative gay men during initial and continued campaign periods.

The Healthy Penis evaluations found a positive association between campaign awareness and recent syphilis testing, its main social marketing objective. Evaluation I was associated with a 90% increase in likelihood for having tested for syphilis in the past six months.

HoMBReS: 65.6% of the players in HoMBReS’ treatment teams said they used condoms consistently, while only 41.3% of the players in the control teams said they did so. Testing rates were also higher in the intervention teams.

In conclusion, the webinars highlighted that creative solutions do exist for low-budget programs to carry out high-quality planning, research and evaluation, by reviewing best practices and adapting the steps taken. Cases shared in the webinar demonstrated how practitioners could take their social marketing programs to an even more rigorous and convincing level of research, design, and evaluation.

References
BRIDGE Project Objectives and Intermediate Indicators. JHU/CCP.
Pedrana, Alisa, Margaret Hellard, Rebecca Guy, Carol El-Hayek, Maellen Gouillou, Jason Asselin, Colin Batrouney, Phuong Nguyen, and Mark Stooë. “Stop the Drama Downunder: A Social Marketing Campaign Increases HIV/Sexually Transmitted Infection Knowledge and Testing in Australian Gay Men.” Sexually Transmitted Diseases, Volume 39, Number 8, August 2012.

Appendix
Number: 62
Say ‘Yeah, Nah’ and Ease Up On The Drink
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Say Yeah, Nah and Ease Up On The Drink

Aims and Objectives
Binge drinking is seen by many as the most serious issue facing New Zealand (Research New Zealand [RNZ], 2012). The 'Say Yeah, Nah' social marketing programme aims to tackle the binge-drinking problem by creating a cultural shift.
Getting drunk at a party might not seem harmful, but it can be devastating when alcohol related illness and drunken accidents lead to permanent injury or premature death. Whether you binge-drink or not, we’re all paying to clean up the mess at around $4.9 billion per year (Berl, 2009).

In 2012 the data showed one in four adults were binge drinkers and one in two adults knew someone who they believe needed to change their drinking (RNZ, 2012).

‘Say Yeah, Nah’ has successfully introduced a new moderate drinking term into New Zealand’s social drinking vernacular.

**Behavioural Objectives and Target Group**

The aim of the ‘Say Yeah, Nah’ marketing is to change New Zealanders alcohol consumption behaviour from the current norm of binge drinking, to one of moderation eg. New Zealanders moderate their alcohol intake and accept the decision of others to do the same. To facilitate this change the marketing provides New Zealanders with a verbal shorthand to refuse a drink ‘Yeah, Nah’, social permission to say no and encouragement to ‘back’ their mates who are trying to ease up.

Given the highly embedded drinking culture within New Zealand, culture change will only happen over a long timeframe.

‘Say Yeah, Nah’ campaign success is measured through an annual monitor that gauges awareness, relevance and behaviour change as a direct result of the marketing. ‘Say Yeah, Nah’ aims to maintain or increase the level of people taking action to change their own drinking behaviour, or the behaviour of someone they care about, as a direct result of the campaign. Examples of the specific behaviours being targeted are a reduction in alcohol consumption, increased refusals of alcohol and an increase in those who think about their drinking as a direct result of the campaign.

**Attitudinal**

1. Maintain or increase 85% awareness of ‘Yeah, Nah’ advertising among the target market.
2. Maintain or increase 63% relevance of the ‘Say Yeah, Nah’ campaign messages to the target market or someone they care about.

**Behavioural**

3. Maintain or increase the proportion of high risk and medium risk drinkers indicating that the campaign had helped or encouraged them to start drinking less from 7% and 25% respectively.
4. Maintain or increase the proportion of Maori and Pacific people indicating that the campaign had helped or encouraged them to start drinking less from 16% and 39% respectively.
5. Maintain or increase the proportion of high risk and medium risk drinkers indicating that the advertising had helped or encouraged them to think about their own drinking from 21% and 29% respectively.
6. Maintain or increase the proportion of Maori and Pacific people indicating that the advertising had helped or encouraged them to think about their own drinking from 23% and 45% respectively.
7. Maintain or increase the proportion of high risk and medium risk drinkers indicating that the advertising had helped or encouraged them to say ‘no’ when they didn’t want a drink from 19% and 21% respectively.
8. Maintain or increase the proportion of Maori and Pacific people indicating that the advertising had helped or encouraged them to say ‘no’ when they didn’t want a drink from 22% and 54% respectively.
9. Maintain or increase the 9% of the target market who used the advertising to discuss the importance of accepting those who decide to moderate their drinking and those who say ‘no’ when they don’t want another drink.

The target market is New Zealanders aged 18-44 (including Maori and Pacific people) who drink at medium to high risk levels and are open to change. This age group has a significantly higher rate of binge drinking and related harm compared to the rest of the population.

**Citizen/Customer Orientation**

In 2012, the research showed that one in three binge drinkers said they wanted to ease up, but they weren’t putting their good intentions into action (RNZ, 2012). There was some kind of cultural force at play that needed counter-action.

Research showed that the fundamental drivers of most drinking occasions are excitement and togetherness (Research International, 2009). The opposite of excitement is being a buzz-kill. The opposite of togetherness is being ostracised from the group. This all relates back to a strong sense of mateship that underpins our kiwi culture.

How could our moderation message work in with these cultural codes and help the 1/3 of binge drinkers who wanted to ease up (RNZ, 2012), to put their determination into action?

We recruited research groups of binge-drinking mates who were open to the idea of easing up. We knew peer pressure was a contributor to the binge-drinking problem, but were surprised at how powerful it was.

Even these macho guys who were very much playing the negative influencer role, revealed they secretly wanted to ease up and stop getting into trouble. They were ignoring the harm alcohol was causing them, in favour of togetherness with their mates and fear of being a buzz-kill by saying ‘no’ when everyone else was saying ‘lets drink’.

**The Social Offering**

The key social offering for the ‘Say Yeah, Nah’ campaign is to provide people with an acceptable way to ease up on alcohol in a drinking culture that supports and encourages binge drinking.

This was approached by arming refusers with a positive way of saying no that gets a smile from their mates rather than being a buzz-kill and disarming the negative influencers so they’re less likely to push alcohol on others.

**Engagement and Exchange**

Because the problem of saying no to a drink occurs between mates, we couldn’t demonise the negative influencer – they were a mate too. But we could make fun of how absurd it is to have such a devastated reaction when a mate says no to a drink.

The first time the TV script was read out and we heard “What do ya mean yeah nah?!” …I mean yeah, I’m up for a good night tonight, but nah, I’m not having another beer” we all knew this was the solution to the problem our audience faced. But it was how that line was wrapped up in a story of a lads night out that would really strike a chord with our target audience.

The twist? Our hero swaps his beer for water and proceeds to have great night out regardless.

The Meatloaf soundtrack was picked to be familiar to a mass New Zealand audience, and to set the fun and exciting tone, building to a crescendo as the lads night escalates.

The locations and characters were cast to be easily relatable to a mass New Zealand audience. The refuser is portrayed as the clear winner of the situation, and the negative influencer comes across as a bit of a loser.

And it wasn’t just the ‘yeah nah’ call to say no that had to be memorable. It was just as important this call is accepted and respected in a memorable way too. “Ok bro, no more beersies for you”. We had to demonstrate that using the language diffuses the tension in the moment of saying no, and that the mateship between the characters remains intact.

The TVC was supported outside bars with street posters and inside with bar coasters that echo the campaign call to action “Say Yeah Nah and ease up on the drink”. We had successfully armed the refuser with a positive way of saying no that gets a smile from their mates rather than being a buzz-kill.

The next task was to extend the campaign idea into other channels that work in tandem with the TVC by disarming the negative influencer.

To do this we used the familiar face and voice of New Zealand comedian Guy Williams. The advertising featured lines like “Be a beastie, not a beastie” “Don’t be a sad boy, be a good guy” “They’re not saying no to you, they’re saying no to the beersies” “respect a mates right to ease up on the drink”.

Merchandise played an important part all the way through. It was able to be ordered directly by community groups and health providers featuring the call to action “Say Yeah Nah and ease up on the drink”. 90
Our regional managers worked closely with key stakeholders to link the campaign work into community activities to reach people outside of the advertising.

**Competition Analysis**

The alcohol industry is the biggest competition to alcohol moderation marketing. Their budgets are significantly bigger and their voice is heard far and wide in all parts of the market. They offer products at all price points and are even available on supermarket shelves. Their products are specifically produced and marketed to appeal to particular market segments. They’re offering liquid fun!

**Segmentation and Insight**

Within the target age group, there are three roles that people play in social drinking situations, and each individual can interchange between these roles in different situations (FCB New Zealand, 2012).

1. Binge drinking behaviour needed to shift towards moderation.
2. Positive influencer behaviour needed to be amplified and encouraged. The ones who endorse the decision to ease up and moderate drinking.
3. Negative influencer behaviour needed to shift away from encouraging binge drinking. The “c’mon have another drink” persona.

**Integrated Intervention Mix**

We took audience customer view. We went where they went, we spoke like they spoke, we addressed the issues they had and we gave them a solution that would help change their binge drinking behaviour and make alcohol moderation the norm.

Product – the idea that moderate drinking is an acceptable behaviour, a language the audience could use to refuse a drink and disarm the ‘pushers’ of alcohol without being alienated from their social circle.

Price – the perception of the target audience was that saying no to a drink would exclude them from their social group. The campaign addressed this by working with the drinking culture and framing messaging in a way that the audience could relate to in their own social circles.

Place – behaviour change was facilitated by HPA regional managers and local communities who helped integrate messaging/resources into targeted settings. A few examples include ‘Say Yeah, Nah’ security wardens at large events, branded water stations, links into family violence and Police activities, event sponsorship, and facilitation of bar staff wearing ‘Say Yeah, Nah’ and ‘No more beers for you’ tees while reinforcing and supporting positive behaviour by patrons.

Promotion - multiple channels were used in placement including: television; radio; billboards; street posters; adshels; bar media; screens in liquor outlets; social media; digital banners; adswords; event ticket printing; mobile banners and free wifi sponsorship.

Co-creation Through Social Markets

Co-creation has come in the ways people are using the language ‘Yeah, Nah’ and ‘No more beers’. The phrase “no more beers for you” didn’t exist before the campaign, and has now been used in countless social media posts, and returns 113,000 results in a Google search.

Further evidence of the direct relevance this campaign has had countless social media posts, and returns 113,000 results in a Google search.

**Systematic Planning**

Strategic thinking to address the campaign objectives recognised that trying to work against drinking culture by preaching at Kiwis to drink less would get us nowhere. Instead, we needed to work with the drinking culture, and become a positive part of it.

Formative research was undertaken at the outset and is backed up by an ongoing annual campaign monitor to track progress year on year.

The strategy aimed to embed the campaign language into social drinking conversations by:

- raising awareness - to popularise the big idea and embed the language
- making it relevant - two types of activity would help us reach people at relevant moments:
  - priming: get into the mind just prior to drinking occasions
  - activating: prompting people to say Yeah Nah in drinking moments.
- Getting action by focusing on three key moments – at home, nights out and during planning for events.

**Results and Learning**

**Attitudinal**

Survey results (RNZ, 2013) (RNZ, 2014) show levels of awareness and message relevance are maintained or increased.

1. Awareness of ‘Say Yeah, Nah’ advertising among the target market increased to 89%, an increase of 4% from the previous year.
2. Relevance of the ‘Say Yeah, Nah’ campaign messages to the target market or someone they care about was maintained at 57% (6% decrease from the previous year but maintained within the margin or error).

**Behavioural**

Survey results (RNZ, 2013) (RNZ, 2014) show sustained or increased levels of people taking action to change their own drinking behaviours, or the behaviour of someone they care about, as a direct result of the campaign.

3. 25% of high risk drinkers and 30% of medium risk drinkers said the campaign had helped or encouraged them to start drinking less – an increase of 18% and 5% respectively from 2013.
4. 26% of Maori and 56% of Pacific respondents said the advertising had helped or encouraged them to start drinking less – an increase of 12% and 17% respectively from 2013.
5. 37% of high risk drinkers and 33% of medium risk drinkers said the advertising had helped or encouraged them to think about their own drinking – an increase of 16% and 4% respectively from 2013.
6. 40% of Maori and 47% of Pacific respondents said the advertising had helped or encouraged them to think about their own drinking – an increase of 17% and 2% respectively from 2013.
7. 43% of high risk drinkers and 26% of medium risk drinkers said the advertising had helped or encouraged them to say ‘no’ when they didn’t want a drink - an increase of 24% and 5% respectively from 2013.
8. 39% of Maori and 56% of Pacific respondents said the advertising had helped or encouraged them to say ‘no’ when they didn’t want a drink - an increase of 17% and 2% respectively from 2013.
9. Of those in the target market who discussed the advertising, 17% used the advertising to discuss the importance of accepting those who decide to moderate their drinking and the importance of saying ‘no’ if you don’t want another drink – an increase of 8% from 2013.

**References**

Research New Zealand. (2012). Baseline survey for the ‘Yeah, nah’...

Number: 64

Does ‘Pride’ Work?

A meta-analysis of the effect of 84 social marketing campaigns for conservation
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Aims and Objectives

Numerous fields in the social change sector have recognized the need to move beyond traditional awareness-raising, applying targeted campaigns grounded in theory from the behavioral sciences and tactics from the social marketing discipline. The conservation field has made less progress in this direction, but some advances have been made in applying social-psychological models of human behavior to conservation problems (St. John et al. 2010). We evaluated 84 social marketing interventions (‘Pride’ campaigns) applied by the non-profit organization Rare along with their non-governmental and local government agency partners at sites in 18 countries representing a variety of behavior change, social, and conservation contexts between 2009 – 2012. A ‘Pride’ campaign is a unique social marketing approach designed to promote behavior change for conservation by inspiring communities to take pride in the way of life and local resources that make their communities unique, while also giving them the tools they need to protect those resources. All ‘Pride’ campaigns applied the same overarching integrative model of behavior change based on targeting changes in knowledge, attitudes and interpersonal communication and removing tangible barriers to change to replace destructive behaviors such as illegal hunting, overfishing, and destructive agricultural practices. We found an average behavior change across campaigns of 18.1 percentage points over a period of 18-24 months, supporting the hypothesis that applying this integrative and targeted behavior-change model can be an effective approach for reducing environmentally destructive behaviors that impact biodiversity and habitats.

Behavioural Objectives and Target Group

Each of the 84 interventions applied the same explicit theory of change, based on an integrative behavioral model informed by the experience of Rare practitioners and the richness of literature on behavioral and decision-making models. Campaign teams evaluated each stage of the model using standardized sociological surveys both pre and post intervention to inform both campaign design and evaluation. The behavior change model, depicted below, was adapted by campaign teams at each site, where explicit objectives and targets were tailored to the specific resource use behavior change goals of the site and the relevant target audience (resource users). Because this is a meta-analysis across 84 different ‘Pride’ campaigns, there is substantial heterogeneity of objectives and target audiences across campaigns. However, all target audiences are comprised of the relevant resource users (e.g., adults fishing inside the boundaries of a given fishery at least part of the year; landowners who are farming or cattle grazing upstream from a town or city). Further, the homogeneity of the behavior change model applied across ‘Pride’ campaigns and of the survey methods used to evaluate it allows for sufficient comparability to test the model itself through this meta-analysis.

Citizen/customer orientation

Campaign design and evaluation for all 84 campaigns was based in large part on pre and post sociological surveys, as well as qualitative research including focus group discussions and in-depth interviews, on the prevailing knowledge, attitudes and practices of the target audiences, as well as their preferences, demographics and key influencers. Table 1 depicts the types of variables evaluated by the sociological surveys and representative questionnaire items for each.

Table 1. Definitions and representative examples of variables included in the analysis, where n = the number of samples for each variable included

<table>
<thead>
<tr>
<th>Variable</th>
<th>Definition</th>
<th>Representative questionnaire item</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td>Cognition of environmental objects (e.g., species, habitats or threats (e.g., overfishing)</td>
<td>Deforestation in the highlands decreases water availability in the lower basin (true/false)</td>
</tr>
<tr>
<td><strong>Solutions</strong></td>
<td>Cognition of strategies designed to reduce environmental threats</td>
<td>Upstream landholders can receive incentives for not cutting down the forest on their properties (true/false)</td>
</tr>
<tr>
<td><strong>Attitudes</strong></td>
<td>Beliefs about the presence and efficacy of skills, resources, or infrastructures needed to implement the conservation strategy</td>
<td>The community has adequate infrastructure, equipment, and facilities to enforce the rules of the no-take zone (agree/disagree)</td>
</tr>
<tr>
<td><strong>Barrier Removal</strong></td>
<td>Feelings regarding the benefit of the conservation strategy</td>
<td>The implementation of the co-management strategy will improve fishing production in the Hanjiang River (agree/disagree)</td>
</tr>
<tr>
<td><strong>Normative</strong></td>
<td>Beliefs about the moral obligations of a person and others to perform the conservation behavior</td>
<td>The Arbor-Granada Marine Sanctuary regulations need to be followed by all people (agree/disagree)</td>
</tr>
<tr>
<td><strong>Behavior</strong></td>
<td>Have you talked with other villagers about joining the community co-management committee during the past six months? (yes/no)</td>
<td>Have you talked with other villagers about joining the community co-management committee during the past six months? (yes/no)</td>
</tr>
<tr>
<td><strong>Intention</strong></td>
<td>Statements about the intention to adopt the conservation behavior</td>
<td>Willing/unwilling</td>
</tr>
<tr>
<td><strong>Interpersonal communication</strong></td>
<td>Statements about the intention to adopt the conservation behavior</td>
<td>In the last 6 months, you have released gravid females and undersized lobsters during live lobster fishing? (yes/no)</td>
</tr>
</tbody>
</table>

Across all campaigns, marketing decisions, materials development, and other elements of campaign design were subsequently based upon these findings. Campaigns were implemented by local partners with knowledge of the cultural norms and behavioral context of the target audiences and their surrounding communities.

The Social Offering

The ‘Pride’ campaigns marketed resource-use behavior change based on the promise of a positive social and economic benefit exchange – in other words, by reducing the benefits and increasing the costs of the prevailing behavior and/or reducing the costs and increasing the benefits of the new behavior. The primary lever through which social benefits of the new behavior are augmented is pride – whereby target audiences are inspired to take pride in their unique natural resources and their role in sustaining them. The mix of costs and benefits which are targeted was dependent upon the specific context of each campaign.

Engagement and Exchange

Citizens and stakeholders are engaged in various ways throughout a ‘Pride’ campaign. Campaign organizers, known as ‘Campaign Managers’, conduct qualitative research to identify key influencers within the target audience’s surrounding community and then work with those key influencers throughout the campaign to find effective ways to engage with and inspire the target audience. A key component of the ‘Pride’ campaign methodology includes community engagement activities such as parades, competitions, festivals and contests. These involve multiple formats for promoting the creative messages and symbols of the campaign. Among the most important benefits of these types of community engagement is the ability to strengthen group identities within the community and promote conversations about new and emerging social norms. The interpersonal communication that these engagement activities
engender thereby influences the attitudes that target audience members have about the social acceptance of the new resource-use behavior, allowing them to validate the ideas with their peers and ultimately cross the threshold into adoption of the new behavior, whether it is respecting the new regulations around a marine protected area or using a new fuel-efficient technology for cooking in the household or adopting more sustainable agricultural practices by planting and protecting riparian buffers.

**Competition Analysis**
In any ‘Pride’ campaign, the competition is really the prevailing resource-use behavior that is threatening the species or habitat of interest in each case. Using qualitative (in-depth interviews and focus group discussions) and quantitative (surveys) research, campaign teams evaluating the prevailing ‘benefits exchange’ of the new behavior vis-à-vis the current behavior and design campaign marketing and technical implementation strategies to remove tangible and intangible (psychological) barriers to change and improve the cost-benefit tradeoff of switching behaviors. In our meta-analysis, some examples of this include: switching from traditional woodstoves to fuel-efficient cookstoves, transitioning from open-access fishery management to rights-based management, or adding riparian buffers to cattle ranching practices, to name just a few.

**Segmentation and Insight**
‘Pride’ campaigns segment audiences into adopter categories based on Diffusion of Innovation theory: Innovators, Early Adopters, Early Majority, Late Majority, and Laggards (Rogers 2003). By evaluating what percentage of the population have already adopted the innovation (i.e., the new behavior), campaign teams can identify which audience segments should be targeted, based on where the community is on the adoption curve, and can tailor messaging strategies to the features of that adopter group. Campaigns also identify ‘key influencers’ of the target audience through qualitative research and seek to embed campaign messages within those individuals in order to better reach the target audience. Finally, campaigns also seek to mobilize the broader community around the target audience in order to provide clear communication about supportive social norms that influence target audience decisions to adopt the new behavior or maintain the prevailing one.

**Integrated Intervention Mix**
‘Pride’ campaigns employ a marketing mix whose foundation is the Positioning statement, which is then supported by the 4 P’s: Product, Price, Place, and Promotion.

**Co-Creation through Social Markets**
Campaigns rely extensively on social research including in-depth interviews, focus group discussions, and quantitative surveys. Campaign teams are comprised of a campaign manager who is employed by a local NGO or government office as well as other community members and stakeholders. Many campaign decisions rely on extensive target audience input, either directly or indirectly, and preliminary campaign messages and materials are piloted and pre-tested on small groups within the target audience and subsequently refined before broader dissemination.

**Systematic Planning**
The underpinning theory for ‘Pride’ interventions is based on an integrative behavior change model (depicted above) which is targeted toward reducing threats to key species, habitats and ecosystems and ultimately driving conservation results. This complete ‘Theory of Change’ is shown below and provides the foundational logic model for all campaign goal-setting and strategic planning.

Campaigns employ conservation planning processes based on the principles of adaptive management outlined in the Open Standards for the Practice of Conservation (FOS 2009). This framework also provides the organizing principle for monitoring and evaluation.

**Results and Learning**
We used random-effects meta-regression to estimate campaign effect sizes across all components of the theory of change. Across interventions, all variables demonstrated significant increases (p < 0.001) ranging from 16.1 - 25.0 percentage points (Table 2). International communication yielded the highest overall changes post intervention. This is likely at least in part due to low baseline conditions where conversations about the problem or the solution were less common and activities are specifically tailored to increase these types of discussions. Although significant, changes in attitudes and behavior intention were lower than other categories, and reflect well-known challenges in shifting community values and beliefs in a short period of time. Interventions did not differ in their ability to influence change among the various types of ecological contexts, suggesting that behavior change tools may be equally applicable in multiple environments.

Results demonstrate significant overall changes in behavior across interventions (95% confidence interval: 12.1 – 24.0 pp), at an average of 18.1 pp, providing evidence that these types of interventions can be effective for addressing some of the most ‘wicked’ conservation problems (Redford et al. 2013). These changes exceed those found in other studies and meta-analyses of behavior change interventions for public health concerns (Goldzweig et al. 2013; Matteo et al. 2012; Sabatino et al. 2012; Snyder et al. 2014). These changes also rank among the highest observed for environmental or conservation interventions (Schultz 1999, reviewed in Stern 1999).

Among the most important lessons of the evaluation is the need to reduce response bias in campaign survey data. Our measurements relied on direct questioning, for which there is significant evidence of bias, particularly in the context of illegal or taboo behaviors. Current campaigns are piloting improved survey methods, including randomized response technique to reduce response bias amongst the target audience. Other future opportunities and areas for further research include comparison sites to support attribution and evaluation of long-term conservation outcomes derived from the achievement of behavior change targets.

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1. Excluding Barrier Removal, which is a binary variable with a coefficient of 0 or 1 depending upon whether or not the strategy was implemented. A Barrier Removal strategy was implemented for all 84 campaigns, signifying a multiplier of 1 for each and thereby effectively removing Barrier Removal from the model evaluation.

**References**

The aim of the program is a powerful exchange with our target audience about Family / Whanau being more important than gambling. The concept was to engage our audience with a Facebook driven marketing strategy across New Zealand.

The theme in 2014 was the importance of Family / Whanau (the Maori word for Family) in their lives. The whole concept of Family factor was built on the exchange theory, through Facebook and its ability to "share". Taking a strengths based approach, we asked our target audience to share a picture of their family and encourage their wider circle to vote for their picture. The 30 photos with the most votes received that picture professionally printed on a large canvas. In exchange we involved the engaged audience in conversations about gambling harm from their perspective. This built a very strong link between the celebration of family and the importance of safe gambling practices.

Appendix

Table 2. Overall summary effects of Pride campaigns on variables in the Theory of Change, as estimated by random-effects meta-regression

<table>
<thead>
<tr>
<th>Model Variable</th>
<th>Sample Size Information</th>
<th>% point change (post - pre)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systems</td>
<td>53</td>
<td>15,617</td>
<td>14,781</td>
</tr>
<tr>
<td>Solutions</td>
<td>73</td>
<td>18,228</td>
<td>17,415</td>
</tr>
<tr>
<td>Attitudes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits</td>
<td>51</td>
<td>14,401</td>
<td>13,543</td>
</tr>
<tr>
<td>Normative</td>
<td>48</td>
<td>13,550</td>
<td>12,552</td>
</tr>
<tr>
<td>Barrier Removal</td>
<td>30</td>
<td>8,186</td>
<td>7,977</td>
</tr>
<tr>
<td>Interpersonal communication</td>
<td>79</td>
<td>19,109</td>
<td>18,165</td>
</tr>
<tr>
<td>Intention</td>
<td>48</td>
<td>14,318</td>
<td>13,420</td>
</tr>
<tr>
<td>Behavior</td>
<td>76</td>
<td>19,485</td>
<td>18,383</td>
</tr>
</tbody>
</table>

K^2 = number of campaigns
N^2 = number of community members sampled

Number: 65

Choice Not Chance – “Family Factor” An example of an engaged exchange.

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“Family Factor 2014”

Aims and objectives

“Gamblefree Day” is on held annually September 1. It is a minimising gambling harm sector initiative that puts a spotlight on gambling harm in our communities. It is one piece of a full social marketing strategy across New Zealand.

The theme in 2014 was the importance of Family / Whanau (The Maori word for Family)

The concept was to engage our audience with a Facebook driven competition called “Family Factor” which linked back to the full national longer term strategy. This initiative had budget and governmental issue parameters.

The aim of the program is a powerful exchange with our target audience about Family / Whanau being more important than gambling.

Behavioural Objectives and Target Group

The overriding objectives

1. New Zealanders are aware of early indicators of harmful gambling (2013/14 was 93.1% awareness)
2. More at risk gamblers monitor their gambling behaviour (from a baseline in 2013/14 of 32.7%)
3. People seek help when concerned with their own gambling or that of someone they care about. (1657 new calls to the gambling helpline in June to July 2013/14)

This initiative had two key audiences

1. At risk gamblers - Particularly those who play Electronic Gaming Machines. A key demographic is 18-34 year old Maori and Pacific with a low income compared to national average.
2. People in close contact with at risk gamblers, those concerned about gamblers and can in some way help (e.g. friends and family)

Citizen/customer orientation

Research and testing with key audience noted when asked “the most important factor in their life” Family / Whanau rated number one in both the Maori and Pacific respondents (Premium Research CNC concept testing 2013)

Also involvement from family / Whanau plays a key role in supporting an individual who is suffering from gambling related harm.

Over 87% of our target audience used Facebook at least weekly; over 67% used it at least daily (world internet survey 2013/24

The Social Offering

The key social offering was a chance to celebrate of Family / Whanau and reinforce with our target audience just how important Family and Whanau is in their lives.

Engagement and Exchange

The whole concept of Family factor was built on the exchange theory, through Facebook and its ability to "share".

Media in general, to put out and receive back.

Citizen/customer orientation

Research and testing with key audience noted when asked “the most important factor in their life” Family / Whanau rated number one in both the Maori and Pacific respondents (Premium Research CNC concept testing 2013)

Also involvement from family / Whanau plays a key role in supporting an individual who is suffering from gambling related harm.


Practitioner papers

Table 2. Overall summary effects of Pride campaigns on variables in the Theory of Change, as estimated by random-effects meta-regression

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</table>

K^2 = number of campaigns
N^2 = number of community members sampled

Number: 65

Choice Not Chance – “Family Factor” An example of an engaged exchange.

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“Family Factor 2014”

Aims and objectives

“Gamblefree Day” is on held annually September 1. It is a minimising gambling harm sector initiative that puts a spotlight on gambling harm in our communities. It is one piece of a full social marketing strategy across New Zealand.

The theme in 2014 was the importance of Family / Whanau (The Maori word for Family)

The concept was to engage our audience with a Facebook driven competition called “Family Factor” which linked back to the full national longer term strategy. This initiative had budget and governmental issue parameters.

The aim of the program is a powerful exchange with our target audience about Family / Whanau being more important than gambling.

Behavioural Objectives and Target Group

The overriding objectives

1. New Zealanders are aware of early indicators of harmful gambling (2013/14 was 93.1% awareness)
2. More at risk gamblers monitor their gambling behaviour (from a baseline in 2013/14 of 32.7%)
3. People seek help when concerned with their own gambling or that of someone they care about. (1657 new calls to the gambling helpline in June to July 2013/14)

This initiative had two key audiences

1. At risk gamblers - Particularly those who play Electronic Gambling Machines. A key demographic is 18-34 year old Maori and Pacific with a low income compared to national average.
2. People in close contact with at risk gamblers, those concerned about gamblers and can in some way help (e.g. friends and family)

Citizen/customer orientation

Research and testing with key audience noted when asked “the most important factor in their life” Family / Whanau rated number one in both the Maori and Pacific respondents (Premium Research CNC concept testing 2013)

Also involvement from family / Whanau plays a key role in supporting an individual who is suffering from gambling related harm.

Over 87% of our target audience used Facebook at least weekly; over 67% used it at least daily (world internet survey 2013/24

The Social Offering

The key social offering was a chance to celebrate of Family / Whanau and reinforce with our target audience just how important Family and Whanau is in their lives.

Engagement and Exchange

The whole concept of Family factor was built on the exchange theory, through Facebook and its ability to "share".

Media in general, to put out and receive back.

Citizen/customer orientation

Research and testing with key audience noted when asked “the most important factor in their life” Family / Whanau rated number one in both the Maori and Pacific respondents (Premium Research CNC concept testing 2013)

Also involvement from family / Whanau plays a key role in supporting an individual who is suffering from gambling related harm.
The strongest promotion however was the peer to peer sharing. It removed our organisation as a messenger and made the promotion reach out from the target audience to others in the target audience. This is much more honest, authentic and cost effective.

**Place**

This audience is hard to reach, however they are online on multiple screens (world internet report 2014). So therefore the approach was to make sure the competition reached them on these screens in a form that engaged. It also made sure that if they did then want help that it was equally as simple to find and on the same platform.

Facebook and Google with material optimised for mobile phones was a key channel for both the competition and for help tools.

**Co creation through social markets**

Co creation was a backbone of this concept, as it is a backbone of social media. (International Journal of Mobile Communications, volume 5 number 4) By asking people to involve something as personal as their family they became heavily involved in the competition. Those who entered became the content owners and personalised our messages which was much more powerful than them coming from a Govt department.

By the nature of Facebook, when anyone interacted with this competition they then broadcast that to their own Facebook community. A recent Facebook statistic showed ads “Liked” by a friend increased the click through rate by over 300% (Facebook facts 2014) Anecdotally this is much stronger when it is an organic endorsement not a paid ad.

**Systematic planning**

The concept of the importance of Family with our core audience came through in consumer testing undertaken by the programme. The concept of a competition to engage this audience has been proven in previous years and phases of Gamblefree Day activity. The development of the concept went through a rigorous “6 hat” thinking process to make sure it aligned with the needs of the audience, the needs of the programme and the sensitivities of such an activity in the current political environment (This campaign run up to 20 days before the New Zealand general election)

The campaign was monitored both as it was live and the post analysis is still underway.

Live measurements were reach of messages, engagement with content, entry levels, levels of voting interaction, the framing of comments and level of understanding and interaction with messaging, the level of satisfaction of stakeholders and their observations of community involvement.

**Results and Learning**

With the competition finishing less than six weeks ago our behaviour change monitors that relate back to our key objectives are yet to be measured. Details of the behavioural outcomes will be presented in full at the conference.

Preliminary process results are:

- The competition received over 560 entries.
- There were over 10,200 votes on the photos.
- The Facebook page received over 1500 new “Likes”.
- Posts, key messaging and competition content were seen by over 934,000 unique viewers.
- There was over 35,327 individual pieces of engagement with the competition in 30 days.
- Our messaging was “shared” over 600 times.

Other attitudinal outcomes:

- When asked key questions related to Gambling Harm comprehension such as name an early sign of harmful gambling? We had over 100 responses in 48 hours.
- Similarly, when the audience was asked to give their ideas on what to do if someone was exhibiting a sign of gambling harm, we again had a strong response.
- In just a few hours over 40 people offered there advice, over 100 “liked” it. This advice while not always 100% clinically accurate was real, honest and considered. Also due to the use of Facebook the users own Facebook community could see their advice appear on their own pages.
- Feedback from our public health sector was this competition enabled positive conversations and interventions to happen when at an event or in their communities. It gave a permission to talk about and accept gambling harm messages because of the exchange with the celebration of Family / Whanau.

**Key learning points**

- Social media is just one part social marketing; however it is a great tool to have in the box when used well, it offers a very quick and honest way to have two way interaction with your audience. It needs to be a part of an overall strategy with a clear line of sight to your behaviour goals.
- While not as financially costly as other forms of communications there is a massive labour cost to a project like this, moderation alone takes many hours.
- Understand that in this social exchange world what you gain in sharing you lose in content control.
- Understand the technology your audience uses, there is no use designing an app for Apple if most of your users are on Android mobile platforms.
- Repackaging of content is key. We had great success of taking photos that where entered making a collage and reposting This increased our reach dramatically.
- Don’t think of Social Media as just another channel for messaging, social media epitomises exchange theory. If your audience doesn’t want what you are offering they simply will not engage.
- In our case honest was better than exact.
- Having rules established early to stop any double standards later, eg, images with gang insignia, tobacco use.
- A project like this can not be an island. It needs to be integrated in a bigger marketing strategy.
- Know your audience, while a key in all social marketing it’s reinforced in a practical way in social media, without this knowledge you can not find and group your audience.

**Number: 70**

**Make the Most of Waste**

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**Make the Most of Waste**

Aims and Objectives

Auckland Council developed the Waste Management and Minimisation Plan (WMMP), an Auckland-wide plan with an aspirational goal of zero waste by 2040, to deliver waste services more efficiently, find better ways to recover resources and send less waste to landfill.

The specific target supporting Auckland’s zero waste aspiration is reduction of domestic waste to landfill by 30 per cent by 2018, to be achieved by waste minimisation initiatives including improving recycling and resource recovery, and introducing a new organic waste collection.

A strategic five year platform for communications has been developed under the banner of ‘Make the Most of Waste’, to support the WMMP. Its overarching objectives are:

- to drive a cultural shift so reducing waste becomes a natural and inherent part of every Aucklander’s daily life
- to further enhance Auckland Council’s brand and reputation showing how we are leading the way in dealing with waste in an environmentally considerate way
- to demonstrate the value for money Auckland Council offers as a waste services provider.

**Behavioural Objectives and Target Group**

The first campaign for ‘Make the Most of Waste’ focuses on increasing household recycling and reducing recycling contamination, so most Aucklanders become great recyclers (this
requires a shift among the majority of Aucklanders who are average recyclers and the minority who are poor recyclers).

The current rate of recycling contamination in Auckland is around 10 per cent and has been trending upward during the last three years by about 25 per cent per year. The long-term objective is to reduce the overall contamination rate and the aspirational goal for this first campaign is to achieve a 25 per cent reduction in recycling contamination in targeted areas.

Behavioural objectives for the recycling campaign focused on contamination reduction and increasing recycling volume, expressed as ‘people will make accurate, conscious decisions at the point of disposal, recycle more and get it right’. The key promotional message was ‘don’t mix rubbish with recycling’.

The campaign objectives were:
1. achieve awareness of the key message of ‘don’t mix rubbish with recycling’
2. improve Aucklanders’ knowledge of what does and does not go in kerbside recycling
3. reduce recycling contamination by 25 per cent in targeted areas.

The recycling campaign had a dual audience - all Aucklanders, most of whom are recycling relatively well; and poor recyclers who are more likely to be under 30, living in rental accommodation, and of Pacific, Chinese or Indian ethnicity, or new migrants.

Citizen/customer orientation
The Auckland Household Waste Prevention Study (2013) underpins the strategy for the behavioural aspects of ‘Make the Most of Waste’ and the recycling campaign. With a sample of more than 3,000 people from a region of 1.4 million people, it is the largest and broadest study of its kind undertaken in New Zealand. This baseline study looked at peoples’ behaviour, attitudes, motivators and barriers as they relate to recycling, avoidable food waste, hard rubbish, e-waste, hazardous waste and nappies.

Multi-lingual phone interviewing was one of the methods used to ensure a sufficient sample of people was recruited from culturally and linguistically diverse communities. The data provides a regional picture, while quota sampling ensures results can also be viewed in detail for smaller geographic areas within the Auckland region.

Auckland Council is committed to a community development model of engagement around service changes for waste and our communications approach was designed to support this.

The Social Offering
The overarching social offering for our target market is about becoming a zero waste city and directly supports our aspiration to become the world’s most liveable city. This fits strongly with Aucklanders’ sense of identity and what they value; as 74 per cent of Aucklanders think waste reduction is an important issue (2013 baseline study). The social offering therefore became to ‘see waste as a resource’ or expressed more simply ‘make the most of waste’.

The recycling campaign focused particularly on reducing contamination, rather than an exhortation to recycle more. Given recycling is a normative behaviour, we sought a creative way of bringing the message to life. We wanted people to make the effort (a conscious choice) to put the right things in the right bin, because socially, recycling is the right thing to do and will ultimately help achieve the aspirational goal of zero waste.

Engagement and Exchange
We worked with a communications reference group, including representatives from community interest groups around Auckland, to gain their input and insight on the communications approach. This helped with buy-in during campaign roll out with these groups supporting and amplifying the campaign messages.

Competition Analysis
A literature review of household waste behaviour change research identified lack of interest and apathy, uncertainty about what can be recycled and scepticism about where recycling goes as the main barriers to recycling. Barriers were further analysed in the baseline study and the campaign focused specifically on improving knowledge about how to recycle right.

Segmentation and Insight
Targeting for the recycling campaign was informed by the 2013 baseline study. The study investigated recycling knowledge and behaviour and provided detailed demographic information. The study segments the Auckland community into five groups:
• Young urban – 20 per cent of the population. Lowest level of waste minimisation behaviour and least willing to change behaviour, likely to be in rental accommodation, higher proportion aged 16 – 29.
• Affluent consumers – 23 per cent of the population. Higher income, below average on waste minimisation activities and below average willingness to change behaviour.
• Community connected – 9 per cent of the population. Born overseas, high proportion in rental accommodation. Below average on waste minimisation activities and lower willingness to change future behaviour. Highest level of concern about environment.
• Kiwi battlers – 27 per cent of the population. Lower income, born locally. Above average on current waste minimisation behaviour and willingness to change.
• Behaving boomers – 21 per cent of the population. Home owners, mature, higher incomes. Highest level of both current waste minimisation behaviour and willingness to change. A strong level of concern about waste and the environment.

These segments supported development of an audience strategy. They were cross referenced against the demographic results for particular waste streams and then adapted accordingly. For example, in the case of recycling, young urban and community connected became part of the audience specifically targeted, as they were more likely to be low-performing recyclers. We also targeted other parts of the community in specific geographic areas with poor recycling performance.

One of the key insights from the baseline study was Aucklanders who are more confident recyclers are not necessarily more competent. Many people think they are recycling right but are making consistent mistakes contributing to contamination. A key part of the communication task therefore became triggering the community to question assumptions about recycling, in an engaging and encouraging tone rather than being admonishing or bossy.

Integrated Intervention Mix
A framework for behaviour change was developed to set out the outcomes we were seeking for each aspect of the overarching ‘Make the Most of Waste’ campaign. The framework identified barriers, motivators, key issues and facts of interest. From this, a two tiered messaging framework was developed, including top layer ‘engage’ messages and a second layer of messaging aimed at activating specific behaviours. Key communications assets developed within this framework were designed to be as widely appealing and engaging as possible, given the diversity of the Auckland community.

We took an integrated approach to interventions, employing a combination of mass media, social media, community engagement and public relations. Our engagement layer involved pre-engagement with the community in targeted areas prior to the campaign launch. We developed relationships with community organisations in areas with particularly poor recycling rates. We engaged directly with the community through door-knocking, using a combination of council employed WasteWise Advisers and community champions recruited from the local area. Our engagement teams included people from a range of cultural backgrounds, including Pacifica, Chinese and Indian. This proved essential in areas where first generation migrants with limited English language skills were living.

WasteWise Advisers focused on nine areas identified as having lower than average recycling performance. The advisers went door to door, in teams of two, talking to householders or leaving a calling card if no one was home. They established if households were actively recycling, if they had heard or seen something about the campaign in market, sought a commitment to recycle right in the future and told people about the resources and tools available, such as the online recycle search. They also answered any questions householders had about council’s recycling service.

A consistent approach to monitoring and enforcement was established, with clear guidelines for auditors and recycling collection contractors to provide consistency across the region about the quantity and type of wrong item(s) in recycling triggering a warning or non-collection of recycling. An intensive audit programme ran
Practitioner papers

alongside the communications campaign, using feedback tags aligned to the campaign materials.

A four week mass media communications campaign supported the engagement, monitoring and enforcement aspects, including outdoor advertising, print, radio and digital elements. There was also a direct mail aspect, including content in Auckland Council’s monthly publication delivered to every Auckland household, and a flyer to every household with recycling tips to provide in-home prompts for correct behaviour. Translated print and radio ads were used, while translated digital banners were served to Aucklanders viewing overseas sites. To target Auckland’s growing Asian population, especially younger audiences, a key target.

The mass media campaign’s primary call to action was to visit the campaign website to access further resources, including a recycle search where people can check what can and can’t go in the council’s recycling collection and a collection day search where they can check what day their recycling is collected. There were also educational videos and scene-setting content (what happens to my recycling, our mission) as well as downloadable resources. These were developed with a focus on the key behavioural drivers of increasing knowledge, and encouraging people to question their assumptions gently, in a fun and engaging context.

Co creation through Social Markets

In 2011/12, Aucklanders were invited to give their opinions on the draft Waste Management and Minimisation Plan, with 2008 submissions received during the consultation period. Seventy-seven per cent of submitters agreed with the proposal short to medium term target of a 30 per cent reduction in the amount of domestic kerbside waste sent to landfill per person by 2018. There was also majority support (from 64 to 72 per cent agreement) with the proposals to help standardise Auckland’s waste collection services, including disposer-pays for domestic refuse, a standardised receptacle, an organic waste collection and rates-funded inorganic waste collection. Seventy-three per cent of submitters agreed with the proposal to implement a comprehensive communications, community engagement and development programme to help householders adapt to changes in waste and recycling services.

We worked closely with a creative agency to develop the communications strategy and creative concepts to support it. We sought input from our future audience by testing two creative concepts, ‘animated characters’ and ‘bin men’ through an online survey. The survey results helped us decide on ‘animated characters’ as our creative concept and this was further refined in development with stakeholders within the council organisation.

Systematic Planning

The planning process was based on community-based social marketing (CBSM) and commenced with a thorough review of available literature on barriers and motivators around recycling. A review of recycling and waste minimisation programmes in ten zero waste cities around the world was also carried out. This fed into the major regional baseline survey, The Auckland Household Waste Prevention Study (2013). As a result of this research, and through consultation with practitioners in Auckland, behavioural drivers for each of the main ‘Make the Most of Waste’ campaigns were identified. These continue to be refined as we progress.

While CBSM was used as the starting point, the approach integrated other theoretical perspectives associated with community development, education and traditional marketing. This added breadth, and was critical in supporting the campaign to bridge the ‘research/execution’ divide. The research fed through into a coherent, lively and diverse execution phase. We created an overarching frame to enable us to speak to our proposition around zero waste, which also provided the context for more specific campaign messages linked to target behaviours.

The overarching creative platform of ‘Make the Most of Waste’ reframes the way people look at waste, while the recycling campaign focused on engaging Aucklanders, encouraging them to lift their recycling game. Our future approach will be to apply this same frame across a number of campaigns, with different, specific behavioural objectives.

Results and Learning

The campaign has been delivered in two phases – first, the engage phase, focused on engaging the community in the campaign; second, the activate phase, with a more functional emphasis, encouraging specific behaviours and supporting people to sustain the positive habits they have already established. A formal assessment of results has started.

1. Awareness of campaign

Initial results from a telephone survey of 630 Auckland residents, weighted to reflect Auckland’s population at large, showed nearly one in four Aucklanders (23 per cent) were aware of the campaign key messages and linked the campaign to Auckland Council.

2. Improve Aucklanders’ knowledge of what does and does not go in kerbside recycling

In the baseline survey 53 per cent of Aucklanders said (correctly) polystyrene meat trays shouldn’t go in kerbside recycling. When asked about the same item in the 2014 post-campaign research, knowledge increased by 15 per cent, with 68 per cent saying polystyrene meat trays shouldn’t go in recycling. There was also a 13 per cent increase in correct knowledge about plastic shopping bags, from 61 per cent in 2013 to 74 per cent in 2014.

3. Reduce recycling contamination by 25 per cent in targeted areas

Contamination was measured through pre- and post-campaign audits in targeted areas. During the first week, 1,942 recycling bins were tagged for containing some contamination, reducing by 35 per cent to 1,271 tagged bins by the end of the campaign. This evidence of behaviour change is supported by data from the 2014 research showing of those who had seen the campaign, two in five (44 per cent) said they changed their recycling behaviour as a result.

These top line results indicate the campaign has been successful in achieving the behaviour change objective ‘people will make accurate, conscious decisions at the point of disposal, recycle more and get it right’.

More in-depth formal assessments of learning from the programme, research, monitoring, evaluation and proactive engagement is ongoing and will be used to develop a robust set of recommendations for future campaigns.

References


Auckland Council and Gravitas Research and Strategy (December 2014), interim top line results from the Recycle Campaign Evaluation

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Decrease the proportion that agree that adults in the community drink alcohol, and a perceived ‘social norm’ among teenagers that their peers are drinkers and expect them to be drinkers. However, results of the Australian Secondary Schools Alcohol and Drug (ASSAD) Survey, conducted every three years since 1984, show a decline in the proportion of teenagers who are regular drinkers; from 30% of 12-15 year olds in 1984 to 11% in 2011, and 50% of 16-17 years olds in 1984 down to 35% in 2011 (White & Bariola, 2012).

The ‘Alcohol and Social Norms Project’ conducted in a municipal high school aims to correct misperceptions held by students and the school community regarding teenagers and alcohol and to foster an environment which supports young people’s decisions not to drink. That is, this social norms campaign is based on the evidence that the harmful behaviour of underage drinking occurs far less than what most people believe; it is indeed these beliefs themselves which have been found to be the precursor to behavioural intention and behaviour (Azjen, 1981) which is the focus of this paper.

**Behavioural Objectives and Target Group**

The behavioural goal for the project was to reduce underage drinking by changing the perceived cultural acceptance of underage drinking. For behaviours that are high-involvement and planned, the precursor to behavioural change is attitudinal change and, informed by the Theory of Planned Behaviour (Azjen, 1981) thus the objective of the social norms curriculum was to impact on the behavioural and normative beliefs of young people in order to influence behaviour change. By engaging students and the school community in a comprehensive social marketing campaign supported by targeted strategies, the project aims to:

1. Decrease the proportion that agree that it is okay to drink alcohol regularly by 10%; from 5.5% to 4.95%.
2. Decrease the proportion that agree that other teens think it is okay to drink alcohol regularly by 10%; from 23.6% to 21.24%.
3. Decrease the proportion that agree that adults in the community think it is okay for young people to drink regularly by 10%; from 10.5% to 9.45%.

The primary target group are students at a municipal high school in years seven through to ten (aged 12 – 16 years). The secondary target audiences over-estimated the proportion of teens who drink alcohol. In our stakeholder interviews and focus groups, for example, most thought that between 50-80% of the town’s 16-17 year-olds were drinkers (compared to the 33% reported by ASSAD in 2011). In our school survey only 39% of Year 11 students thought it was definitely ok to get drunk occasionally, but on average they believed that 77% of their peers thought it was definitely ok.

Key messages, images and taglines were tested in additional focus groups: seven with teens (n=34), three with parents of teens (n=27) and two with community members (n=13) and these informed the social marketing strategies, including the social norms curricula and school/community communications campaign.

**The Social Offering**

The social offering is the development of a supportive culture and environment in which young people feel it is okay to not drink. The school-based components specifically provide students with the opportunity to engage with others and develop awareness of perceived and actual social norms in relation to underage drinking. The curriculum was designed to help students to develop knowledge and skills in an applied learning environment, including problem solving, negotiation skills, reflective practice and critical thinking in relation to alcohol and social norms. Finally, elements of the curriculum such as role plays, case studies and building skills to refuse alcohol when offered, were designed to address control beliefs which are predicted to impact on their perceived behavioural control.

**Aims and objectives**

The primary target group are students at a municipal high school in years seven through to ten (aged 12 – 16 years). The secondary target audiences are the broader school community, including parents. It is important to note that this project was one component of a broader whole-of-community intervention to address underage drinking using a social norms approach within the municipal area. This paper reports early findings of a long term strategy to reduce underage drinking.

**Citizen/customer orientation**

In 2013, comprehensive formative research and community consultation took place including a CATI survey (n= 610), online baseline survey (n=513), school survey (n=241), stakeholder interviews (n=9) and focus groups (four groups of teens (n=27), two groups of parents of teens (n = 12) and two groups of community members (n=15).

A social norms approach attempts to correct widely held misperceptions about a behaviour (Perkins, 2003), in this case underage drinking. Our formative research demonstrated that all of the target audiences over-estimated the proportion of teens who drink alcohol. In our stakeholder interviews and focus groups, for example, most thought that between 50-80% of the town’s 16-17 year-olds were drinkers (compared to the 33% reported by ASSAD in 2011). In our school survey only 39% of Year 11 students thought it was definitely ok to get drunk occasionally, but on average they believed that 77% of their peers thought it was definitely ok.

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Academic researchers and the Head Teachers, ‘Personal Development, Health and Physical Education’ (PDHPE) and Secondary Studies developed, implemented and evaluated the Alcohol and Social Norms Curriculum. “It’s OK not to drink”. Curricula were developed for Years 7 and 8 (combined) and Years 9 and 10 (combined) in 2013. The curricula included 10 lesson plans and accompanying resources and were taught in Term 1, 2014 in Health classes to all students in years 7-10 (n=738). Pre and post data was collected for this intervention as well as process data collected from students after each lesson. Teachers (n=8) from the PDHPE department also provided process evaluation data (via focus groups) at two time points throughout the teaching term.

Throughout the intervention, outdoor and convenience advertisements (which were part of the broader community campaign) featuring the messages: “Kiama Doesn’t Support Underage Drinking” and “Stand Your Ground” were placed around the school grounds. Campaign posters (approx. 100) were placed in classrooms, offices, storerooms and on the back of toilet doors. The television in the school foyer displayed campaign images, taglines and messages and a large ‘pop up’ banner in the foyer also served as a prominent visual cue for the campaign’s presence. Technology staff at the school enabled the campaign logo and tagline to become the default opening screen and screen saver on all school computers (n=150). The comprehensive project website was established containing Fact Sheets and other links and resources; and a Facebook page for ongoing information, updates and, importantly, as a method for consumer involvement.

Teachers and project staff used the weekly school newsletter to regularly communicate social norms messages about teens and alcohol. Specific school initiatives, combined with local data, helped to personalise the information, making it relevant to students. For example, project staff delivered audio-visual presentations to both parents and students on Study Skills Days and Parent Information Nights throughout the year to reinforce social norms messages and de-bunk myths.

**Engagement and Exchange**

Key stakeholders critical to the success of the school implementation were (1) teachers within the PDHPE faculty, (2) administrative staff and (3) student leadership teams. The alliance of these stakeholders ensured timely execution of all aspects of the project and message credibility for the various target audiences. PDHPE teachers contributed to the development of the two ‘Alcohol and Social Norms’ curricula through faculty meetings facilitated by the head teacher. When the curricula were finalised, a more detailed briefing took place to provide teachers with further background about the social norms approach. School executive staff also supplied regular project information for inclusion in school newsletters, website links, emails for staff as well as mail outs for students.
The engagement of the Student Representative Council and the school’s Volunteer Committee also ensured student participation in all stages of planning as well as an avenue for feedback to project staff about the relevance and acceptability of planned activities. One student is now a paid employee of the broader community project, assisting with community events and other campaign related activities.

**Competition analysis**

The pervasive marketing of alcohol brands in Australia creates a competitive environment in which to challenge the ‘social norm’. Alcohol marketing aims to create strong brand identity (Casswell, 2004) and there is substantive evidence that children (and teens) both recall (Lieberman and Orlandi, 1987) and enjoy ads for alcohol (Grube, 1993). Today, young people are exposed to alcohol advertising through traditional television, magazine and billboard advertising but also social media pages, competitions, alcohol branded merchandise and sponsorship of sports events and music festivals, all of which play a central role in young people’s lives and aspirations. The curriculum helped students to identify the influence of the alcohol industry on the drinking culture, and think critically about industry related marketing.

Competition also includes underage drinkers who promote the incorrect social norm that everyone drinks and who encourage their peers to drink. While the proportion of underage drinkers is declining, those who do drink are drinking more. The 2011 ASSAD survey reported that of those who had drunk alcohol in the previous twelve months, 36% had drunk at very risky levels for short-term harm, up from 29.7% in 2008. The curriculum and school-based communication materials helped students to identify high-risk situations and develop skills to resist social pressure to drink.

**Segmentation and Insight**

The key market segments for this project were the municipal high school students in Yrs 7-10 and the broader school community, including parents. The CATI survey indicated that 73.3% of adults in the town think it is ok for a 16-year-old to have a sip of alcohol; 57.4% think it is ok for them to have a weak drink of alcohol, and 21.9% to have a full drink of alcohol. Data from focus groups indicated that parents generally didn’t support providing alcohol to teens to take to parties—however, they drew a distinction between this and ‘sips and tastes’ at home. Similarly, in the baseline survey, 60.4% of 12-17 year olds (n=154) agreed that a 15 year old should be allowed to drink alcohol, under parental supervision in their homes; the figure rose to 88.3% when the scenario considered was a 17 year old.

One of the key insights gained from the qualitative research was that we need to address social norm misperceptions – but to do this carefully and incrementally (as students and parents believe that their own views are more conservative than their peers, and are cynical and doubtful of the facts about how many people are opposed to teen drinking).

**Integrated Intervention Mix**

The Project has a core product of social acceptance of not drinking alcohol. The actual product is the school curriculum and the messages and strategies taught to students to enable them to address misperceptions and be confident in their decisions not to drink (and relevant adults in their decisions not to provide alcohol). The augmented products include the merchandise, materials and resources distributed to students and the school community.

The price associated with adopting the desired behaviour (not drinking) is intangible and perception driven. There are substantial costs associated with rejecting perceived norms, often due to perceived social consequences such as image and acceptance (Prentice and Miller, 1993). The perceived cost of not drinking therefore is likely to be high when underage drinking is believed to be the norm. Beginning with what the target audience(s) believe and understand, perceived costs associated with drinking were increased by portraying the consequences associated with the consumption of alcohol including the effect on the brain, social impacts and legal implications. Conversely, the costs of not drinking were decreased by educating students about actual social norms of teen alcohol consumption, as well as providing skills and resources to help students to abstain. Changing social norms is a complex and slow process, and unlikely to be achieved via a single intervention. Implementing a curriculum that reflects back facts and local statistics on the community’s (and peers’) attitudes and values, we begin to challenge young people’s misperceptions about these norms, reduce their perceived psychosocial costs and increasing perceived benefits of not drinking.

The promotional aspects of the campaign within the school were diverse and ongoing. This primarily involved ambient media as previously described. In terms of placement, the intervention occurred within the school setting, with the main component of the curriculum taking place in PDHPE classes. This helped to promote discussion among teens about social norms of underage drinking with peers in a routine and safe environment. The connection of the campaign to the ongoing community intervention – including using many of the same images and taglines – meant that the messages taught in the curriculum were reinforced in the community. For example, the local bus company (which provides the school bus service) offered free placement of the campaign posters on the rear windows of buses; and paid advertising was prominent in the local shopping centre and community venues.

**Co creation through social markets**

Key stakeholders and consumers were actively consulted prior to, and during, the planning of the curricula and campaign materials. One of the driving key insights gained from this experience was that both teens and parents are entrenched in the societal misunderstanding (and acceptance) that most teens drink, and that there are situation-dependent occasions where this is acceptable to adults. We used this local data (CATI surveys, school surveys etc) in the development of resources such as infographics, whereby the data was co-presented with ‘factual’ data from ASSAD data for example, to illustrate the difference between perceptions and reality. The multiple rounds of focus groups and interviews, and the establishment of a community consultative committee, ensured that the intervention messages themselves were co-created by the target audiences. Additionally, co-creation was demonstrated by the involvement of teachers in the development, implementation and evaluation of the curriculum.

**Systematic planning**

A comprehensive program planning phase based on the concepts and techniques of social marketing (Kotler and Lee, 2008) was carried out which included detailed multi-dimensional methodologies, project based and school based timelines, budgets, project logic model and ethics approval by the University. Specific phases were: organisation and planning (Jan-Jun 2013); formative research and community consultation/market research (Jan-Aug 2013); baseline data collection and CATI (Mar-Sep 2013); intervention, including audience segmentation, marketing mix, production of materials (Oct 2013 – Sep 2015); process evaluation and monitoring (Oct 2013 – Sep 2015); post-intervention data collection (Oct – Dec 2015); analysis and reporting (Oct – Dec 2015).

Additionally, The Theory of Planned Behaviour (Azjen, 1988) which encompasses attitudes (e.g: the pros and cons of engaging in underage drinking), subjective norms (e.g: the belief that peers, friends and family condone the engagement in underage drinking) and perceived behavioural control (the degree of difficulty in being able to control the behavioural intention – not drinking) was incorporated in the planning process. These elements were carefully considered when designing the formative research questions and strategies, the development of campaign collateral, and the preferred methods of working within the local environment.

**Results and Learning**

Process measures to assess any impact of the curriculum included lesson evaluations completed by students at the end of each lesson and ongoing feedback from teachers. As well as stating what they liked and disliked about each lesson, students responded to different statements designed to measure the stated outcomes for each lesson. Overall the lesson evaluations reflected that the majority of students engaged with the objectives of each lesson and that the lessons improved their understanding of social norms.

Outcome measures to assess any impact of the curriculum consisted primarily of pre and post surveys. Students were asked to respond to statements about drinking alcohol, specifically what they thought, what they believed their peers thought, and what they believed adults in the community thought. For example, a shift in the perception of social norms is demonstrated by the proportion of students (from 145
surveys) who answered ‘Definitely OK’ in response to the following statements: “I think it is ok to drink alcohol regularly (1 or more times per month), decreased from 5.5% (pre) to 0.9% (post); “I believe other teens my age think - It is ok to drink alcohol regularly” decreased from 23.6% (pre) to 7.4% (post) and “I believe adults in my community think - It is ok to drink alcohol regularly” decreased from 10.5% (pre) to 3.7% (post). The reduction in the perception by teens that other teens drink is one example of how this project is meeting its initial objectives of facilitating and establishing the precursor to a behavioural outcome. That is, changes in beliefs and attitudes, given the significant relationship between normative beliefs, social norms and alcohol consumption (Maddock and Glanz, 2005), is a positive step towards a reduction in underage drinking.

Process measures and anecdotal evidence (obtained through the Student Representative Council and staff meetings) suggest that the project tagline and materials have good reach, recognition and are stimulating debate and conversation. From a teaching point of view, teachers have reviewed lesson length, success of particular resources and activities and the overall application of the unit to the New South Wales PDHPE curriculum.

Despite the majority of students expressing an understanding of the principles of social norms, there is still work to be done in correcting misperceptions. Out of a total 266 responses, just over half of students (52%) agreed or strongly agreed that the lesson helped them realise most Australian teenagers don’t drink. Future work in the latter part of this project (for example, student visualisation projects in Art classes in Term 4, 2014) will seek to further enforce the message that most teens don’t drink to build on the foundation of the unit taught in term one. The ongoing collaboration also provides an opportunity to address a barrier identified in the evaluation that, despite expressing enjoyment of in-class peer interactions, only a small proportion of students indicated any likelihood of engaging with their peers on these topics outside of a classroom.

References
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Talking Families – Using Social Marketing to Prevent Child Abuse and Neglect
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Introduction
Child abuse and neglect is a wicked problem in Australia with 48,420 substantiated cases in 2011-12 up from 40,466 the year before. Government’s across the country are seeking better ways to keep children safe and becoming increasingly aware that in order to do so it will be necessary to influence the voluntary behavior of parents, families and the community. With its core purpose being behavior change Social Marketing is ideally placed to play a significant role in reducing child abuse and neglect. This paper provides an overview of how the Queensland Family and Children’s Commission is applying social marketing through its Talking Families campaign.

Aims and objectives
In 2013 the Carmody Report identified the need for more focus on prevention and support of vulnerable families. “…too little money spent on early intervention to support vulnerable families; a widespread risk-averse culture that focuses too heavily on coercive instead of supportive strategies and overreacts to (or overcompensates for) hostile media and community scrutiny; and, linked with this, a tendency from all parts of society to shift responsibility onto Child Safety”. Consequently the Queensland Family and Child Commission is undertaking a social marketing program to fulfill the Queensland Government’s commitment to promote and advocate to families and communities their responsibility for protecting and caring for their own children. The purpose of the social marketing strategy is to:

• Educate the public about the role of the child protection system and the primary responsibility of parents and families to care for and protect children;
• Change current attitudes and behaviours to achieve acceptance of the concept of shared responsibility for child protection, with the primary responsibility falling to parents and caregivers; and
• Encourage parents and caregivers to access help and provide information about where to access support services, particularly those that may be at-risk.


Behavioural Objectives and Target Group
Phase one of the campaign aims to influence Queensland parents experiencing family stress to ask for and accept help and their friends and family to offer and give help to these parents. The rationale for selecting these behaviours is the hypothesis that if parents sought, accepted and actually received help from families/community to keep their child safe in the home it may prevent child abuse and neglect from occurring or re-occurring. Specifically the goal of the social marketing program is to shift people through the stages of behavior towards:

• At-risk parents being willing to (contemplation) and seeking/accepting help (action);
• Concerned families/communities being willing to (contemplation) and actually offering and providing support (action).

Baseline research is currently being conducted to measure the proportion of parents who experience family stress and the proportion of these parents and their family and friends who currently under-take these behaviours. Once the baseline figure is obtained a target will be set to increase the proportion of stressed parents and their friends and family who ask for, accept, offer and give help. Tracking research over the life of the campaign will measure the effectiveness of the campaign increasing awareness, changing attitudes and influencing behaviour.

Citizen/customer orientation
Phase one of the campaign aims to provide parents experiencing family stress and their friends and family with some strategies to prevent that stress contributing to child abuse and neglect. This strategy was based on a review of the literature and extensive consultation with stakeholders including parents experiencing stress and their friends and family.

The Social Offering
A mass media campaign involving television, print, radio and outdoor advertising is being developed in addition to a website and community directory. These tools aim to model, encourage, facilitate and enable the desired behaviours – empowering parents who are experiencing family stress and their friends and family to take positive action themselves to get the help they need to prevent child abuse and neglect.

Engagement and Exchange
The Social Marketing Strategy was informed by citizen and stakeholders at each stage of its development, refinement and evaluation including:

• Scoping workshop and review of existing documentation and any previous research.
• Fieldwork including depth interviews with target audience and stakeholders for the exploratory qualitative research.
• Targeting workshop to select the target audience to hone in on and develop concepts to speak to this audience.
• Focus group and depth interviews with target audiences to test and refine interventions.
• Pre and post-campaign surveys to evaluate behaviour change and undertake quantitative concept testing of the messages, taglines, resources and concepts and create a benchmark for evaluation purposes.

While the role of the non-government service sector in delivering services has grown rapidly in recent years, there are challenges and impediments for the sector to overcome in delivering family support and child protection services. The Carmody Inquiry identified three major challenges that non-government organisations face in delivering child protection services:

1. The relationship with government;
2. The ability to cope with regulatory and administrative demands; and
3. The capacity to deliver high-quality services across the state.

The shift to contracting services to non-government organisations has had a detrimental effect on the relationship between government and the non-government sector. The non-government sector has raised a number of issues about their ability to cope with administrative and regulatory demands, including inconsistencies across program types and regions, increased business costs associated with service delivery, the compartmentalisation of funding into narrow service types, and contracts and inflexible funding obligations. Building the capacity of non-government organisations to provide high-quality child and family services requires cooperative and collaborative relationships between the non-government sector and the government, and adequate funding from the government and workforce planning. These issues are considered to be impediments to providing services to the children and families who need them. Determining the capability and capacity of the government and non-government child protection workforce to deliver proposed services to children and families are key to the success of the new system. Development of strong collaborative partnerships between government and the non-government sector is considered to be an essential component of the implementation of the Child Protection Reform Roadmap. The Queensland Family and Child Commission has identified key sector stakeholders to engage as for the development of the Social Marketing Strategy and included them from the first scoping meeting.

Citizens have been engaged through the research process in a participatory manner with at risk families and friends or family of at risk parents participating in several stages of the research and providing vignettes for the final website collateral.
Competition analysis
The competition was identified as the behaviour of ‘not asking for help’ and the competition offers parents the benefit of ‘looking like everything is OK on the outside’ and not appearing ‘weak’, friends and family the benefit of being able to ‘pretend that signs of stress are OK’ and feeling embarrassed about needing to ask for help. The task for this campaign was to counter these benefits by showing parents and their friends and family that they will be positively Acknowledged and feel a sense of relief rather than embarrassment if they stop pretending that everything is OK and ask for help/accept help/offer help/give help. An example of the exchange developed for parents in the Acknowledgement segment is outlined below.

Segmentation and Insight
The core insight from the developmental research was that talking about child protection or keeping children safe could alienate parents as they do not relate their own situation to this definition. There was an opportunity to achieve the desired behaviour simply by giving parents permission to ask for help and their friends and family permission to offer help with some tools to make it easier and get them started. The research identified the need to build empathy, acknowledging that parenting is hard, acknowledging stress is not a weakness and asking for/offer help will benefit the parent and their friends and family. Research identified four needs-based segments and the campaign targeted those seeking Acknowledgement and Connection as the benefits these segments sought from the desired behaviour were most able to be delivered through this phase of the intervention. Later phases will involve the development of interventions that will better meet the needs of parents and friends and family in the Safety and Privacy segments. Importantly these segments spanned the range of locations and demographics present in Queensland and so phase one of the campaign was designed to be inclusive of all parents facing family stress and their friends and family.

Integrated Intervention Mix
Product: QFCC have developed a Talking Families website to provide parents permission to ask for help and their friends and family to activities and services available in their communities. This aimed to connect the target audience to their community, enable them to de-stress and link them with people who could help them to undertake the desired help seeking and giving behaviours. Price: The product was provided at no financial cost to the target audiences. However research identified that there were significant costs for the target audience in conducting the desired behaviours such as time costs, fear and shame of asking for help, embarrassment of offering help and it not being accepted and concern about not knowing when to offer help or how to offer it. The intervention was designed to ensure that the benefits outweighed the cost and as far as possible barriers to the desired behaviour were addressed. Place: The communications, website and community directory were delivered to rural, remote, regional and urban Queensland communities via media channels and the internet. Promotion: A mass media campaign to promote the desired behaviours directly to the target audiences but also create awareness of the website and community directory in addition to their usage of the website and community directory.

Promotion: A mass media campaign to promote the desired behaviours directly to the target audiences but also create awareness of the website and community directory in addition to their usage of the website and community directory.

Co creation through social markets
The target audiences and key stakeholders were heavily involved in a co-creation process which involved initial briefings, a campaign logic workshop to identify the vision and desired outcomes and behaviours required from the strategy, in-depth interviews with stakeholders including parents experiencing family stress and their friends and families as well as Departmental staff and not for government service providers and advocacy groups in addition to workshops and focus groups with stakeholders to develop and refine the intervention.

Systematic planning
The underpinning theory used was the transtheoretical model of behaviour change and Alan Andreasen’s stages of change model which identifies the marketing tasks required at each stage of behaviour to move people through the stages of change.

The outcomes from stage one was a Campaign Logic which delivered a shared vision for the social marketing strategy and specific behaviours to be targeted. Monitoring and evaluation will occur following each stage of the campaign. Results from the first evaluation will be available in February 2015 and will be shared in the conference paper.

Results and Learning
The campaign will be launched in November 2014. An evaluation of the effectiveness of the campaign will be conducted in February 2015 to detect whether the attitudes, knowledge and behaviour of parents experiencing family stress and their family and friends has changed. The research will compare the self-reported behaviours of a stratified random sample of 1000 Queenslanders pre and post campaign in order to identify whether any behavioural change has occurred. It will also look for evidence that any changes that are observed are specifically a result of the campaign by asking all participants in the post-campaign survey about their awareness of the campaign and usage of the website and community directory in addition to their knowledge, attitudes and behaviours. This paper will use this evidence to evaluate the extent to which campaign aims have been achieved. Learnings will be shared with conference attendees no matter the result of the evaluation. For example if behaviour can be shown to have changed the steps that were undertaken as part of the social marketing program will be shared and if there is no evidence of behaviour change our view about the reasons for this will be shared so that others can learn from the success or failure of this campaign. We will use the NCSM Benchmark Criteria to inform our assessment of the campaign and to draw learnings for further phases of the campaign.

References
This paper explores the ‘How to Drink Properly’ campaign – as well as subsequent attitudinal and behavioural segmentation research insights that led to the creative development revealing the extensive formative and tracking research that suggests that Phase One is having an impact on binge culture.

Marketing is concerned as much with harm minimisation as good maximisation – and how both create social value and are therefore equally important when it comes to creating sustainable change and improving community well-being.

In July 2013, DrinkWise Australia (DrinkWise) commenced a process of developing an integrated Social Marketing campaign that would seek to play a role in shaping the culture of binge drinking amongst young adult Australians (aged 18-24 years) by promoting both safer and healthier drinking behaviours. Phase One of the campaign launched in late February 2014 and ran until May 2014. Phase Two commenced in November 2014.

Whilst moderate drinking behavior is the norm for most Australians, for those aged 18-24 years, binge drinking or drinking to excess remains problematic. While not ubiquitous across this cohort, rates of drinking at ‘risky’ levels amongst this age group have remained largely consistent since 2001. Behaviours surrounding binge drinking are often associated with poor social decisions, health problems, acts of violence and physical risk.

Despite a raft of past awareness campaigns demonstrating the physical and social consequences that binge drinking can have on individuals, families and communities, failure to shift behaviours amongst this cohort suggests previous campaigns and approaches have had limited impact.

The core objective guiding this campaign was to generate behavioural change amongst 18-24 year olds by moderating the frequency and intensity of irresponsible drinking behavior.

**Behavioural Objectives and Target Group**

Amongst our target group of 18-24 year old Australians, specifically, the objectives for Phase One of the campaign were twofold:

**Campaign communication outcomes:**

- To achieve prompted recall of the campaign amongst 20% of the target audience.
- To achieve correct message comprehension by over 75% of the target audience.
- To achieve positive sentiment towards the campaign communications by over 75% of the target audience.
- To achieve campaign engagement (shares, likes, comments) on Facebook exceeding 10% (benchmarked against the alcohol industry average of 4.7%).

**Behavioural outcomes for those who recalled the campaign:**

- Propensity to consider moderation as a worthwhile goal to be significantly higher than those who hadn’t seen the campaign.
- Propensity to self-reflect on their behaviour to be significantly higher than those who hadn’t seen the campaign.
- Reduce the reported frequency / intensity of irresponsible drinking occasions with this cohort by 25%.

**The Social Offering**

Given the damage binge behaviour can potentially have on the lives of 18-24 year olds, DrinkWise developed How to Drink Properly to confront existing permissive attitudes towards excessive drinking, with the aim of moderating behaviour into the long-term.

Clearly this objective was (and is) considered difficult – particularly as research identified excessive drinking amongst many young people as a rite of passage complete with cultural norms and social expectations that for many, equated drinking to intoxication as ‘fun’ (Formative Research: 18-24 year olds – Qualitative & Quantitative Research Report, Quantum Market Research, August 2013).

The core objective guiding this campaign was to help reduce the frequency and intensity of binge drinking occasions amongst the core target of 18-24 year olds. Importantly, DrinkWise has not set out to unrealistically persuade legal age adults to stop drinking.

In acknowledging how entrenched drinking is amongst this audience (83% of this age group drink alcohol), it was understood that the objective of changing their drinking behaviour was likely to involve an extensive journey, requiring the influence of complimentary public health elements to effectively shape the beliefs and attitudes and therefore culture.

The extensive formative and segmentation research with this cohort indicated that many were largely unreceptive to traditional ‘messaging’ on this topic and the ‘expected’ scare campaigns were largely ineffectual at positioning moderation as a meaningful action.

Through quantitative research, we found four key segments: the ‘Sensibles’, ‘Good Timers’, ‘Shamefuls’ and ‘Hard and Heavy’, which comprised almost 60% of the target group.

Through qualitative research, we discovered that although these ‘Good Timers’ and ‘Shamefuls’ were open to moderate their consumption, they feel as if they don’t have social and peer permission to do so. Our strategy involved making the act of moderation or ‘proper drinking’ a socially desirable and aspirational behaviour, empowering them to drink at their own pace. If drinking...
responsibly was ‘cool’, they’d more likely practice it. In flipping these ‘traditional’ perceptions, we could make those who drank to excess feel their behaviour was juvenile.

**Integrated Intervention Mix**

‘How To Drink Properly’ was developed from these insights and was designed to impart credible lessons to help young Australian’s direct and practice moderation – speaking in their language and on their level to ultimately change the way they think about drinking.

By utilising an integrated intervention mix via social media, above the line media and youth focused community activations, we allowed every touch point of this controversial yet educational campaign to encourage talkability, sharing and public debate. It provided for moderation to be seen as an acceptable way to drink.

The campaign sits clearly within a Social Marketing framework.

Firstly the ‘product’ is provided via the concept of ‘drinking properly’ (which for this cohort presents the suggestion of moderation as a ‘classsy thing to do’). Clearly the social ‘price’ equation for this audience involves consideration of moderation as a potentially welcome part of their lives – and whether there is personal / social cache for drinking in a more moderate way. This central theme of drinking properly to ‘stay classsy’ provides an avenue to prompt self-reflection, which we knew was a ‘product’ they desired (control, social identity), at a ‘price’ or cost they could implement (drinking to their limit, not pushing back on others).

The use of social media as the main communication platform provides the key ‘promotional’ vehicle and ‘place’ sits both within the social realms of young adults (people) and their existing social media use.

Recognition of when and how 18-24 year olds are drinking reinforced the approach to ‘place’ and how social media platforms such as Spotify, Youtube, Instagram and Facebook could be ‘turned on’ at key moments to ensure effective, in-the-moment self-reflection.

This approach ranged from campaign materials that tactically played into Wednesday night ‘drinking planning’, to messaging prior to drinks consuming on Thursdays, through to engagement when listening to music at pre-drinks on a Friday or Saturday early evening. The messaging continued later in the evenings in-venue, and post-event on a Sunday morning to ‘reward’ moderation and serve as reminders to moderate in future.

Beyond a strong social media presence via film as well as outdoor installations, DrinkWise also developed in-situ levers, such as bathroom posters and the provision of tangible resources such as free water and food at music events, to actively prompt behaviour change in the moment. In addition, a mix of digital properties has been created, from Instagram to Twitter to encourage dialogue between our main campaign character, providing further wisdom been created, from Instagram to Twitter to encourage dialogue.

**Systematic Planning**

DrinkWise considered the core issues behind how and why young Australians drink in the manner they do. From there, the application of recognised behaviour change theory (Andreasson, 2002) was critical to the development of a research-based approach to communication that would influence attitudes and behaviour change. Throughout the development of the How to Drink Properly campaign, DrinkWise employed a rigorous, iterative and systematic planning and research approach to ensure that the messages and the channels utilised to deliver the communication, were meaningful and appropriate for the 18-24 year old audience. This process involved a number of key stages including extensive qualitative and quantitative formative research, insight driven segmentation research and messaging, and creative developmental research.

The How to Drink Properly campaign themes were developed from extensive segmentation, quantitative and qualitative research. The key campaign messages deal with several themes that resonate emotionally amongst the target audience including:

- reputation;
- group belonging and exclusion; and
- being in control.

Creatively, these themes intertwine with traditional alcohol education / moderation tactics and advice around:

- how to break ‘drinking in sync’ (particularly during the ‘pre-loading’ phase);
- being empowered so ‘say no’ when pressured to drink; (and highlighting the benefits of moderation); and
- better understanding personal limits (understanding the impact of excessive consumption on physical well-being).

Throughout the messaging and creative development process, an iterative approach was utilised to ensure the imagery, tonality, messaging take-outs and overall creative direction had a positive effect on shaping attitudes and behaviour towards more responsible alcohol consumption amongst the target audience. This process ensured that the ideas presented did not glamorise or encourage excessive drinking.

**Results and Learning**

Instead of tuning out, our target audience welcomed the campaign and endorsed it – by liking, sharing, tagging and promoting the message. Mainstream media followed. As a result, since the launch in late February 2014, the campaign has made a significant impact.

In just over eight weeks from launch, the campaign:

- achieved a prompted campaign recall of over 20%;
- received over 55,000 facebook shares;
- was viewed over 2.08 million times;
- received $1.3 million in earned media (publicity gained through non-paid media advertising);
- delivered 14.68% Facebook engagement (as defined by likes, comments, shares about the campaign) (against PSA average of 1.13% and alcohol average of 2.18%); and
- generated overall positive sentiment of 87%.

And from independent tracking research (n=750, 18-24 year olds) conducted by Quantum Market Research three months after launch resulted in:

- 76% of the target audience suggesting they are now thinking about the benefits of moderation (significantly higher than those who didn’t recall the campaign);
- 68% are reflecting on their behavior when out drinking (significantly higher than those who didn’t recall the campaign); and

The target audience had a clear comprehension of the moderation message and applauded it for ‘speaking to them on their terms as peers’ rather than patronizing them like many previous Government style campaigns.

Despite some negative commentary from some mainstream media outlets and personalities purporting that the campaign was encouraging young people to drink, the overwhelming response from the target 18-24 year old segment was resoundingly positive. For this reason, DrinkWise didn’t need to issue formal responses to the limited negative feedback as the target audience were quick to jump to the campaigns’ defence on social media and blogs. In effect they took ownership of the campaign.

Although changing the culture of drinking amongst 18-24 year olds in Australia presents a long-term vision, DrinkWise is confident that the organisation’s use of social marketing via the How to Drink Properly campaign has effectively made some inroads into positioning moderation as a desirable behaviour, via a tone and approach that has cut-through with this audience.

The paper will update the audience with early outcome data after a strong 2014/15 summer of activity for Phase Two of the campaign and associated target audience tracking research.
Research from previous anti-racism campaigns reveals that no single campaign aims to challenge non-Indigenous Australians to question the discrimination towards Indigenous Australians by:

The Stop. Think. Respect. (Phase two) social marketing strategy

Behavioral Objectives and Target Group

The campaign aims to reduce the prevalence of unconscious, subtle discrimination experience feelings of psychological distress (a risk factor for anxiety and depression), and almost one third report high or very high levels. This is nearly three times the rate recorded among non-Indigenous people. beyondblue's Stop. Think. Respect. (Phase two) campaign is designed to reduce the impact of discrimination on multiple occasions. Racial discrimination can be overt (such as verbal abuse or being spat at) and subtle (such as being left out, stared at or avoided). Often, people who are engaging in subtle forms of discrimination do not understand they are doing so, nor fully realise the impact of their attitudes and behaviour.

Over half (56 per cent) of Indigenous people experiencing discrimination among Aboriginal and Torres Strait Islander people* including a greater risk of developing depression and anxiety, substance use and attempted suicide.

In a recent Victorian study by The Lowitja Institute (Ferdinand, Paradies & Kelaher, 2012), an overwhelming majority (97 per cent) of Indigenous people surveyed revealed they had experienced racism on multiple occasions. Racial discrimination can be overt (such as verbal abuse or being spat at) and subtle (such as being left out, stared at or avoided). Often, people who are engaging in subtle forms of discrimination experience feelings of psychological distress (a risk factor for anxiety and depression), and almost one third report high or very high levels. This is nearly three times the rate recorded among non-Indigenous people. beyondblue's Stop. Think. Respect. (Phase two) campaign is designed to reduce the impact of discrimination on multiple occasions. Racial discrimination can be overt (such as verbal abuse or being spat at) and subtle (such as being left out, stared at or avoided). Often, people who are engaging in subtle forms of discrimination do not understand they are doing so, nor fully realise the impact of their attitudes and behaviour.

Over half (56 per cent) of Indigenous people experiencing discrimination experience feelings of psychological distress (a risk factor for anxiety and depression), and almost one third report high or very high levels. This is nearly three times the rate recorded among non-Indigenous people. beyondblue's Stop. Think. Respect. (Phase two) campaign is designed to reduce the impact of discrimination on multiple occasions. Racial discrimination can be overt (such as verbal abuse or being spat at) and subtle (such as being left out, stared at or avoided). Often, people who are engaging in subtle forms of discrimination do not understand they are doing so, nor fully realise the impact of their attitudes and behaviour.

Studies have demonstrated a link between experiences of racial discrimination and poorer mental health among Aboriginal and Torres Strait Islander people* including a greater risk of developing depression and anxiety, substance use and attempted suicide.

In a recent Victorian study by The Lowitja Institute (Ferdinand, Paradies & Kelaher, 2012), an overwhelming majority (97 per cent) of Indigenous people surveyed revealed they had experienced racism on multiple occasions. Racial discrimination can be overt (such as verbal abuse or being spat at) and subtle (such as being left out, stared at or avoided). Often, people who are engaging in subtle forms of discrimination do not understand they are doing so, nor fully realise the impact of their attitudes and behaviour.

Additionally, up to one-third of non-Indigenous people aged 25-44 who participated in the study indicated that discriminatory behaviours were undertaken automatically without consideration of impact:

- One third (35 per cent) agreed moving away from an Indigenous person sitting nearby was an unconscious behaviour whilst one in five (19 per cent) agreed purposely not sitting next to an Indigenous person sitting nearby was an unconscious behaviour.
- One third (31 per cent) agreed telling jokes about Indigenous people would occur unconsciously.
- One third (31 per cent) agreed telling jokes about Indigenous people would occur unconsciously.
- One in ten (9 per cent) reported they would not hire an Indigenous person for a job and one third (31 per cent) indicated they had previously been aware of this occurring.
- One in ten (9 per cent) even considered more overt acts of discrimination – verbally abusing an Indigenous person – to be unconscious behaviours.

In addition to high self-reported prevalence, and agreement of the influence of unconscious bias on discriminatory behaviour, up to one third of non-Indigenous people aged 25-44 who participated in the study indicated low knowledge of the impacts of discriminatory behaviour:

- One third (31 per cent) believed that if someone moved away from an Indigenous person when they sat nearby, the Indigenous person ‘would not care’ whilst one quarter (28 per cent) believed Indigenous people ‘would not care’ if someone purposely did not sit next to them on the bus.
- One in five (22 per cent) believed Indigenous people ‘would not care’ if their actions were being watched in a retail environment.
- One in five (20 per cent) believed Indigenous people ‘would not care’ if they were not hired for a job because they were an Indigenous person.
- One in five (18 per cent) believed Indigenous people ‘would not care’ if they overheard racial jokes.
- One in seven (14 per cent) believed Indigenous people ‘would not care’ if they experienced an overt form of discrimination – verbal abuse.

Citizen/Consumer Orientation

Prior to the launch of this social marketing strategy, as many as one in five non-Indigenous people aged 25-44 self-disclosed that they would exhibit discriminatory behaviours towards Indigenous people (O’Donoghue, Fitzpatrick & Squire, 2014):

- One in five (21 per cent) disclosed they would move away if an Indigenous person sat near them in a public setting and two in five (41 per cent) indicated they have previously observed this behaviour among others.
- One in five (21 per cent) disclosed they would watch the actions of an Indigenous person in a retail environment and half (48 per cent) indicated they have previously observed occurrences of this behaviour.
- One in ten (12 per cent) would tell jokes about Indigenous people and more than half (57 per cent) indicated they have observed this prior.
- One in ten (10 per cent) would avoid sitting next to an Indigenous person on public transport and two in five (46 per cent) report to have witnessed this behaviour.
- One in ten (9 per cent) reported they would not hire an Indigenous person for a job and one third (31 per cent) indicated they had previously been aware of this occurring.

The Social Offering

The social premise of the strategy is to challenge the unconscious bias that exists among many non-Indigenous people by highlighting the negative mental health impact on Indigenous people. Essentially the campaign seeks to reflect a ‘System 1’ process to the target audience in order to explicitly challenge the subconscious influences of their behaviours. In doing so the campaign seeks a ‘System 2’ response through a deliberative, internal reflection of their views, beliefs and behaviours.

Engagement and Exchange

beyondblue established a National Advisory Group to guide
campaign development, to ensure all materials were culturally appropriate, to support campaign dissemination and to advise on potential partnerships. The group included the Australian Human Rights Commission, Deakin University, ANTar, The Lovitja Institute, Reconciliation Australia, Royal Australian College of General Practitioners, National Congress of Australia’s First People’s, Oxfam, VicHealth, Korin Gamadi Institute, National Aboriginal Community Controlled Health Organisation, and the Australian Indigenous Psychologists Association.

**Competition Analysis**

As mentioned earlier, other research has demonstrated the levels of discrimination experienced by Indigenous people as well as the negative impact on mental health. There were no other campaigns addressing the same issue at the time, however other external factors that may have impacted this campaign. These include:

- The (withdrawn) proposed legislative changes to discrimination laws at a federal level.
- Media coverage of other events at the time of the campaign such as the terrorism threat posed by Islamic State (IS), calls to ban women wearing burkas in public and the shooting of Michael Brown in the USA

**Segmentation and Insight**

Given the high prevalence of unconscious discriminatory behaviours, the key interest segments were defined demographically as men and women aged 25-44. In line with segmented mindsets regarding diversity and race (beyondblue 2014), the campaign targeted particular mindsets – those who do not consider themselves to be racist and want to be seen as tolerant but may engage in subtle acts of discrimination, believe negative stereotypes, tell racist jokes, or make insensitive or offensive comments out of fear, ignorance or habit.

**Integrated Intervention Mix**

The campaign was delivered via TV, online, media relations/PR and engagement with high-profile beyondblue ambassadors. It highlighted the many forms of racism experienced by Indigenous people and the psychological distress caused. Indigenous actors within the campaign demonstrated the impact of the discrimination experienced through facial expressions. Campaign creative is available at: http://www.beyondblue.org.au/resources/for-me/stop-think-respect-home/the-invisible-discriminator

beyondblue is a leading Australian organisation for supporting people living with anxiety or depression. beyondblue supports a variety of groups including Indigenous Australians, youth, multicultural people, LGBTI people and new parents. The beyondblue social marketing intervention mix includes the following elements:

- Promotion: social marketing campaigns regarding anxiety and depression;
- Product: services and support for those those experiencing anxiety and depression and their friends and family;
- Place: assistance through a variety of channels including online, phone and face to face interactions with the public;
- Price: discreet and anonymous access to support for anxiety and depression;
- People: use of ambassadors and the ‘blue voices’ community to support beyondblue work

**Co-creation Through Social Markets**

During the communications development stage, target audience qualitative research was undertaken across Australia with focus groups and 98 interviews (39 Indigenous people and 59 non-Indigenous people). The creative concept was focus group tested early in its development, then tested with the Advisory Group and refined based on feedback.

Benchmarking, tracking and evaluation research was undertaken with the target audience to monitor the strategy’s efficacy. Qualitative research was undertaken with Indigenous people with 10 paired depth interviews.

**Systematic Planning**

In 2012, beyondblue delivered a national awareness campaign – Stop. Think. Respect. (Phase One) – to highlight discrimination impacts on lesbian, gay, bi, trans and intersex (LGBTI) communities. Stop. Think. Respect. (Phase two) builds on this work as a primary prevention campaign addressing racism as a social determinant of mental ill health.

The World Health Organization defines social determinants of health as ‘the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels’.

Considerable research was undertaken to determine successful anti-racism campaign communication components. These include fostering empathy, cognitive dissonance, modern prejudice, and providing information to address false beliefs/stereotypes. We avoided the term ‘racism’ (very few people identify as racist with the term likely rejected by the audience), did not over claim by staying in the target group’s ‘latitude of acceptance’, and avoided exotic, superficial and singular representations of Indigenous people.

The five campaign scenarios were informed by experiences of everyday racial discrimination as reported in large-scale surveys, focus groups and interviews commissioned by beyondblue.

The social marketing strategy included comprehensive research among the target audience (non-Indigenous people aged 25-44) to assess effectiveness. This included:

- Benchmarking research: n=1000 non-Indigenous people aged 25-44 (nationally representative sample). This ran throughout the period the campaign was supported via mass media.
- Tracking research: n=1000 non-Indigenous people aged 25-44 (nationally representative sample). This ran throughout the period the campaign was supported via mass media.
- Evaluation research: n=1000 non-Indigenous people aged 25-44 (nationally representative sample). This was a direct repeat of metrics from the benchmark stage. It also included consultation with Indigenous people with 10 paired depth interviews.

**Results and Learning**

This research was based upon knowledge, attitudes and claimed intentions and behaviours. There was no ethnographic or other observational element to the research. All of the behavioural objectives were achieved amongst those (almost half of the target) who were cognisant of the campaign:

**Attitudes and awareness**

- Recognition of subtle forms of discrimination significantly increased at evaluation stage (from 65% to 72%).
- Agreement that reducing discrimination towards Indigenous people is a priority significantly increased at evaluation stage (from 72% to 78%).
- Recognition of the impacts of discrimination on mental health of Indigenous people significantly increased at evaluation stage (from 81% to 90%).
- Statistically significant positive attitudinal shifts were observed at evaluation stage with respect to beliefs that:
  - Treating Indigenous people as equals sets a good example (from 81% to 89%).
  - Treating Indigenous people as equals is right (from 90% to 94%).

**Word-of-mouth**

- Two in five indicated they had talked to a friend (43%) or a family member (42%) about the social marketing campaign.
- One third (31%) had shared the campaign on social media.

**Intervening**

- Behavioural intentions with respect to intervening if witnessing an act of intolerance or discrimination significantly increased at evaluation stage (from 57% to 68%).

These statistically significant improvements with respect to behavioural intentions, knowledge and attitudes are a positive result. They demonstrate the campaign's ability to achieve long term behaviour change.

Following our example, we recommend that future interventions draw on the evidence base for effective anti-racism campaigns, establish a representative benchmark and invest in on-going stakeholder consultation to ensure campaigns are culturally appropriate and
impactful on the target audience. Campaign collateral and third party advocacy was critical to the campaign’s reach and impact.

Footnote
*For ease of reference, throughout this report Aboriginal and Torres Strait Islander people are referred to as ‘Indigenous people’. We recognise that there are differences of opinion with regard to this terminology and no disrespect is meant should this language be considered inappropriate.

References
Pedersen, A, Walker, I., Rapley, M and Wise, M (2003), “Anti-racism – terminology and no disrespect is meant should this language be considered inappropriate.

Number: 93
The Great Gift: Improving Couple HIV Testing Rates in South Africa
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Aims and objectives
South Africa’s highest burden of disease is HIV, with a high prevalence of 12.2%. The National Strategic Plan on HIV, STIs and TB 2012-2016 (NSP), emphasizes the use of targeted, evidence-based combination prevention interventions, including expanding HIV prevention efforts. Further, the National HIV Counselling and Testing (HCT) Strategy, launched in 2010, outlines the objectives and plans to expand the number of points where HCT is available (e.g., mobile settings), launch targeted campaigns to increase demand for HCT services and integrate HCT delivery into the health delivery system. After the launch of the National Counselling and Testing Strategy, the National Department of Health (NDOH) embarked on a national HCT campaign, and 20 million tests have been conducted since the start of the campaign in 2010. The National Department of Health continues to implement a series of sector-specific HCT campaigns, and embarked on the revitalization of the HCT campaign in 2013. The aim of this campaign was to support the NDOH HCT objective to test 10 million people annually.

Behavioural Objectives and Target Group
The campaign objective was to increase the number of couples who got tested together for HIV from 7% in Jun 2013, to 10% in Sept 2014. The target audience for this campaign was sexually active couples aged 25 – 39 who live in the 4 districts where SFH operates. These areas are Nkangala and EMahaleni in Mpumalanga province, and Mangaung and Lejweleputswa in Free State province. According to the 2012 Human Sciences Research Council latest data (HSRC, 2012) these districts each have higher than the national average prevalence of 12.2% i.e. 14.1% in Mpumalanga and 14% in Free State.

Citizen/customer orientation
In South Africa, 6.4 million people live with HIV while only 41% of people know their status, having tested in the last 12 months (HSRC, 2012).

Couple HIV counselling and testing (CHCT) is known to be a highly effective testing method because it: encourages couples to make “informed decisions about HIV prevention and reproductive health, including contraception and conception” (WHO, 2012) and increases marital cohesion through enhancing partner / family communication. In addition, it encourages partners to support each other, discourages risky behaviour, is shown to reduce HIV transmission among serodiscordant couples 1 (Dunkle, 2008) and in positive couples, enhances adherence to treatment (WHO, 2012).

The WHO also states that “while CHTC appears to offer potentially substantial personal and public health benefits, to date it has received insufficient programmatic attention.” This has been in part in part to a focus on individuals getting tested. In South Africa for instance there are no HCT organisations that are specifically geared towards CHCT, although they do occasionally run short couples HCT campaigns. Society for Family Health’s (SFH’s) marketing team conducted “consumer immersions” with couples who already tested and those who did not want to test. The semi-structured interview guide asked questions about reasons for testing or not-testing, as well as the pre and post testing process. The interviews were aimed at understanding barriers and gaining insight. The following barriers were highlighted: that there is a logistical issue of the couple often not being in the same place and time as the counsellors; that the pre-CHT discussion was very difficult to bring up; that there was a fear of what the results might be; as well as barriers related to disclosure, stigma, being judged or potential negative reactions from the partner. Further, information gathering was undertaken with programme staff and community members to gain deeper insight into the barriers.

The Social Offering
HIV counselling and testing to couples was the key product. Other services are also offered including: testing of CD4 counts, tuberculosis (TB) screening through sputum collection and testing, linkages and referrals for TB and ARV treatment, link to community support groups, provision of free condoms, and referrals to other social services, such as in cases of gender based violence (GBV). This is in line with “combination prevention” programmes which offer various services, as described above, to impact positively on the lives of the clients.

The overarching reason to test as a couple is to allow them to demonstrate their love and affection for each other by testing together. It allows them to support each other, therefore increasing “social support” for each other.

Engagement and Exchange
SFH runs the social franchising brand New Start, which provides free HIV Prevention services to various districts in South Africa. There are four New Start HIV Counselling and Testing sites: two of which are run internally and two are run by franchise partners.
New Start is a well-known service provider in the areas that we work. The teams who provide HIV Counselling and Testing work closely with the community, fully engaging with the local and regional stakeholders. Since the campaign was run in main areas within the districts that we work in, the teams engaged with the local government authorities or municipalities to get their permission to run the campaign.

The HCT sites are considered very important stakeholders with whom the marketing team spent a considerable amount of time engaging with, and getting their opinions and buy-in on the project. This was felt to be critical so they could provide the technical assistance with quality services.

During the process of the campaign, the teams engaged on a daily basis with the people in the communities that we serve. This was done through Interpersonal Communication (IPC) agents, what SFH refers to as Community Mobilisers. Each site had 6 mobilisers, talking to people one-on-one and as a group. The teams spoke to 11799 people as a result of their community engagement. The response from the communities was phenomenal - reports back from the field agents consistently noted that the communities were very excited by the campaigns.

Competition analysis
The competition is not testing. HSRC data shows that 41.5% of the South African population have an awareness of their status, through
testing in the last 12 months. This indicates that over 50% of the population do not know their status.

Partners who work in the same districts include the government clinics and other NGO’s. They do not concentrate their resources on couples, but rather on individuals. With our distinct brand presence and targeting of couples, we captured an untapped section of the market.

Segmentation and Insight

In the HCT arena, people can test as individuals, as couples or as a family. For this campaign, we specifically targeted the couples, because of the benefits associated with couples counselling and testing.

The campaign title was “Give your partner the greatest gift”. The insight for this campaign centered around the universal idea that couple love to give each other gifts. These gifts, whether large or small, make the other partner feel special. The word “gift” was played upon to refer to the gift of having an HIV test together, which means that the couple has taken the next step in their relationship. It could result in numerous benefits such as feeling closer, deeper communication and feeling supported.

The creative agency also tapped into the insight that campaigns need not be “linked” to public health messages, which are often soaked in “fear” messages. Therefore they created a campaign which looked nothing like a Public Health campaign, but was inspired by “Vegas” style bright and bold artwork. This broke through the clutter and attracted our target audience’s attention.

Integrated Intervention Mix

Within our organisation, we use the 4P’s model, as part of bigger marketing strategy. The 4 Ps for this campaign was:

Product P: The “product” was the high quality HCT service to couples and adjunct support and clinical interventions. Consumers like our product because of the convenience - they do not find it convenient to access services through government clinics. We operate out of tents, which means our services are mobile therefore we go to where clients are. The clients also site preference of our services due to confidentiality concerns with government clinics².

Price P: The CHCT services were free, in terms of monetary costs. However, the campaign did take into account emotional costs which were mitigated through the experienced counsellors who are trained to communicate and deal with emotional costs during their sessions so that the couple feel comfortable to discuss these in a safe and controlled environment.

Promo P: The promotion mix involved Above-the-line (ATL) and Below-the-line (BTL) elements. The pre-campaign had a timeline of one month before the actual campaign, consisted of street pole ads and community radio. During the two week couples counselling campaign, in addition to the street pole ads and radio, the BTL elements were initiated. These included using Interpersonal Communication (IPC) through community mobilisers, mobile billboards, loud hailing, playing popular music that attracted the target audience, distributing Information, Education and Communication (IEC) material as well as the distribution of promotional items, such as branded water bottles, key rings and framed photos.

Two local agencies were commissioned to create and execute the different elements of the campaign.

Place P: We held the campaigns at high traffic areas within the districts. The areas were assessed beforehand, by the teams on the ground, who had conducted outreach services in those areas. Two high traffic areas in each district were chosen, with the team spending one full week at each area.

² Routine programme data.

Co creation through social markets

New Start, works in close collaboration with the provincial and regional governmental departments including the Department of Health, Department of Education and Department of Social Development. SFH is funded by PEPFAR, through the Center for Disease Control and Prevention (CDC), and works closely with the NDOH and CDC to co-create the HCT programme to respond to the needs of the community.

Systematic planning

SFH utilises a marketing strategy process called DELTA. This process evaluates the following questions:

- Where are we now: looks at the current situation
- Where do we want to go: looks at objectives to be met
- How do we get there: looks at the 4 Ps to create a marketing plan
- How are we doing: outlines research, workplan and budgets to achieve the plan

A DELTA was conducted for the HCT programme. The strategy team consisted of the key site management team, as well as SFH marketing experts. The strategy focussed on the human centred approach, in order to get to a plan that satisfied the needs of the community in which we serve. A key outcome of this process was a marketing campaign addressed to the key target audience of couples and supported programme objectives and planning.

The underpinning theory that SFH uses in the development of each campaign and in this one specifically, is that behaviour change is affected by “OAM”: Opportunity, Ability and Motivation. Opportunity refers to the institutional or structural factors that influence an individual’s chance to perform a promoted behaviour. Ability refers to an individual’s skills or proficiencies needed to perform a promoted behaviour. Motivation refers to an individual’s arousal or desire to perform a promoted behaviour.

The planning process entailed marketing taking the lead for the briefing, and management of the creative agencies. Once a suitable idea was decided on, it was presented to the site teams for their feedback and suggestions for how to improve it, as well as where to conduct the two week long campaign. The site management team was tasked with local government engagement.

The below-the-line activities were run by a specialist agency who employed additional mobilisers, with a dedicated campaign manager at each site.

The criterion for success was number of people who tested. We did not monitor knowledge and attitudes. Therefore our monitoring and evaluation teams pulled together the routine programme data for actual number of tests.

Results and Learning

The campaign objective was to increase the percentage of people who tested as a couple from 7% at the beginning of the campaign to 10% at the end of the campaign. This was achieved:

- Total couples tested during the campaign period: 1265 (2530 individuals)
- Growth August 2014 vs August 2013³: increase by 391%
- Growth August 2014 vs. July 2014: increase by 152%

³ This is with the same teams and resources as the previous year.

The learnings from the campaign include:

- The campaign worked due to the great branding work that was done. There was one message that was followed through all the elements consistently.
- The campaign did not look or feel like a “health” campaign. It was bright, bold and engaging, with the “Vegas” feel, therefore it broke through the clutter.
Creating Change: Learnings from the use of Digital Tools
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Aims and objectives
Today's digital world and the increasing ubiquity of the smartphone provide social marketers with a significant opportunity. Now, with the rapid uptake of smartphones, the concept of the "digital divide" is becoming less and less relevant. As a result, regardless of target audience demographics, social marketers can use a wide range of digital engagement programmes and tools to help their target audiences build self-efficacy, gain relevant knowledge and provide prompts to change.

This paper aims to share the learnings from a range of programmes by New Zealand government organisations that have used behavioural insight and digital tools to help drive behaviour change. These programmes include:

- The Journal – an online self-help tool for New Zealanders suffering depression
- What’s My Number – a programme to mobilise New Zealanders to shop around for the best deal on their electricity (and by doing so, building a more competitive electricity sector)
- Practice – an online programme for helping young drivers to drive more safely
- Maritime NZ MetService Marine App – a weather app that embeds water safety reminders within marine weather forecasts.

Behavioural Objectives and Target Group
For our four cases, target groups and behavioural objectives included:

- The Journal. Depressed adult New Zealanders reluctant to seek professional help. Objective: Get them to try self-help instead. 400 to sign up to the Journal each month and achieve a medically significant improvement in their condition.
- What’s My Number. New Zealand households. Objective: Get New Zealanders to adopt "shopping around" behaviour for their electricity by starting with one simple step: checking out their potential savings "number". Target of 50,000 unique users of the calculator and a 40% spike in switching behaviour within the first 3 months of launch.
- Practice. Young drivers aged 16 to 24 years on a learner licence. Objective: Get these young drivers registered in a structured programme that will teach safe driving skills. For the 2011/12 relaunch, get 28% of all learner licence holders aged under 20 years registered with Practice.
- MetService Maritime App. New Zealand recreational boaties, especially males over 40 years. Objective: create a property that would provide a behavioural “nudge” to adopting the right behaviour, both immediately prior to and during a trip out on the water. Target of 7,500 downloads of app within the first 12 months of launch.

Citizen/customer orientation
Research studies across our clients’ target audiences repeatedly show that many want to make a positive change. However, lack of time, knowledge, support and self-confidence; perceived complexity of change; or apathy all hinder people making the change.

For example, research for the National Depression Initiative showed that the stigma around depression, combined with the monetary cost and discomfort in talking to doctors, provided significant barriers for people to seek treatment. Even more importantly, the reduced concentration and low motivation associated with depression made learning difficult and led to high drop-out rates in treatment.

In other cases, however, the topic is simply of low priority or too complex for consumers to consider making the change. For example, research conducted by The Electricity Authority revealed that New Zealanders could save significant amounts of money by switching to a cheaper electricity provider ($200m nationally). This switching would have a huge impact on household finances and build a more competitive electricity sector. Yet most people found electricity simply too boring a topic or switching confusing and potentially risky.
The Social Offering
The private nature of The Journal’s online offering ensured users avoided the self-consciousness detering many of the target audience from talking to medical professionals and others around their depression. Yet reassurance and fit with societal norms was provided through the use of a well-respected former All Black rugby hero, John Kirwan (JK), as the online mentor. Further support was provided by prompts through email and text reminders, and access to Lifeline call centre support.

By contrast, with What’s My Number we tapped into a sense of a national movement. Everyone had a “number” that they could save and, what’s more, everyone was finding out theirs and comparing it with their friends. A ticker on the site reinforced the rapidly growing number of people who’d been there and calculated their number.

For teen drivers and their parents or driving guides, we have provided different social offerings. We appeal to the teen desire to get their licence faster – so they have independence and mobility to hang out with their friends – by offering a structured driving programme, Practice, to help them learn everything they need to pass their restricted test. Meanwhile, for parents, we appeal to their desire for their children to drive safely on the roads and come back home in one piece.

Engagement and Exchange
The Journal online interface uses the familiar visual metaphor of a book to create a sense of ease and comfort within the technology. A set of tools built into the book helps the user plan and execute each task. By contrast, What’s My Number provided users with a simple reward: the number denoting how much they could save by switching electricity retailer. Plus, with one click, they can begin to initiate the switching process at Consumer Powerswitch. For the Maritime NZ MetService app, on-going engagement was ensured through “sticky content”, namely regular maritime weather updates.

Competition analysis
Unlike, say binge drinking or healthy eating, our case studies do not feature direct competitors from the commercial sector. However, they are all united by having target audiences with other priorities in their lives or, in some cases, disinterest in our subject (eg. saving on electricity, wearing lifejackets). As a result, the focus is less on countering competing product offers, but rather making a compelling offer to engage our audience’s attention.

Segmentation and Insight
For all of our case studies, consumer insight informed our approach to the programme and tools we developed to help our audiences make the desired change. In some cases, lack of perceived self-efficacy hindered our target audience from taking action to change their behaviour. In others, it was perceived hassle, difficulty or lack of knowledge of where to start that prevented change. So, in all cases our tools were developed to be engaging, be easy to use, and provide prompts for the next step to take.

For the National Depression Initiative, we saw that self-consciousness around the stigma of depression and the cost of visiting a clinician were key barriers. What if we could combine the power of video, online resources and CRM to develop a free, step-by-step, self-help e-therapy programme for depression?

For the Electricity Authority, we learned that most householders were simply apathetic about finding out how much they could save on their power bill by switching. What if we turned potential savings into a game and used curiosity as a motivator – directing them to an online quick calculator to find their “number”(ie. their potential savings)? And once they saw the savings and realised they had a choice of providers, why wouldn’t they switch?

Teens crave freedom and independence. It’s particularly humiliating to be reliant on your parents to get around. And it’s equally humiliating to be seen to fail your practical driving test. Let’s encourage teens to register in a proven, structured driving programme that combines online tools and videos with real life practice on the road, to help them pass their restricted test first time.

Most boaters carry lifejackets on board but too many neglect to wear them all the time they’re out on the water. What if we could use mobile technology and the need for up-to-the minute marine forecasts to provide a weather app with a timely embedded reminder to wear your lifejacket?

Integrated Intervention Mix
Product:
The Journal was designed in accordance with behaviour change principles:

• Chunking: a set course of 6 “lessons” that limited decision-making for the users
• Repetition: a consistent structure to each lesson made the Journal easy to use
• Goal-setting: Each skill is broken down into smaller, simple steps and people are given all the tools and information they need to complete each task
• Planning: Calendar triggered personalised reminder messages to keep them motivated
• Practice: Real-world tasks encouraged setting of goals to practise the skills learned and contextual feedback on their progress reinforces positive behaviour.

What’s My Number was built around ease of use and a single-minded focus on encouraging users to get their savings number, quickly. Then once the number was found, a prompt was given to click-through to Consumer Powerswitch to initiate the retailer switching process. Practice chunks content into key learning stages and tailors it to both young drivers and their parents or driving coaches. The MetService Marine App delivers sought after content from New Zealand’s most respected weather forecaster, while overtly providing safety reminders – meaning content and context are intertwined.

Price:
All four digital properties are available free of charge. In most cases registration requirements are minimal, making cost in time limited. The opportunity cost of time involved in using the tools is mitigated by making them engaging, simple and, where possible, fun (tapping into learnings from gamification and online learning).

Place:
One of the benefits of offering digital tools is that they overcome the tyrannies of place – distribution costs and limited access. And increasingly, tools and/or content are not limited to one website destination. For example, the What’s My Number quick calculator was embedded within online advertisements on highly trafficked third party websites. Likewise, the Practice driving tutorial videos are available directly through YouTube. Increasingly, digital tools are being smartphone optimised or developed specifically as apps, given the high smartphone penetration in New Zealand.

Promotion:
All digital programmes are promoted through a range of paid media and PR. For both The Journal and What’s My Number, TV is a key part of the mix – for the former it brings credibility and authority; for the latter, it brings scale and a sense that it’s OK to check how much you can save on your power (rather than just being for the frugal!). Practice uses a very targeted approach of direct mail to new learner licence holders and advertising within digital environments. With the exception of the Marine App, all the above tools are branded as discrete products, rather than being brand extensions of the organisational brand.

Co-creation through social markets
Due to the formal development process required for building digital properties and tools, co-creation has not been part of the creation process. However, analysis of user behaviour has informed refinement of content and usability.

Systematic planning
All examples referred to used qualitative and quantitative research to inform the planning process, then quantitative surveys to monitor the effectiveness of the supporting communications activity and usage of tools. Digital tools, however, offer further opportunities for measurement, evaluation and optimisation beyond these traditional measures. For example:

• Google Analytics – measuring site traffic, unique visitors, return visitors, bounce rate on the homepage, engagement with specific tools and pages; tracking of performance year on year, month versus month
• A/B testing – for example, testing different homepages to increase movement from homepage to tool usage
**Practitioner papers**

- Exit surveys – to get visitor feedback on their experience with the tools.

**Results and Learning**

By providing useful tools in relevant digital environments, we have helped New Zealanders change their behaviour. A focus on developing products that help rather than simply relying on communications, for example, can bring powerful results to social marketers. And the measurability of digital tools allows for on-going learning and optimisation. Increasingly, we need to look beyond time-bound campaigns to “always on” digital programmes that evolve as technology and user behaviours change and learnings are fed back into programme refinement. Specific results are as follows:

**The Journal**

- Around 600 new users signed up to The Journal each month for self-help over a three-year period – 50% more than target.
- 90% Journal users achieve a medically significant improvement in their condition, based on the PHQ questionnaire score.

Treatment through self-help using The Journal was delivered at 12% of the cost of traditional treatment. We learned that it’s possible to combine the best medical and behaviour change strategies in a digital programme that’s made a real difference to tens of thousands of New Zealanders with depression.

**What’s My Number**

- Over 1.1 million unique visitors to the What’s My Number website over a 3-year period.
- Record levels of switching. 57% year on year increase in the first month of launch; 1.2 million switches completed over 3 years; 2013 had the highest total switches ever.
- Sustained switching by consumers led to price convergence amongst retailers in years 2 – 3 of the campaign.

We learned it’s possible to overcome apathy by getting people to take one simple step online. Especially if it’s framed correctly and made to be fun. And once they take one step, it’s easy to take another – to make the switch.

**Practice**

The 2011/12 summer “relaunch” of Practice achieved a 40% registration rate of the target audience. More importantly, teen drivers who’ve completed the Practice programme have been proven to be safer drivers than those who haven’t – potentially saving their lives and providing huge financial, social and emotional savings to New Zealand.

**Maritime New Zealand MetService Marine App**

32,000 downloads of the app in the six months to end of June 2014 and expected to reach 50,000 by the end of 2014. User engagement with messaging helped contribute to the wider campaign’s significant achievement of a 25% year on year increase in boaters wearing their lifejackets every time they are out on the water, despite a 31% drop in year on year promotional spend.

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**Number: 105 Using Social Marketing in India to Engage Private Sector for Reproductive Health Products**

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**Aim and Objectives**

Hindustan Latex Family Planning Promotion Trust (HLFPPT) has been implementing Department for International Development (DFID) supported “Improved Family Planning and Reproductive Health Services in India” intervention across all districts of Bihar and Odisha since 2013. The three year duration program has been planned to catalyse the private sector to scale-up choice of good quality, affordable Family Planning (FP) and Reproductive Health (RH) services for poor women in these two states. Through this intervention, it is envisaged that the growing private sector will be tapped to make family planning services available to these sections.

**Behavioural Objectives and Target Group**

The overarching objective is to increase use of family planning methods, improve birth spacing practices, and prevent unsafe abortions, especially among young, low parity poor and socially excluded men and women in Bihar and Odisha.

**What’s My Number**

1. To establish a network of 18,000 functional social marketing outlets with focus on C & D category villages and 280 social franchise outlets in these two states by 2015
2. To generate 3 million couple years of protection (CYPs) over three years.

The target group consist of the poorest and most at risk segment of population- especially low parity young married women and men in the age groups of 15-19, 20-24 and 25-28 years with high unmet spacing need in rural and urban Bihar and Odisha.

**Citizen/Consumer Orientation**

Bihar and Odisha have a number of similarities in terms of high Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), high rate of unsafe abortions, focus on female sterilisation and poor acceptance of spacing methods. The unmet need for family planning is high for both states especially among the lowest quintiles and for both spacing and limiting. In addition, public health system is inadequately equipped to meet health requirements of the growing population effectively in both states. People end up accessing services from unorganized private sector (accounting for more than 80% of out of pocket expenditure) where there is no standardization of quality of services. Opportunity lies in engaging with the private sector to complement public sector efforts through various Public Private Partnerships (PPP) models to improve access to family planning & reproductive health services and expanding method choice.

**The Social Offering**

Diverse product basket: Hindustan Latex Family Planning Promotion Trust (HLFPPT)’s basic social offering under the program is a diverse product basket related to family planning and reproductive health. The proposed method mix is based on the feasibility of service provision for achievement of 3 million couple protection years forecasted during program duration. The program emphasises on spacing methods, with a focus on younger population, thereby contributing to a reduction in overall proportion of sterilization and long term methods. As part of the project, various family planning and associated products are made available. These include male condoms, Oral Contraceptive Pills, Emergency Contraceptive Pills, injectable contraceptives, Intra Uterine Device, Medical termination of Pregnancy and pregnancy test kits. These products are made accessible to the end users through two innovative public private partnership intervention models. Both these models function under the common brand umbrella of “Ujjwala”- meaning “Bright”. First is Social Marketing and second is Social Franchising.

**Social Marketing:** To increase the reach of contraceptive and reproductive products to rural and remote areas, program has concentrated its efforts in villages with populations between 1000 and 5000, categorised as C and D villages. Under the program family planning and reproductive health products and services are provided to over 10,982 C- category and 16,928 D-category villages in the two states thereby increasing overall penetration of these products there. Total market approach has been adopted under the program wherein efforts are directed towards expanding market for family planning services and supplies by increasing use within each wealth quintile. Under Ujjwala program two kinds of sales outlets have been created to have deeper penetration- Non Traditional Outlets (NTOs) and
Traditional Outlets (TOs). Any store selling drugs and having a valid drug license is termed as a traditional outlet such as pharmacies. While any store selling any kind of Fast Moving Commercial Goods are termed as non traditional outlet such as Accredited Social Health Activists (ASHAs), Self-help groups, grocery stores etc.

Social Franchising: Existing qualified private sector providers have been networked using franchising principles and linked with a referral network to provide quality family planning and safe abortion services at pre-determined prices. The clinics based at district headquarters and having a trained gynaecologists providing a full range of family planning services are called L1 clinics while L2 clinics are typically be based at block headquarters and have trained service providers providing a full range of temporary family planning methods.

To create demand for the services provided by L1 & L2 health facilities, a network of L3 members have been created. These L3 are community based workers who create awareness about family planning and encourage potential users to use the network for availing services and products through social marketing and social franchising routes. Franchisees included in the network are trained on technical aspects of various family planning and reproductive health products and services as well as on network protocols for better management of facilities. To supplement this static service provision, integrated family planning camps/ fixed day services are also conducted at franchise facilities to offer an array of family planning services to communities under one roof. A toll free helpline has also been developed to serve as counseling, follow-up as well as a quality assurance mechanism.

Engagement and Exchange

Under Social Marketing: Retailer meetings are conducted to reinforce the benefits of stocking and selling the various products being made available under the project. Additionally, retailers are provided information regarding the correct method of use for the various products. Market Town (haat) Activities (MTAs) are conducted at the level of Category A or B villages, targeted at the population from the surrounding Category C and D villages that visit the weekly markets to buy and sell their local produce. Under Education Entertainment Shows- a street play or other infotainment activity is used to attract people to the event site. Carefully selected messages are woven into the script to create awareness regarding the focus area of contraception. An on-site stall provides additional information and the opportunity to purchase family planning products along with linkages with health clinics under the network. Other innovative platforms are utilized like the Village Health and Nutrition Day- which is conducted once every month at community level & provides a captive audience consisting of women who have infants and young babies for discussing family planning and reproductive health. In addition, Umbrella activities are conducted on special days such as World Population Day, World Breastfeeding Week, Fairs (fairs) / festibal and are used to promote awareness of about family planning and reproductive health.

Under Social Franchising: A series of launch meetings are organized for orientation of L1 facilities on overall design & essential elements of the network. In additon for each SF facility, regional L1, L2 & L3 meetings are conducted on regular intervals for providing support; facilitating discussions and experience sharing among members, thereby providing an opportunity for cross learning and adoption of best practices. At community level, L3 members conduct community meetings in each of their villages to provide health information to eligible population on a range of topics related to family planning and reproductive health.

Segmentation and Insight

The demographic target group consist of the poorest and most at risk group of population- especially low parity young married women and men in the age groups of 15-19, 20-24 and 25-29 years with high unmet spacing need in rural and urban Bihar and Odisha. For intrauterine Contraceptive Device, Emergency Contraceptive Pills and Oral Contraceptive Pills, the target group is specifically women while for condoms the target group is men from above mentioned socio-economic background. Geographically, the efforts are concentrated on making products available in C and D category villages of these two states. While these two entire states are being covered through social marketing, focus is given on reaching the social marketing high-focus districts in both the states (21 in Bihar and 15 in Odisha). Priority is on providing services in areas that have not received services earlier, to increase access and therefore address unmet need.

Integrated Intervention Mix

Product: As part of the project, various family planning and associated products are made available. These include male condoms, oral contraceptive pills, Emergency contraceptive pills, injectable contraceptives, Intra Uterine Devices, sanitary napkins, etc. The brands introduced under the project are only the "Josh" brand of condoms under this project.

Promotion: To attract and motivate traditional and non traditional outlets different promotional events have been implemented during the present project duration. This includes a) retailer meetings; b) sales van activity; c) channel motivation schemes; d) market town activities. For branding and visibility of products and project the following steps have been taken like backing that is to the retailers for display; Tin plates; Caps for retailers and Wall paintings about the products. Various Channel Motivation Schemes are given to push social marketing products at distribution outlets. For promotion of social franchising clinics and services several promotional activities have been executed like education-entertainment shows, community meetings, wall paintings etc. In order to promote clientele at the franchisees, a range of print media and mid media activities are undertaken like Wall paintings, Hoardings, Branding of Bus panels, Tin-plates, Tree guards, Cable TV/ Radio, Advertisement etc. Branding of clinics is also undertaken and branded stationary is also provided.

Co creation through social markets

Stakeholders’ engagement and participation has been an integral component under the program both at planning and implementation phase. The project staff routinely meets and updates the Officials of State Health Department about the progress made under the project, operational issues faced and solicit their support for further improvement. The project’s efforts in providing technical support to the Government of Odisha have resulted in inclusion of the ‘fixed day services at public facilities, Public Private Partnership model through private sector service providers in the State Program Implementation Plan (PIP). The project has facilitated reimbursements through
Rashtriya Swasthya Bima Yojana (RSBY) for FP service provision at Ujjwal clinics empanelled under RSBY in Odisha.

Systematic planning

The implementation plan of the project was developed through a three-stage process. During the first stage, a situation analysis through secondary sources was carried out to understand progress of both the states on different indicators of fertility and family planning. Subsequently a rapid assessment was conducted; consultative meetings with the state governments as well as key stakeholders were conducted to solicit their inputs regarding the state needs and the role that they envisage for the private sector. Possibilities of partnership were also explored with different stakeholders in both states. This was followed by a consultative meeting with participation of all partners and experts to design the project implementation plan to achieve desired project objectives.

Results and Learning

Main Results:

- A huge network of 31,012 functional social marketing outlets and 309 social franchise outlets has been created in these two states.
- As against target of 3 million couple protection years, so far 1.029 million couple protection years have been achieved. Out of this, 64% has been through social franchising route and remaining 36% through social marketing. Around 61% of couple protection years are generated from spacing methods.
- Additional Results under Social Franchising: HLFPPT has facilitated accreditation of around 23 facilities under Government health programs. In addition, a network of 7,124 L3 member has been created at the community level. Through social franchising network, a total of 30,945 sterilizations, 63, 173 Intra Uterine Contraceptive Device and 73, 764 injectable contraceptives have been availed by the target population. A total of 681 FDS have been conducted leading to 2,612 sterilizations, 6, 324 Intra Uterine Contraceptive Device insertions and uptake of 16,616 injectable contraceptives. 81, 722 people received family planning services from Ujjwal clinics and Fixed Day Services. A total of 620 health service providers have been trained on family planning and reproductive health.

Additional Results under social marketing: Of 31,012 outlets established, 13, 356 are non-traditional outlets and 17, 656 are traditional outlets. To support them logistically two super stockists and 85 stockists have been established to ensure presence of at least one stockist across all 68 districts. Through this social marketing network sale of 194,557 injectables, 2,867,907 Oral contraceptive pills, 21,289,979 condoms, 77,599 emergency contraceptive pills and 42,697 medical abortion kits have been achieved. A field force of 68 sales representatives and 68 outreach workers have been mobilized for managing the social marketing network. A total of 115 retailer meetings have been conducted with participation of over 4,188 retailers. Around 160 Market Town Activities have been conducted, reaching out to over 80,000 target population.

Learnings

The limitations of financial sustainability of fractional franchising to reach the poor without some form of donor or government support are

Number: 108

Public Private Partnerships Impact on Increasing Uptake of Modern Contraceptives through Innovative Social Marketing Campaign

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Aims and Objectives

Despite a significant increase of the contraceptive prevalence rate (CPR) in Jordan reaching 61% in 2012, high unmet needs and discontinuation rates persist. Moreover, modern methods’ CPR increased from 15% in 2007 to 19% in 2012. The purpose of this case is to demonstrate the impact of effective public-private partnerships through innovative and synergistic social marketing interventions to correct misconceptions, reduce fears, improve attitudes and foster IUD uptake and continued use.

Behavioural Objectives and Target Group

A USAID funded social marketing campaign was implemented during four months from November 1st, 2013 through February 26, 2014. The behavioural objectives expected to be achieved by the end of the campaign were: 1) increased uptake of IUD services in public and private sector facilities by at least 5% by the end of the campaign1; 2) at least 60% of the audience agree that the IUD is safe and effective, that it can last up to 12 years and it does not affect fertility; 3) at least 60% of the audience intend to use an IUD; and 4) at least 70% of the audience know where the IUD services are available. The target group was Married Women in Reproductive Age (MWRA) from 15 to 49 living in urban and rural areas, who want to space their births for at least three years or limit their births, but who fear the IUD side effects, potential harm on fertility and/or lack of effectiveness. 1 There were two waves of the IUD campaign: Wave 1 from Oct. 1, 2012 to Sep. 30, 2013 and Wave 2 from Oct. 1, 2013 to Sep. 30, 2014.

Citizen/Customer Orientation

The campaign was designed based on an extensive analysis of a secondary review that provided an understanding of the market size
for family planning (FP) methods in Jordan, the way the market is divided along demographic, socioeconomic, cultural, and other factors, and why some women consider FP a personal responsibility. They identified the role that public, private, and NGO service delivery providers play in meeting current and potential demand for FP in Jordan. Primary research was also conducted through client surveys of current users, non-users, and former users of 16 clinics of the Jordanian Association for Family Planning and Protection (JAFPP) to understand client perception of JAFPP service quality, client and non-client profiles, reasons for using/not using services, and respondents’ views of FP and methods. The focus of community focus groups (FGDs) was to identify specific intervention areas needed to overcome barriers to use and discontinuation.

**The Social Offering**

The campaign offered access to a safe and highly effective contraceptive method along with high quality service delivery providers from public, NGO and private sectors, to respond to the need of birth spacing or birth limiting. The concept design was framed to address the different stages of the behaviour change continuum starting at the knowledge level as awareness about modern contraceptives is almost universal in Jordan. The campaign offered access to correct information and quality services under the tagline “Sehetna wa rahetna bitanzim osritna” (Our health and peace of mind with family planning). The interventions combined BCC activities with direct access to quality service provision at public health centres, NGO clinics and private clinics. The promise of quality services was supported by a quality seal displayed at the providers’ clinics and mass media advertised. The concept focused on the end benefit related to the family’s quality of life resulting from the mother’s improved health and the benefits of the quality time she could spend with her husband and children.

**Engagement and Exchange**

The campaign was sponsored by public and private sector stakeholders including the Ministry of Health (MOH), the Higher Population Council (HPC), JAFPP, UNRWA, and the Royal Medical Services (RMS). The campaign sponsors were engaged through a Campaign Technical Committee (CTC) including representatives from each institution that followed the whole process of the campaign from creative brief, concept design, materials’ design, pre-tests and production, media plan, and interventions’ implementation and monitoring. The campaign concept and materials were shared with the NGO partners, pre-tested among the target groups, and reviewed according to the feedback.

**Competition Analysis**

The competitors of the IUD – as well as of other modern methods – are the traditional methods, which CPR share is gradually increasing. The Social Offering is the rooted importance of fertility preservation even among limiters, the return to fertility was included as a key message across campaign materials and interventions including mass media advertising.

**Integrated Intervention Mix**

Product: the IUD campaign was generic and included the Copper TCu 380A, the Nova T and the Myrena® - hormonal IUD.

Price: In most cases, the product price is included in the service price as the IUD is usually available in public, NGO and private clinics. The public health centres offer the IUD service for free and received support in training and quality assurance. NGOs clinics’ staff and a network of private sector doctors received training and support from community referrals. On the other hand, NGOs and network doctors offer the IUD service at prices ranging from JD7 to JD10 ($9.88 to $14.12), including product. In comparison, prices at class A Ob-Gyn clinics can reach JD40-50 ($56.49-70.82) for copper IUDs and exceed JD100 ($141.24) for the Myrena® and other types of IUD.

For some Jordanian women, whether accessing IUD services in the public, private or NGO sectors, there are nonmonetary ‘price’ barriers such as embarrassment, discomfort in discussing sensitive topics such as family planning, as well as an intimate method such as an IUD which requires vaginal insertion and makes women desire a female provider. In addition, many women using the public sector face additional ‘price’ barriers such as long wait times, lack of proper counseling and sometimes poor quality services. Therefore, efforts were made to improve the overall quality of FP services at MOH Mother and Child Health (MCH) centers, including quality of counseling and IUD service provision by midwives to compensate for the lack of female doctors. For those able and willing to pay, private and NGO provider prices also include intangible benefits including the guarantee of a female provider, enhanced privacy, shorter waiting times, particularly important if a woman has small children to care for and/or multiple demands on her time, and more comfortable facilities which can make for a more pleasant experience overall.

**Place**

Agreements were established with the MOH to ensure continuous supply of free contraceptive commodities including IUDs to JAFPP and the private network doctors, additional to expanding the IUD availability in public health centers.

Promotion: An integrated demand generation campaign for IUD services was conducted during four months including mass media advertising – audio-visual and print -, public relations, community outreach, merchandising and social media.

**Co creation Through Social Markets**

Weekly working sessions with the members of the Campaign Technical Committee were conducted to design and review each stage of the campaign development and ensure coordination between the supply of services and the demand generation for IUD services. The NGO members of the CTC brought insights from the sector.
perspective of the civil society, not only as service providers but also as advocates for the right of Jordanian families to access correct information and quality services of modern FP methods in general and the IUD in particular. The materials pre-tests and the discussion of the campaign strategy during the focus groups also helped revealing potential obstacles and shaping up effective interventions, especially at the community level.

Systematic Planning

The behavioural change approach was based on the theory of Stages of Change – Transtheoretical Model (Prochaska et al, 1992) – and focused on the contemplation, preparation and action stages. The campaign development process was planned as follows:

1. Audience analysis: Secondary review and primary research informed on the target group's stage of change, whereas the market segmentation provided insight on the specific motivations and obstacles of the targeted sub-groups.

2. Concept design: Based on the analysis and the behavioural objectives, the creative brief was developed and reviewed by the CTC and sent out to Marketing and PR firms for a competitive selection of the demand generation campaign. On the supply side, evidence-based medicine programs and IUD insertion practical training were implemented to enhance the quality of IUD services and strengthen medical providers' counselling capacity to address fears of side effects.

3. Materials' development and pretesting: They included mass media ads (TV, radio and print), counselling aids, merchandising for display at clinics (rollups, danglers, brochure stands, quality seal stickers) –, community-friendly supports (visual PowerPoint, branded giveaways, key message flyers) and social media through the interactive Facebook page www.facebook.com/osiritna.

4. Implementation plan: Media placement, community outreach, public relations and social media plans were developed in collaboration with the CTC. Doctors from the NGO clinics and the private network were media trained for TV and radio broadcasts and facilitated community "edutaining" lectures. Community Health Workers participated in all community interventions to provide one-on-one counselling and distribute referrals for MOH centres and vouchers for free services at private network doctors' clinics.

5. Monitoring and evaluation: Outputs and outcomes indicators were set for all campaign components. For example, women who received counselling and acted upon a referral or a voucher after an "edutaining" lecture were tracked. A post campaign survey was conducted during the month following the end of the campaign, and evaluated campaign reach, message recall, and campaign effectiveness.

Results

The campaign evaluation outcomes are based on a survey of 800 MWRA in the governorates of Amman, Irbid and Zarqa from March 11 to March 20, 2014. The following results are based on unprompted self-reported benefits as a result of exposure to the campaign.

Result 1) The uptake of IUD services in private sector facilities was measured through the number of IUD insertions at private network doctor clinics. The result showed an increase of 38% one month after the campaign’s start compared to same month in the previous year, while the increase was only 6% the month before campaign start. The uptake of IUD services in public sector facilities increased by 8% in MOH centers and 12% in other public centers, Royal Medical Services and NGO facilities one month after the campaign's start compared to same month the previous year, while the uptake of services was decreasing by respective 5% and 7% the month before campaign start (See annex).

The national Couple-Year Protection statistics showed a clear shift in a declining trend starting from July 2013 until March 2014 in correspondence with the launch of the first wave of the IUD campaign in May 2013. The increase continued as the second wave of the campaign commenced during November 2013. If it is not possible to affirm causality at this point, it is important to note that no other campaigns were on air about the IUD during the previous two years and no major changes in service provision were noted in health facilities.

Result 2) 83% of exposed respondents agreed that the IUD is very safe versus 70% of unexposed, 72% of exposed respondents reported that the IUD can protect from pregnancy for up to 12 years versus 62% of unexposed, and 46% of exposed respondents reported that one can return to fertility at any time after removing the IUD versus 34% of unexposed.

Overall, 56% of respondents reported that their knowledge was impacted, mostly about the safety (47%), effectiveness (32%) and long-lasting nature (32%) of the IUD. The survey showed significant differences between exposed and unexposed respondents to the campaign. A significantly higher proportion of exposed than unexposed respondents reported without prompting that the IUD is safe, it can be used up to 12 years, and it does not harm fertility.

Result 3) 72% of exposed respondents who are non-users of FP methods reported that they intended to use the IUD as compared to unexposed respondents amongst whom 30% reported the intention to use the IUD.

Result 4) 74% of exposed respondents knew where the IUD services were available as they reported that qualified trained IUD providers are widely available in public health centers or JAFPP or UNRWA or private clinics versus 55% of unexposed.

Other findings included:
- 53% reported that their attitude was impacted, mostly about feeling more positive about the IUD (44%).
- 40% reported that their intentions and behaviours were impacted, mostly about discussing the IUD with others (24%) and the spouse (12%).

2 Respondents were prompted with snap shots of the TV spots, brochures and newspaper clippings. Those who responded that they have seen at least one of these campaign materials pre-tests and the discussion of the campaign strategy during the focus groups.

Learning

- Effective public-private collaboration through a planned process on both supply and demand sides was a key innovation and success factor for the campaign.
- Building medical providers’ communication skills and involving them in the BCC activities strengthened the credibility of the campaign messages.
- Integrated BCC activities – TV and radio spots, press ads, broadcast interviews, “edutaining” lectures, IEC materials, interactive Facebook page – achieved high level recall of the key messages and installed correct knowledge through in-depth information.
- Linking community outreach BCC interventions with service provision through on the spot counselling and distribution of free-service vouchers had a positive effect on the IUD uptake.
- Printed materials – brochures, rollups, danglers – displayed in public and private clinics demonstrated high effect on audience knowledge and attitudes.

References


Appendix
Graph 1. IUD services at MOH Centres, other public, Royal Medical Services and NGOs before and after campaign start

Graph 2. IUD services at private network doctors clinics before and after campaign start

Behavioural Objectives and Target Groups
Team Power Smart prioritized its target behaviours based on impact, probability of adoption, and penetration, as articulated by McKenzie-Mohr’s cbsm model (2011). The conservation potential (realistic target) for each behaviour was calculated for each year. However, formative research revealed some high-priority shared motivators and barriers across the 25 targeted behaviors. BC Hydro thought these could be addressed cost-effectively together, whereas many of the unique barriers would be harder to overcome and better left until the program was established. It also thought that engaging participants in a range of behaviors would help frame and build momentum for energy conservation and a culture of energy efficiency. Accordingly, BC Hydro first focused its efforts on all 25 targeted behaviours.

Example – lowering the heat at night. For example, BC Hydro wanted more of its residential clients to lower the heat at night – manually or using a programmable thermostat.

While the program did not set specific measurable objectives for each behaviour, it did set annual targets for the energy reduction to be cumulatively achieved through all of the behaviours, starting at 1.8 GWh for fiscal 2009 (which was a partial year), and rising to 4.9 GWh by 2013.

Although Team Power Smart is available to all of its residential clients across British Columbians, BC Hydro has used a psychographic segmentation framework to identify and focus on a segment called “Stumbling Proponents” (20% of the BC population) whose positive attitudes and opinions around energy conservation aren’t matched by their actual behaviour.

Evidence of Citizen/Customer Orientation
BC Hydro has a strong track record of designing its programs based on customer-focused research, which involves province-wide surveys as well as focus groups and contextual customer interviews. For example, surveys with similar wording were used to track motivators and barriers every year from 2007 to 2010, then again in 2012.

Number: 112
Building Engagement over Time for Low-Priority, Repetitive Behaviours - Team Power Smart Update
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Aims and Objectives
Low-priority, repetitive behaviours are particularly difficult to promote. People are less interested in doing the behaviours because they are a low priority, and the actions must be developed into new habits that last over time. For these reasons, utilities have traditionally focused on one-time, product-focused actions that residential customers can take – for example, getting rid of a second fridge, insulating a home, or buying more energy efficient appliances. In 2007, BC Hydro conducted a Conservation Potential Review identifying potential electricity savings over a 20 year time horizon, in the residential, commercial and industrial sectors. Repetitive, ongoing behaviours that people could take to habitually save energy within their daily routines without sacrificing their “lifestyle quality” were included for the first time. Examples of these opportunities include maintaining weather-stripping, setting heating and appliance temperatures appropriately, hanging out laundry to dry rather than using an electric dryer, and turning devices off when they are not being used.

This presentation reviews how BC Hydro’s Team Power Smart program has used social marketing principles, concepts and techniques to actively engage 119,338 households and carry out low-priority, repetitive behaviours, thereby reducing electricity consumption by 46 GigaWatt hours by the end of fiscal 2015. The presentation also shows how the program has engaged an increasing number of people more and more deeply in energy conservation over time. In addition, the session provides an update on program impacts and how the program is evolving with the introduction of smart meters and industry movement towards smart homes. The presentation also introduces an engagement model developed by the program planners, which breaks engagement into three dimensions: enjoyment (“I like this”), affiliation (“this is who I am”), and resonance (“this is right for me”). A similar approach could be used with a wide range of low-priority, ongoing behaviours.

Relationship Building, Engagement and Exchange
Relationship building and a beneficial exchange are critical to building engagement over time. Because complacency was a key barrier, Power Smart connects energy conservation to things that people already care about and make a high priority, and then builds engagement incrementally. The result is an opt-in loyalty program that uses permissive marketing, so BC Hydro can communicate regularly with program participants while complying with British Columbia’s strict privacy rules and regulations. After exploring the key elements of engagement and how to build and measure them, program planners developed a model that breaks engagement into three components. This model forms the core of the program strategy, which is designed to increase participants’ engagement levels on three dimensions: enjoyment (“I like this”), affiliation (“this is who I am”), and resonance (“this is right for me”).

Competition Analysis
The main competitive element identified by BC Hydro is the many other actions that people do each day RATHER than think about energy efficiency. BC Hydro understands that energy efficiency is a low priority issue, and therefore connects its communications with topics its audience is already passionate about, including health and

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Nature of the Social Offering
Team Power Smart offers a range of incentives and supports to help its residential clients become more energy efficient. Participants have the opportunity to participate in successive 12-month challenges and to earn small cash rewards if they reduce energy consumption by 10% or more, calendar and weather normalized. After first conducting a price sensitivity analysis, the program recently reduced the reward from $75 to $50. Those who have completed a challenge can earn additional rewards by maintaining their reductions (a recent development) or by taking further challenges to reduce their energy use even more. The program also offers the potential for bill savings, and for contributing to and being seen and recognized for contributing to a sustainable future. Participants also get special perks and services, such as exclusive access to an online Members’ Tool Box with comparison tools and consumption tracking graphs, and members-only special offers, contests, and events.

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Graph 2. IUD services at private network doctors clinics before and after campaign start


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wellness, food and drink, life and leisure, family and relationships, home and garden, and gadgets and technology. These competing interests inextricably offer a wide range of valued benefits associated with enjoyment, affiliation and resonance.

Segmentation and Market Insight

Although Team Power Smart is available to all of its residential clients across British Columbians, BC Hydro has used a psychographic segmentation framework to identify and focus on a segment called “Stumbling Proponents” (about 20% of the BC population). Stumbling Proponents have a disconnect between their positive attitudes and opinions around energy conservation and their actual behaviour. Because energy efficiency is a low priority issue for them, BC Hydro designed its Team Power Smart program to connect with the things they care about, and to build engagement incrementally using tools such as storytelling, co-creation, challenges, prompts, and individualized feedback.

Integrated Intervention Mix

The “4 Ps” is a planning heuristic drawn from traditional marketing principles and techniques. While it is central to Kotler and Lee’s Social Marketing model (2008), it is notably absent from McKenzie-Mohr’s writings about Community-Based Social Marketing (Lefebvre, 2013; McKenzie-Mohr, 2011).

Product: Team Power Smart’s Core Product includes a range of product features (member benefits), most of which are intangible. Benefits include bill savings, comfort, entertainment, an opportunity to contribute to and to be seen contributing to a sustainable future, and the ability to challenge oneself and be recognized for success. The Actual Product is energy conservation in general, and the 25 behaviour changes that the program actively promotes. The Augmented Product involves tangible Team Power Smart membership perks and services, such as exclusive access to an online Members’ Tool Box with comparison tools and consumption tracking graphs; members-only special offers, contests, and events; and the energy-reduction challenge.

Price: Membership in Team Power Smart is free as are the products and services discussed earlier. Participants are offered a variety of commitment opportunities that increase the psychological price of wasting energy. Some are private, like joining Team Power Smart and signing up for a challenge. Others involve public commitments like participating in House Challenge campaigns, and photos for ads, collateral, publications, and exhibitions.

Place (convenience): Joining and participating in Team Power Smart is 2013; McKenzie-Mohr, 2011).

Promotion: Promotional collateral makes emotional appeals and highlights tangible and intangible program benefits. For example, the program’s website speaks to cost savings, pride in community and its natural heritage, and challenging oneself. Testimonial storytelling has been particularly effective. Regular communications through a newsletter, e-mail alerts, postal letters, and a member magazine are designed to reach members repeatedly at events that they frequent, through their computers and even on their couches. The newsletter has open and click-through rates well above industry standards. The member magazine, also popular, is inserted in well-known consumer magazines that are selected to connect with high-involvement topics through lifestyle stories. For example, British Columbia Magazine taps into existing interests in enjoying and preserving British Columbia’s natural heritage, and British Columbia’s Home & Garden connects with interests in interior design and gardening. Because these magazines have coffee table functionality and high pass along rates, they help increase visibility of participation (norm appeal) and word-of-mouth communication. Each communication vehicle fulfills a specific function in the member-communications mix, enabling members to connect conveniently with the program from their computers, in person at events, and even on their couches while perusing their favourite magazines.

Co-creation

Team Power Smart offers a range of co-creation opportunities requiring varying levels of effort. For example, members are invited to submit stories for member publications, testimonials for ad campaigns, and photos for ads, collateral, publications, and exhibitions.

Systematic Planning Process

The program and planning process was based on a combination of Community-Based Social Marketing (Mckenzie-Mohr, 2011), the Koller and Lee social marketing model (2008), Exchange Theory, the 4 Ps and Rogers’ Diffusion of Innovations (Rogers, 1995)

BC Hydro monitors behaviour changes through surveys, with separate samples of participants and non-participants. Such surveys introduce the likelihood of some self-reporting and selection bias. However, these data are triangulated with energy savings data from BC Hydro’s formal program impact evaluations, which it conducts for each fiscal year. To estimate energy savings, it compares the amount of energy used in participating households before and after the fiscal year using a quasi-experimental design. Participant and comparison households are pair matched on region, dwelling type, main space heating fuel, and rate group before being matched on annual consumption in the pre-program year. About 50,000 participating households were successfully pair matched each year. Changes in consumption for the participating households are compared with changes in consumption for the comparison households. This evaluation approach uses only consumption and customer information in the Corporation’s billing system; it does not use surveys, thereby avoiding the possibility of self-reporting and selection bias.

Results and Learning

Results

Team Power Smart has grown steadily and by September 30, 2014 served 119,338 active member households. Each year, more members have taken the challenge to reduce their energy consumption, and more have taken subsequent challenges to further lower their energy use (see Diagram 1 in the Appendix.) A growing proportion of those taking challenges have reduced use by 10% or more, and the average net program energy savings per member household has been rising.

Survey data suggest that participants gained the bulk of their evaluated savings through changes in four main groups of behaviours: space heating, space cooling, laundry, and dishwashing. Team Power Smart members tended to outperform non-members across the full spectrum of in-home conservation behaviours. Although some differences are relatively small in percentage points, nearly all are statistically significant.

Example – lowering the heat at night. For example, at the 2009 baseline only 63% of households always or usually turned down the temperature at night manually or using a programmable thermostat. By 2012 that had increased to 71% for non-members and to 79% for members (about twice the increase as for non-members.) As a result of these behaviour changes, Team Power Smart will have reduced electricity consumption by 46 GWh by the end of fiscal 2015. Further, average energy savings per year has been increasing. Although the largest savings have come from households undertaking their first challenges, significant savings have also been realized by those in their second and third challenges and these savings have also been increasing each year (see Diagram 2 in the Appendix).

Learning: Building Engagement through Enjoyment, Affiliation and Resonance

BC Hydro has found it useful to discriminate among and monitor three key components of engagement: enjoyment (“I like this”), affiliation (“this is who I am”), and resonance (“this is right for me”) and to carefully and consistently build each into its programming.

Learning: Do Cash Incentives Still Have a Place?

Rewarding repetitive behaviours can under some circumstances undermine intrinsic motivation so that when the incentive is removed, the behaviour may revert back to or even drop below the previous level. Another potential drawback of incentives is that their action tends to be specific to the behaviours being promoted (Mckenzie-Mohr and Shultz, 2012.) However, BC Hydro set a relatively low incentive awarded it online at the end of every 12-month challenge for completing the challenge successfully rather than for doing a specific behaviour, and promoted it as just one of the various tangible and intangible benefits from adopting the desired behaviours. The success of this approach was corroborated by a price sensitivity analysis that found that reducing the incentive to
CD$50 or CD$25 would only lower participation by 4% or 13%, respectively. Further, program participants who have completed a challenge and not yet signed up for another (i.e., who are “on hiatus”) only increased their energy use marginally during the intervening period.

**Learning: Social Marketing Models**

BC Hydro used both McKenzie-Mohr’s (2011) and Kotler and Lee’s (2008) models in developing and managing the Team Power Smart program. Team Power Smart is one of the few examples to date of a large-scale program using McKenzie-Mohr’s cbsm methodology. It is also one of the few case studies of selecting behaviors based on impact, probability of adoption, and penetration as articulated by McKenzie-Mohr. Further, the program researched the barriers and benefits to action, developed a strategy to address the key benefits and barriers, and then piloted that strategy before wide-scale implementation.

However, Team Power Smart is atypical of cbsm in two ways. First, cbsm recommends selecting only a small number of priority behaviors to promote at one time (McKenzie-Mohr, 2011). This case study documents how and why one program initially promoted 25 behaviors at once, focusing on their shared barriers and motivators. Now that Team Power Smart is established, program management intends to focus on the highest priority behaviors and help participants overcome the remaining, more specific barriers associated with each.

Second, the “4Ps” are notably absent from McKenzie-Mohr’s writings about cbsm (Lefebvre, 2013; McKenzie-Mohr, 2011). BC Hydro found the “4Ps” heuristic helpful and complementary to the cbsm model. Indeed, the “4Ps” relate directly to basic cbsm concepts.

**References**


**Appendix**

**Diagram 1: Challenge Participation**

**Diagram 2: Energy Savings**

**Examples of Promotional Materials**

**Number: 114**

**A Review of Recent Landmark-Designated Social Marketing Case Studies Involving Sustainable Transportation**

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**Aims and Objectives**

This presentation provides highlights from six successful transportation programs that were recently awarded the Landmark designation by Tools of Change. Three of the key success factors they share are: having a strong citizen/customer orientation, careful targeting and segmentation, and building relationships and engagement over time.

**Behavioural Objectives and Target Groups**

All six case studies were designed with the ultimate behavioural objective of reducing the use of automobiles (especially single occupant vehicles) by promoting alternative travel choices such as car sharing, transit, cycling and walking.

Stepping it Up (Canada) set SMART program behavioural objectives: to decrease the use of student travel by car to and from school by 5% from April 2009 to December 2011, and to decrease car travel by school staff to and from work by 3% during this period.

Stockholm Congestion Pricing (Sweden) also set a SMART objective: to decrease car use on the busiest roads by 10-15% during the period of the pilot study.

The other four programs did not specify an amount of change to be obtained during a specific time period. The Bicycle Friendly Communities Program (BFC, North America) works upstream, to engage more municipal decision-makers to support cycling-friendly options and thereby encourage more citizens to cycle more often instead of driving.

BIXI Bicycle Sharing (N.A.) engages metropolitan adults to cycle more often for short trips.

Love to Ride (U.K.) engages employees to take up cycling, then cycle more often.
Portland’s Smart Trips Welcome Program (U.S.A) reduces the rate of drive-alone trips among new residents by increasing their rates of biking, walking, transit, car sharing and carpooling, both when commuting and when travelling within the neighbourhood.

Evidence of Citizen/Customer Orientation
A strong citizen/customer orientation has contributed to the success of each program. Each program performs or has performed research on attitudes, beliefs, barriers and benefits. For example, BIXI organizers conducted surveys and used market and data research to design a system that would best meet user needs, including where to site its first bike stations.

Ongoing programs have built the required research processes into their ongoing routines. For example, Stepping it Up engaged participating schools to undertake a number of surveys each year, including a paper-based, take-home family travel survey for students/parents/caregivers; a paper-based student travel survey, completed in class; an online staff travel survey; and an online school administrator survey. Love to Ride has automated the process; it asks all participants that register on its website how often they currently ride, what barriers they face to cycling and what benefits they want to gain by cycling.

Nature of the Social Offerings
BFC provides tailored advice, goal setting assistance and recognition for making communities more bicycle-friendly. BIXI provides a stylish, easy-to-use and relatively inexpensive bike-sharing system.

Love to Ride provides tailored resources and support for increasing commuter cycling, staff fitness, and reducing traffic congestion at work.

Smart Trips Welcome provides new residents with tailored advice about their local travel options, as well as incentives for trying more sustainable ones.

Stepping it Up gave schools a program for teaching, encouraging and recognizing students for walking and cycling to school, improving fitness and reducing school traffic congestion.

Stockholm’s Congestion Pricing initiative provides a financial disincentive for driving a car into the city centre during peak congestion times.

Relationship Building, Engagement and Exchange
Another reason for success is that all six programs build relationships and engagement over time. The Bicycle Friendly Communities (BFC) Program approaches municipalities that are not yet members, encouraging them to apply even if they feel they are not ready to be BFC certified. The program emphasizes that its value lies in the application process and the feedback, not simply in the designation. To build collective responsibility, applications are reviewed first by a panel of local reviewers, and then by a panel of expert judges, with recommendations getting a final opportunity to add comments. To inspire further action in the community, the program provides each applicant with an example of an application from an analogous community that has achieved a higher level of BFC designation, and a suite of programs, projects and policies that can be deployed to make cycling safer in the community.

Award designations expire after 4 years, so communities are encouraged to continue listening to their citizens, innovating and improving.

Love to Ride gathers information from participants when they register on its website, and then uses it to target information and tools for each user so people are moved along their personal journeys of change.

Smart Trips Welcome first informs new residents about the program using three staggered mail-outs which ask and then prompt them to order from a variety of incentives and free support materials, which are then packaged in tote bags and delivered to their homes by breathing within two to three weeks. Follow-up phone calls and individually-tailored print communications continue building the relationship with the program over time.

Competition Analysis
All of the programs have found ways to make their exchanges more appealing than “the competition”. For example, BIXI provides a cycling experience that can, for targeted situations, match the style and convenience of driving alone. Stepping it Up made walking and cycling to school as appealing as getting driven to school, with plenty of recognition and social reinforcement within the school setting. For BFC, beating the competition meant making it as risk-free and more career-enhancing for key decision makers to initiate and support cycle-friendly travel options than to choose the status quo.

Segmentation and Insight
Another key to success is the way these programs have targeted and segmented their audiences. The factors that proved particularly helpful include location, age, income, current travel habits, stage of change, and whether or not the household had recently moved.

For example, BIXI identified its target audience as young adults aged 25 to 34 who were white collar workers with median incomes of about $35,000 and regular users of transit. This information helped it design appealing bicycles and docking stations, and to site its first bike stations near where these people lived and worked and close to transit stations. It also led the program to develop promotional partnerships with local transit operators.

Love to Ride provides a rare illustration of the use of Stages of Change Theory for sustainable transportation. It segments its audience into six groups, by stage of change.

1. Pre-contemplation (non-cyclist): not cycling, not interested in the program
2. Contemplation (non-cyclist): not cycling yet and considering the program
3. Preparation (non-cyclist): not cycling yet and has joined the program
4. Occasional cyclist – cycles occasionally for errands and/or recreation
5. Regular cyclist - cycles regularly for errands and/or recreation
6. Regular work cyclist - cycles regularly to work

The barriers tend to be different at each stage and this drives a different intervention for each group. For example, non-cyclists who have to buy their bicycles may face lack of money and uncertainty about what to buy. For them, the program provides access to local bike hire schemes, business pool bike hires, and tax efficient bike ownership and ride to work schemes.

Smart Trips Welcome focuses on residents who have moved within six months, as the new circumstances brought about by relocation necessarily demand changes to daily routines, and thus new residents are more receptive to positive travel solutions. It segments that target population by location, the primary commute mode choice, and primary neighbourhood mode choice. This enables it to provide participants with customized and personalized emails with information that is most relevant to them.

Integrated Intervention Mix
The programs illustrate the use of a wide range of interventions.

Product: Stepping it Up provided recognition and social reinforcement within the school setting. BIXI hired an award-winning industrial designer to design its bikes and docking stations so that they were stylish and easy to use. Its system was named one of the best innovations of the year (2008) by Time Magazine, and best new product by Edison Award.

Price: The programs reduce the barriers to action and make effective use of incentives, disincentives and norm appeals. BFC uses norm appeals and public feedback and recognition to make it as risk-free and more career-enhancing for key decision makers to initiate and support cycle-friendly travel options as to choose the status quo. BIXI sets its prices to foster use for short trips. A BIXI user can purchase online a year-round membership ($82.50), monthly membership ($31.25), or an occasional membership ($5.00) with unlimited trips of 45 minutes or less, or can choose to purchase 1-day or 3-day access at a docking station. Love to Ride uses tailored prompts, rewards, incentives, peer group pressure, prizes and pledges to attract and
retain people in the programme. Stockholm’s Congestion Pricing initiative provides a disincentive (charge) for using single occupant vehicles within the town centre during peak congestion times.

**Place:** The programs also make their alternatives as convenient as possible. For example, BIXI makes it easy for even the most casual user to cycle for transportation. It offers many docking stations throughout the city centre, with excellent connections with major bus and subway train stops, and bikes can be taken and returned from and to any of these stations.

**Promotion:** Love to Ride uses of personalized web-based communications is, as one Landmark panellist put it “similar to the sophistication of online advertisers.” The program’s website, smart phone apps and e-communications automatically tailor messaging so that participants get the prompts and hear about the rewards, incentives and prizes that will most appeal to them and most help them overcome their particular barriers. Smart Trips Welcome illustrates the clever integration of a range of automated and person-to-person communications. It starts with three staggered mail-outs to inform new residents about the program. Ordered materials are delivered to their homes by bicycle, providing an opportunity to speak with a transportation expert face-to-face. A follow-up phone call gives participants a further chance to ask questions and for program staff to provide support and encouragement. This is followed by personalized emails with transit information and suggestions for specific behaviour changes unique to them.

**Co-Creation through Social Markets**

Citizens and stakeholders were typically engaged in research phases and continue to have opportunities to influence the programs and get engaged in co-creation. BFC applications are reviewed by a panel of local reviewers before going on to a panel of expert judges. Applying communities receive detailed feedback from both and then all residents are given the opportunity to provide further, more detailed feedback.

Before launching BIXI in 2009, organizers held a public contest to name the system and it surveys members yearly for ideas on improving the service. Participants also suggest locations for new docking stations (800 suggestions were received in 2012 alone.)

Love to Ride conducts a monthly photo competition for members. Love to Ride engaged 30,000+ non-cyclists. For its 2013 challenge, 54% of ‘non-cyclists’ at baseline were three months later cycling at least once a month and 35% of these ‘non-cyclists’ were cycling to work at least once a week. One longer-term project found that two years later, 39 of an original 292 ‘non-cyclists’ registered again for the competition and of those 28% were still cycling occasionally and 31% were cycling regularly.

Stepping it Up measured an overall average decrease in school car trips of 7% in the morning period and 3% in the afternoon period, which translates to nearly 750,000 additional minutes of physical activity among students at these schools each year, more than 100,000 vehicle kilometres of travel avoided, and associated greenhouse gas emission and air pollution reductions of 22 tonnes and 884 kilograms, respectively.

**Systematic Planning Process**

The program and planning process used by the case studies are Community-Based Social Marketing (Mckenzie-Mohr, 2011) and the Kotler and Lee social marketing model (2008). The planning processes also made use of Exchange Theory, the 4 Ps, and Stages of Change Theory. All six programs have strong evaluation processes.

BIXI uses a wireless communications network to track real-time data on bicycle usage, in addition to yearly participant surveys.

Love to Ride uses short, high-response surveys when participants first register (baseline), then again at 3 weeks and 3 months post-challenge.

Stepping it Up monitored participation through ‘quick and dirty’ hands-up surveys, and measured impacts using surveys with students, families, and staff. These data were triangulated using traffic counts at each school and self-reported data from both student and family travel surveys.

Stockholm’s Congestion Pricing Initiative is a rare example of introducing then removing and then reintroducing an intervention (Reversal Design). The program’s comprehensive monitoring and evaluation approach included data analysis of travel patterns and road traffic; modal shares for public transport, walking and cycling; and a range of other parameters.

**Results**

All six programs were successful. The municipal decision makers in BFC communities supported policy changes and infrastructure improvements that were associated with an average cycling mode share growth of 48% relative to other communities.

Before BIXI, 25% of bike trips in Montreal were to work and back. Two years after BIXI was implemented, that increased to 53%. In surveys, users said that without BIXI, only 3% of them would have used a bike, whereas 14% would have taken a car.

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**Learnings**

- The evolution of web-based communications is making it increasingly practical to personalize communications so they can be more effective.
- For transportation-related behaviours, factors to consider when targeting and segmenting audiences include: location, age, income, current travel habits, stage of change, and whether or not the household had recently moved.
- The most successful local government programs involve many different internal departments and strengthen cross-silo relationships. (BFC Program)
- To achieve maximum public support, time referendums after rather than before trials or pilots. (Stockholm’s Congestion Pricing)
- Congestion pricing – an option which was initially resisted in Stockholm and which is almost universally avoided can in fact be popular, work well, and generate significant additional funds for municipalities. (Stockholm’s Congestion Pricing)

**Further Details**

Appendix: Selected Images from the Programs

Smart Trips Welcome first informs new residents about the program using three staggered mail-outs, which ask and then prompt them to pick and choose from a range of standard and well-documented student engagement options.

Appendix: Selected Images from the Programs

Smart Trips Welcome first informs new residents about the program using three staggered mail-outs, which ask and then prompt them to order from a variety of incentives and free support materials.

References


Stockholm highlighted the reduction in congestion as a result of congestion pricing, using photographs comparing one of its most congested arterials the day before and the first day of the trial. Such a vivid example helped negate the opposition and turn opinion in favour of the charges.

BIXI makes it easy for even the most casual user to cycle for transportation. It offers many docking stations throughout the city centre, with excellent connections with major bus and subway train stops, and bikes can be taken and returned from and to any of these stations.

Number: 120
Beyond "Heads on Beds" for USA Hospital Marketers
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Key words: hospitals, healthcare reform, continuing professional education

Article classification: Case Study

Case Aims
Called "ObamaCare" by many, the Public Protection and Affordable Care Act (ACA) was passed in the United States (U.S.) in 2010. Among its provisions were incentives for the hospital sector of the healthcare system to reduce unnecessary re-admissions. Such reductions often require changes in the health-relevant behaviour of patients, suggesting a role for social marketing. There is a large existing workforce of commercial marketers already in the business of promoting particular hospitals (many of them for-profit institutions) to prospective patients. The aim of the project described here was to motivate and enable these marketers to promote the strategic use of social marketing to hospital management.

Behavioural Objectives and Target Group
The target group was comprised of the 4,000 members of the U.S. Society for Healthcare Strategy and Market Development (SHSMD). These marketing professionals are widely dispersed across the U.S., and highly sophisticated in many content domains required for effective social marketing. In addition, SHSMD members are either employed directly by hospitals or have hospitals as clients. But despite being positioned to bring the substantial resources of hospitals to bear on population health, most SHSMD members are not promoting social marketing to hospitals at present, according to SHSMD leaders and staff.

The specific behaviour that our recent activities were designed to increase was advocacy of the use of social marketing frameworks and techniques to hospital management. The most intensive element of our intervention was a week-long social marketing webinar. Our primary quantitative objective was increasing by 20% over six months the proportion of webinar attendees who had advocated social marketing approaches explicitly to their hospital employers/clients. Longer-term goals that could not be fully addressed or evaluated within this first project phase are increasing: (a) collaboration between hospital marketers and social marketers, and (b) the number and quality of social marketing interventions actually mounted by or with hospitals.

Citizen/Customer Orientation
Information about healthcare marketers and their current challenges and context came from conversations with key informants in the professional network of Susan Dubuque, the conceptualizer and initiator of this project. She is a member of SHSMD who has played a leadership role in the organization for decades. Also, prior to the webinar offered to SHSMD members, webinar registrants completed a short survey on their experiences with, attitudes towards, and learning needs regarding social marketing, and we adjusted the workshop content accordingly. Finally, the real-time, interactive webinar format allowed participant interests and questions to be identified and addressed immediately.

The Social Offering
Our offer promoted the promise that social marketing would allow SHSMD members to use what they already know to stay relevant and to retain their employment under the coming "new world order." That phrase is understood by healthcare marketing industry insiders to refer to three current trends. The first is a trend is towards capitation, which is insurance reimbursement at a fixed level per diagnosis rather than reimbursement of (a portion of) the cost of each discrete service provided. The remaining trends are towards hospital accountability for health outcomes, and more universal insurance coverage. Taken together, the trends are expected to reduce the competition among hospitals for patients and, in turn, to reduce a hospital's need for traditional marketing services.

Engagement and Exchange
Susan Dubuque is a founding principal of Neathawk, Dubuque & Packett (ND&P), a marketing firm that represents local, regional and national clients including the Virginia Commonwealth University Medical System (VCUMS). VCUMS is a large teaching hospital and medical school in the capital city of the state of Virginia. Ms. Dubuque met Dr. May Kennedy, an experienced social marketer who taught in the VCU Social and Behavioral Health Department, when ND&P was awarded the creative contract for a 5-year, grant-funded campaign. Dr. Kennedy was the social marketing consultant for and evaluator of the campaign, which was eventually called One Tiny Reason to Quit (OTRTQ). OTRTQ targeted pregnant African American smokers with an appeal to call a free smoking cessation telephone “quitline.” Theory-guided formative research had revealed that the women considered it important to quit but needed help, were unaware of the quitline, and would respond best to a positive campaign tone and a child messenger. These findings shaped the OTRTQ campaign (which eventually was associated with a significant spike in quitline calls and won national public health and creative awards), and prompted ongoing discussions between Dubuque and Kennedy.
about the role of theory in campaign planning, other aspects of their respective disciplines, and common social concerns. The two practitioner papers on OTRTQ (Sepulveda, Wilson, Garland et al., 2010; Kennedy, Wilson-Genderson, Sepulveda et al., 2013) and created the SHSMD offering described herein. OTRTQ was also the social marketing example used in the SHSMD offering.

SHSMD target audience members self-selected intervention exposure, e.g., by accepting a SHSMD staff invitation to participate in the webinar. Participant time and attention were exchanged for new ways to defend the relevance of marketing expertise to hospital management, along with a refreshed understanding of how to improve community health.

**Competition analysis**
The pre-webinar survey respondents reported substantial pressure to document financial return-on-investment (ROI) in marketing. This is a daunting requirement even for the major competitor for a healthcare marketer’s focus – the promotion of specific hospital services. Several respondents had observed “wellness” programs with goals similar to those social marketing interventions might have, and had concluded that the programs had rarely if ever been tied convincingly to health outcomes or ROI. It is likely that the planners of the wellness programs were naïve about marketing principles and strategies. While such programs may have strengths such as spokesperson credibility, they often go unnoticed and/or unheeded by the public. This is especially likely when they create limited “noise” (Hornik, 2002), their messages are not perceived as “new news,” and the consequences of the behaviours that they encourage are neither immediate nor certain (Rothschild, 1999).

**Segmentation and Insight**
The segments of the market we identified were: (a) SHSMD members who perceived social marketing as novel, (b) SHSMD members who knew a little about social marketing and/or who had represented their hospital clients on a community-based coalition seeking to promote some area of health, and (c) SHSMD members who had already had some success in using marketing to promote health behaviour in groups of patients or community members.

The profile of this market included wide ranges of age and professional healthcare marketing experience, employment within either a healthcare organization or a commercial marketing firm, and the concern that as healthcare insurance becomes ubiquitous in the U.S., hospitals will have less need to compete with each other for hospital clients on a community-based coalition seeking to promote several dozen members. The title of the webinar was: “Transition to Population Health Management: Marketing for Behavioural Change”; it comprised two 90-minute distance-based presentations, a third session for discussion, a week-long, non-real time, moderated online chatroom, and both standard and custom-made posted reference materials. The workshop and webinar were interactive and multi-media, in line with major theories of adult education (Cranton, 1994), and they made social marketing observable by means of detailed descriptions of a real world case example, which is consistent with Social Cognitive and Diffusion theories (National Cancer Institute, 2012).

To date, we have emphasized social marketing concepts and methods. Future refreshments and extensions of the campaign will show how social marketing can be applied to behaviors that prevent the diseases for which re-admission will be fined. These include spirometer use for post-surgical pneumonia, restricting dietary sodium and saturated fat and monitoring blood pressure for acute myocardial infarction, changing weight regularly for heart failure, avoiding cigarette smoke for chronic obstructive pulmonary disease, and using intermittent pneumatic compression devices to avoid venous embolism after elective knee and hip arthroplasty. It should also be noted that the risk of readmission for any of these disorders is reduced when a former patient engages in appropriate physical activity.

**Co-creation through social markets**

The major stakeholder was SHSMD, which already offers periodic webinars on various topics to its membership. We adopted the organization’s infrastructure and format for mini-course webinars which included three live sessions, a simultaneous week of interactive “chat,” and links to additional resources for learning more. SHSMD staff also facilitated a “dry run” prior to the webinar to ensure that our proposed content fit time limits and that technical processes would go smoothly. The other stakeholder group was the target audience, the webinar content was informed by results of pre-webinar registrant surveys that included questions about what they knew about social marketing already, and what they wanted to get out of the sessions. Finally, their comments during the webinar are guiding next steps.

**Systematic planning**

Planning for the SHSMD intervention proceeded systematically through a series of steps. First, we chose a problem that had been participants accepted the argument that “thinking like a marketer” can add obviously hospital-sponsored value to any stage of planning. Finally, the article was made to more experienced SHSMD members that social marketing could create attractive leadership opportunities for them in a healthcare system that is becoming more accountable for patient health outcomes.

**Integrated Intervention Mix**

Product: Viewing our product as a bundle of benefits, we offered job-relevant information that was translated into language at various technical levels and that facilitated future self-study, along with a way to make a difference in community health.

Price: The price of participation was lowered by giving SHSMD members priority registration and reduced fees for the webinar, not requiring homework, and not asking individual students challenging questions in the live forum.

Place: From a place standpoint, many members routinely attend annual meetings of SHSMD, they all received the SHSMD newsletter, and those that were registered for the webinar had online access to tapes of the live sessions for several weeks.

The promotion mix employed three channels that varied in reach into the SHSMD membership.

1. The channel with the broadest was Strategic Healthcare Marketing, a newsletter sent to all members. Susan Dubuque published short, basic articles in this newsletter (e.g., Dubuque, 2014).
2. The second channel provided more in-depth information, but only to several hundred members; it was a 2-hour workshop entitled “Mind Over Marketing; The Art & Science of Behavioural Change,” presented at the 2012 SHSMD conference.
3. The last channel, the webinar, permitted intensive exposure to even more in-depth information, but registration was limited to several dozen members. The title of the webinar was: “Transition to Population Health Management: Marketing for Behavioural Change”; it comprised two 90-minute distance-based presentations, a third session for discussion, a week-long, non-real time, moderated online chatroom, and both standard and custom-made posted reference materials. The workshop and webinar were interactive and multi-media, in line with major theories of adult education (Cranton, 1994), and they made social marketing observable by means of detailed descriptions of a real world case example, which is consistent with Social Cognitive and Diffusion theories (National Cancer Institute, 2012).

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defined in professional debates in hospital marketing, namely that the influence of marketing was waning in the "new world order. We moved on to query keyconformants about behaviours that could address the problem, ultimately arriving at advocating social marketing because of its feasibility for most SHSMD members. Then we formulated a conceptual model of the behaviour, hypothesizing that self-efficacy (the perception that one could perform a behaviour successfully if one tried) and descriptive norms (the perception that peers are performing the behaviour) were likely to be major determinants of social marketing advocacy. Self-efficacy and norms are key constructs in Social Cognitive Theory (NCI, 2012), which points to role-modelling as a means of bringing about behaviour change. Consequently, we crafted an intervention plan that featured real-world examples of successful peer use of social marketing. Next, the plan was fine-tuned on the basis of consumer input and implemented. At present, the major intervention component is being evaluated. In the future, the project objective will be expanded to actual social marketing practice, and it will be addressed in part by 1-to-1 mentoring.

The notion of systematic planning was reinforced two ways within the conference workshop and the webinar. First, the lectures summarized the planning process laid out in CDCynergy, Social Marketing version, 2nd edition. (Centers for Disease Control and Prevention, 2007). The workshop was based on a multi-round consultation with an eminent group of U.S. social marketers, CDCynergy is online free-ware that guides a user through six planning phases (problem definition through implementation of program and evaluation plans). There are several steps within each CDCynergy phase, and the performance support tool also provides case examples, video interviews with experts, and other resources. This approach to systematic planning was also underscored by selection of OTTRQ as the example of social marketing; the campaign was guided by CDCynergy.

**Results and Learning**

The webinar was held in August 2014. Two weeks later, participants rated their satisfaction with the training and their belief that it would impact their practice in a positive manner. Arguably, this belief can be viewed as a measure of behavioural intention, and meta-analysis has found that behavioural intention does predict behaviour change (Webb and Sheran, 2006). In these preliminary data, 80% of the respondents said the webinar would positively impact their practice.

Process indicators also suggested that the offering achieved its aims. Despite being scheduled as one of several simultaneous sessions, the SHSMD conference workshop was attended by several hundred members of the organization. The social marketing webinar (completely filled with 52 participants) was one of the most heavily subscribed in the history of the professional organization's webinar series. Social marketing was described by SHSMD staff as a "hot topic" they remarked that that overall satisfaction with the seminar was unusually high, with average overall ratings of 4.26 points on a 5-point scale.

Six-month follow-up questionnaires will be sent to the participants in February 2015 to determine whether we met our primary short-term objective – a 20% increase in advocating social marketing to hospital management within the six-month period following the webinar. The survey will also solicit experiences with barriers and facilitators of such advocacy.

Perhaps the most important learning gleaned from SHSMD member comments was that they perceive a need for guidance in promoting specific behaviours in their local communities. To meet this need, we recommend that future social marketing training involve input from established social marketers who have done innovative and effective work in high-priority health areas. Social marketers will bring to the collaboration their differentiated understandings of determinants of behaviours that go beyond buying health products and services. Conversely, healthcare marketers can contribute access to defined populations and other hospital resources, as well as state-of-the-art marketing and management techniques. Forging ties between healthcare marketers and social marketers could enrich both disciplines, contribute to health behaviour change, and ultimately improve health in the U.S. population.

**References**


**Number: 121**

**Marketing Clean Cookstoves in Central Java, Indonesia**

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This paper is a product of the on-going Indonesia Clean Cookstove Initiative (CSI) Program. The Indonesia CSI Program is led by Yabei Zhang, with a core team including Laurent Durix, Dejan Ostojic, Helen Carlsson Rex, Olivia Tanujaya, and Voravate Tuntivate and funded by the World Bank, Australian Agency for International Development (AusAID), and Energy Sector Management Assistance Program (ESMAP).

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**Marketing Clean Cookstoves in Central Java**

**Background and Aims and Objectives**

Indoor air pollution (IAP) caused by the burning of solid fuels such as biomass (mostly firewood and agriculture residues), animal dung, and coal in traditional stoves is one of the leading risk factors attributed to mortality and burden of disease. Worldwide more than half of the world population still relying on solid fuels for cooking and heating. In Indonesia, about 40 percent of the households - mostly in the rural and some peri-urban area- are still relying on biomass for cooking. Household burning biomass in traditional stove for cooking is a major health risk factor in Indonesia. IAP caused by burning traditional
biomass is responsible for an estimated 45,000 premature deaths annually, with women and children particularly affected, since they tend to spend more time in the kitchen or cooking area. Although the share of households using biomass has declined slightly in recent years, approximately 24.5 million households are still using biomass as the primary cooking fuel. The wide use of biomass can be attributed mostly to the lack of access to and affordability of more advance fuels and stoves. To reduce IAP problem in Indonesia, Ministry of Energy and Mines and the World Bank is launching the Indonesia Clean Stove Initiative (CSI program) to help increase access to more modern clean cookstoves. The program is currently in the pilot phase (Phase II). The main objective of this marketing effort is to develop a social marketing road map to promote commercially viable clean cookstoves in Central Java as well as to document lessons learned for the scale up program in the next phase, and social marketing is one of the main activities for the pilot phase.

**Behavioural Objectives and Target Group**

The main target group of Indonesia CSI pilot program are women living in Central Java (pilot program selected area) who are currently using traditional biomass cookstoves. Through a Results-Based Financing (RBF) subsidy mechanism, Indonesia CSI Pilot Program is expected to support Market Aggregators (MA) to sell on a commercial basis approximately 3,500-5,000 clean cookstoves over a period of 8 months beginning from January to December 2015. Lessons learned from the pilot program will be used to scale up clean cookstove program in the next phase of CSI program, and to gradually transform traditional biomass stove market into clean stove market. The ultimate objective is to achieve universal access to clean stove by 2030, reaching the remaining 24.5 million households in the country that are still using biomass for cooking.

Market survey results reveal that 96 percent of cooks in the households are women. Women who are still using biomass for cooking can be classified into two mutually exclusive groups: (1) women who are still using only biomass for cooking, and (2) women who use both biomass and liquefied petroleum gas (LPG) for cooking or dual fuels users. Households that use dual fuels can be classified further into three groups: (1) use biomass to boil water and to supplement LPG for cooking, (2) use LPG to supplement biomass, and (3) only use biomass to boil water. The survey confirms that majority of biomass users do not purchase biomass, but collect biomass fuel for use. This finding confirm that biomass stove that save fuels may not be very appealing from direct financial benefit point of view.

**Citizen/Customer Orientation**

The general public is not aware of health risks associated with smoke from burning biomass fuels for cooking. Household survey reveals that 35 percent of households disagree that smoke from cooking is a big health problem, whereas only 6 percent strongly agree with this statement. Moreover, most households do not feel cooking with biomass make breathing more difficult and three quarters of the surveyed households agree that food tastes good when cooked with firewood. The survey also reveals that majority of the households have strong desire to change cooking environment. However, households’ desire to change are not based on the health threat from IAP caused by burning biomass fuels, rather, the desire to change cooking environments is based on the cost deposit on the wall and ceiling of the kitchen, pots, and pans. Although one of the solutions to improve cooking environment is to switch to LPG, only 8 percent of the households believe that switching to LPG should be their first priority to carry out to change their cooking environment. This finding provides key insight about possible drivers for new clean cookstoves adoption and use them as drivers and motivators to convince consumers. The survey also shows that most consumers regard biomass fuel as cheap and abundant. It shows that about 79 percent of the households disagree that firewood is expensive to use for cooking, and similarly, 74 percent of surveyed household disagree that firewood is getting harder to collect. In addition, about 70 percent of surveyed households disagree that preparing wood or cutting wood for firewood is a burden for the family; and finally 67 and 58 percent of surveyed household disagree that firewood is hard to obtain in the market and cooking with firewood is inconvenient, respectively. This finding suggests that neither financial benefits and nor time saving obtain from using more energy efficient clean stove would be good motivators to convince most consumers to switch to clean stove.

With respect to the issue of who decide to buy stove, results from household survey reveal that women in the households are the key person who decide when and which stove to buy to replace the old one. Women can independently decide to buy lower cost biomass stove. However, to purchase the more expensive stove, women must consult and/or make joint decision with the husband. This finding confirms that women are the target audience for the new clean stove. However, it is also critical to involve men as well.

**The Social Offering**

Five brands/models of clean biomass cookstoves are expected to be sold under the pilot program. These stoves pass lab test and safety requirement and therefore, emit significantly less IAP (PM2.5, CO2), are more energy efficient, and more durable (last longer) than biomass stove that are currently available in the market. The Social offering is expected to support consumer by participating MAs are more superior in terms of safety, durability, cleanliness and efficiency than traditional biomass stoves. These new clean biomass stoves are offered to consumers by participating MAs through respective distribution and retail shops in the program area. Since participating MAs will through their supply chains sell their clean stoves in the market, consumers will be able to distinguish new clean stove by observing program endorsement logo affixed on the side of stove which serves as the quality assurance for cleanliness, energy efficient, durable and safe to use.

The endorsement by the program, MAs must have their clean cookstoves tested for PM2.5, CO2 emission and efficiency, and assessed for safety and durability at the designated stove testing laboratory.

**Engagement and Exchange**

Marketing activities to be carried out under the program are currently in the preparation stage. The program has not begun to engage consumers in the program area. However, the program has been working with stakeholders to develop plan to engage consumers and stakeholders. The planned engagement with consumers and stakeholders consists of several activities which will be carried out based on empirical evidence and behavioural change frameworks including: (1) campaigns to shape public knowledge and clean cookstove logo recognition, (2) provide community and social support, (3) offer financial incentive in the form of RBF subsidy, (4) provide stove choices and make sure that there are several choices to choose, (5) establish standards for clean stove, and (6) work to empower women to make decision.

Public education and awareness raising campaigns on the danger of IAP created by smoke from cooking using biomass fuel with traditional cookstove and clean stove logo recognition will be mounted using public media. The World Bank is also working alongside Bio-Energy department to get access to and disseminate pilot program information to regional media outlets. In addition, the campaign will introduce clean cookstoves to the public by simple message, "look for biomass stoves with program endorsement logo affixed on the side of stove," and "buy stoves with an endorsement logo". The ultimate goal is to shape public knowledge and make sure that consumers can identify program endorsement logo affixed on all qualified clean stoves.

The program also provides direct social support at the community level. Local public health workers will be employed to provide consumers in the community of the danger of IAP caused by burning biomass fuel for cooking and to share solutions, which include replacing old stove with program endorsed biomass stoves. In addition, road shows with particular emphasis on cooking demonstrations in the community or village will be carried out by CSI Program Management Office (PMO), Bio-Energy department staff. Local and international non-governmental organization (NGO) which are CSI program partners will assist and work with PMO staff to carry out community mobilization and cooking demonstration. Women and early adopters of clean stoves will be recruited to support
community mobilization activities and participate in cooking demonstrations in their respective communities. It is expected that RBF subsidy will not only reduce investment cost of MAs, but will ultimately reduce the retail price of clean cookstoves in the market, since MAs will need to sell stove for market to be viable. To ensure that consumers have choices for brands of clean stoves for comparison, the program solicits local and international clean stove manufacturers, importers, and home appliance distributors to become MA. Regarding clean stove standard, CSI program is working with the government to set up the National Clean Cookstove Testing Laboratory, develop testing protocols, and establish national clean stove standards. The pilot program is designed to demonstrate the importance of establishing and developing the stove testing laboratory, testing protocols, and establishing clean stove standards.

### Competition Analysis

The main competitors are traditional biomass cookstoves that are currently being sold and are used by consumers. These traditional biomass stoves can be classified into four types/models, namely “Keren,” one/two pothole fixed stove, stove made of stone, and three/five stones. “Keren” stove is considered to be the most popular types of stove in Central Java. “Keren” stove is inexpensive and costs about one US dollar. However, it is not durable, and lasts on average of about 16 month. Keren stove accounts for 63 percent of the market share. Finally, stoves made of stone which could last for decades accounts for 7 percent; and three/five stones account for only 4 percent. It is important to note that typical household uses more than one stoves and significant number of households also own and use more than one types of stoves. In addition, old belief and tradition are very important to overcome too.

### Segmentation and Insight

Using survey data, households can be classified into three mutually exclusive groups or we can broadly refer to as the three distinct market segments based on their choices of fuel. They include biomass users, LPG users, and dual fuels (biomass and LPG) users. Biomass users account for 25 percent, LPG users accounts for 27 percent, and the remaining 48 percent are found to use dual fuels. The two market segments that are the main target groups for this campaign, are the biomass only users and biomass and LPG or duel fuels users. As expected, overwhelming majority of cooks in the households in both market segments are women; male cooks accounts for only four percent. Average age of female cooks is 45 years old and average age of male cooks is 51 years old. Comparison by age and gender also show that the market segments reveals that biomass stove users are the oldest; LPG users are the youngest, and age of dual fuels users are in between. Survey also reveals that these biomass stove users prefer stove that: (i) uses less fuel, (ii) gives high heat/cook fast, (iii) are durable, and (iv) can start fire quickly. The second set of preference includes (i) convenient and easy to operate, (ii) can easily remove and/or add fuel, (iii) can promptly reduce or increase heat, (iv) emits less smoke, (v) can use any types and sizes of biomass fuels such as, firewood, coconut shell, twigs, and etc.

### Integrated Intervention Mix

Several MAs are participating in the pilot program; each MA will promote its own brand. As a result, marketing strategy to be carried by the program will concentrate on promoting all clean cookstove products which include any stoves with endorsement logo from the program. The marketing mix effort to be carried out by the program will not touch on the price or pricing policy. However, the strategic marketing mix related to price, product, and promotion message lie on presenting stove with endorsement logo, and presenting all clean stove with program endorsement logo to be stove that promote healthy living and save energy, with a simple slogan in Bahasa Indonesian as “Tungu Sehat Hemat Energi (TSHF).” This strategic message will coincide with awareness raising campaign regarding health threat from IAP and promote endorsement clean stove is the solution. Another strategic message for stove with endorsement logo is that it produces less soot and smoke in the kitchen. The message is based on market survey result which confirms that consumers are not aware of health threat from smoke. In addition, vast majority of households in the survey area have strong desire to change their cooking environment. Therefore, the promotion message for stove with endorsement logo is that it produces less soot and/or add fuel, (iii) can promptly reduce or increase heat, (iv) emits less smoke, (v) can use any types and sizes of biomass fuels such as, firewood, coconut shell, twigs, and etc. Co-creation through Social Markets

Information collected will be shared with stove designers and developers as well as MAs. To carry out social marketing campaign, community mobilization, road show, and cooking demonstrations will serve as the key activities for social support to Women in the community and especially early adopters will be recruited to participate in these activities. With respect to other stakeholders, since the onset of Indonesia CSI program during Phase 1 (stock taking) and Phase II (the pilot phase), the program has been working with five stakeholders consisting of: the World Bank, Bio-Energy Department, Market Aggregators (MAs), local and international NGO (YDD and GERES). Although each stakeholder has its own responsibilities, all stakeholders are sharing the same objective, which is to create clean cookstove market. In this respect, responsibilities and tasks are specifically assigned to each stakeholder. Bio-Energy Department will be working with local government and local public health officials to educate public about the danger of IAP caused by burning biomass fuel in traditional cookstove as well as introduce clean stoves to the public though program logo recognition. Two other program partners will support the government and carry out community mobilization, road show and cooking demonstration. The World Bank is supporting the government by providing campaign materials (video clips and printed media).

### Systematic Planning

Theoretical foundation for the CSI pilot program is based on market approach and planning for the program is built around market mechanism to create a sustainable clean cookstove market in the country. In addition, the program is applying behavioural change theory to convince consumer to change their behaviour. The program uses RBF subsidy to incentivize MAs or any stove suppliers (who will be willing to form themselves into MA) to enter into the clean cookstove market. MAs who are willing to take investment risk will receive subsidy incentives for every qualified clean stove sold to and used by consumers. It is expected that RBF subsidy incentive will convince players in the stove supply chains to first participate in the pilot program which will allow them to see business opportunity for new biomass stove in the region and ultimately in the country. Behavioural change theory which is used as the guiding principle to engage consumers include: (1) shape public knowledge, (2) community and social support, (3) incentive and threat (financial incentive through RBF subsidy and threat through information of negative health impact from IAP), (4) competition (by providing several brands, types/models of clean stove for consumers to choose in the market and these stoves are far more superior than traditional biomass cookstove), (5) Rules/regulation (by establishing standards and endorsement for clean stove), and (6) work to empower women to make decision.

Since the subsidy payment for RBF subsidy is based on verifiable results, an independent monitoring and verification (M&V) team is hired to carry out M&V. The M&V process requires that MAs keep and submit records of all consumers who buy stoves under the pilot program. Independent M&V team will use these records to contact consumers who bought stove by telephone to verify that consumers bought stove. In addition, the team will randomly select (using statistical sampling technique) consumers for home visits to confirm the consumers is using the stove. The quantitative evaluation will be carried out approximately four to five months after consumer have purchased the stove. Qualitative evaluation will be carried out as...
A sample of consumers who bought stoves under the pilot program will be selected for in-depth interviews.

Results and Learning

According to the plan, evaluation team will interview consumers to find out whether and why consumers like or dislike, whether the consumer will continue to use the clean stove in the future, and whether they will recommend the stove to others. In addition, the evaluation will also gauge consumers’ knowledge on IAP and behavioural changes. Evaluation results on consumer preferences and acceptance will be shared with MAAs, so MAAs can improve their stove products. Pilot program team will use evaluation results on consumers’ knowledge and behavioural changes to improve and refine the program and develop lessons learned for the scale up program in Phase III of the CSI initiative with the goal of transforming traditional biomass stove market into clean cookstove market and the remaining 24.5 million households who are using biomass with traditional stoves for cooking switch to clean cookstove by 2030.

References


Appendix

What is a “Clean Stove”? A “Clean Stove” is a technologically improved stove that uses solid biomass fuel, produces less or no harmful particles for health, and can save fuel. Clean stoves usually have better combustion and heat transfer efficiency, so they are more convenient to use and can cook faster.

What types of solid biomass fuel can be used in “Clean Stoves”? There are various designs of “clean stoves” and each design may be used with a different type of fuel. The varieties of fuels used by “clean stoves” include wood fuel, loose fuel (such as rice husk), and processed fuel (such as pellets, briquettes, or charcoal).

Where are “Clean Stoves” produced in Indonesia? At present in Indonesia there are no large “clean stove” producers. However, there are some individuals and institutions that have started production and marketing of some “clean stove” designs.

Clean biomass cookstove which passed the lab test and will be endorsed by the program

Traditional biomass cookstove

Number: 122

Changing Behaviours to Scale Up Rural Sanitation in the Philippines

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Aims and objectives

In the Philippines, access to safe or improved sanitation in rural areas is less than 70%, which equates to 9.5 million people, 5.7 million of whom are defecating in the open and 3.7 million people who use unimproved toilets. Such conditions pose a danger to public health and the environment and deprive people of dignity and dampen their economic prospects. One solution to addressing the problem of open defecation and unimproved toilets involves the changing of attitudes and behaviours of both the rural communities practicing poor sanitation as well as the local health and government officials where the problem abound. Creating and meeting demand for sanitation required a multi-pronged approach which included behaviour change communication to generate consumer awareness and desire for toilets while developing a product that was desirable and affordable.

Behavioural Objectives and Target Group

The goal of this campaign is to support the Philippine government in achieving its target of 60% of rural municipalities are declared Zero Open Defecation (ZOD) by 2016. The preferred behaviours related to meeting the ZOD goal of the government is summarized in the acronym “S.I.B.U.I.M” which stands for: Stop open defecation, Inquire about hygienic toilets, Buy a hygienic toilet, Use of toilet at home, and Maintain the toilet. These behaviours are directly linked to ZOD indicators that will measure the outcomes of the campaign in terms of actual toilet uptake by households, their attitudes and beliefs towards owning and maintaining a toilet, and mobilization of private suppliers and enterprises to deliver sanitation products and services.

To contribute to this goal, the following behaviors were addressed by targeted audience in the pilot provinces and municipalities:

a) elected officials will advocate for greater attention to sanitation and allocate funds from the budget of at least $22,000.

b) 60% households that do not own or use a latrine will stop defecating in the open and opt to buy or build a toilet; and

c) 50% households currently using unimproved latrines will upgrade to improved sanitation options.

The campaign’s primary target audience are rural households with no toilets and households with unimproved toilets to elevate them to the status of owning hygienic toilets. A secondary, but crucial audience for the Philippines are key decision makers such as those within the local government units, technical staff and frontline workers.

Zero Open Defecation refers to open-defecation free status of communities and municipalities.

Citizen/customer orientation

The BCC campaign was developed based on insights from a consumer study conducted among 1,200 rural households across 5 provinces covering 10 municipalities in the Philippines. The study used the SaniFOAM behaviour change framework (Devine, 2009), to help identify the opportunity, ability and motivation factors that influence open defecation as well as the purchase of improved toilets. In particular the research looked at access— how and where raw materials are reached; product attributes— physical appearance and

Practitioner papers
durability; social norms- common practice and acceptability; knowledge on toilet components, low cost options and access to credit or loans; affordability; and social, emotional, and physical drivers.

The Social Offering
The campaign focuses on rural households to: i) change social norms around open defecation to make this practice no longer acceptable; ii) know the difference between a hygienic and a non-hygienic toilet; and iii) want to own a hygienic toilet in their individual homes for reasons of safety, pride, convenience and progress. The campaign also targets local health workers and decision-makers to support the establishment of new social norms and know how much they need to invest in sanitation in their respective areas.

In line with the behavioural and communications objectives of the campaign, the social offerings focused on the following benefits of owning a household toilet based on consumer research findings: 1) safety from supernatural creatures, thieves, voyeurs and wild animals, 2) pride and enhanced social status (ability to invite guests at home during social events), 3) convenience (proximity to house and unlimited use), and 4) progress – owning a toilet is a sign of household's progress.

Local officials were also invited to public policy workshops that served as the basis for formulating local ordinances on sanitation by, among others, imposing penalties on open defecation and offering rewards and incentives for good performance.

Human-Centered design approach was employed to enhance existing toilet prototypes and learn more from users on what they really want and improvements to overall design and materials.

Engagement and Exchange
An initial sanitation demand and supply formative research was carried out to gain insights on barriers and motivation to latrine adoption by rural households. Pretesting of two initial creative concepts was conducted in three locations across the country among: 1) rural households groups and 2) local health workers and decision-makers. The pre-test was intended to gauge the effectiveness of the two concepts; to determine which concept and corresponding materials would be more effective for the campaign; and to identify areas of improvement in the behaviour change materials. Public policy workshops were likewise conducted to engage local chief executives and other elected officials to mainstream sanitation in local executive and legislative agenda. This exercise resulted in the drafting of policy briefs and the passing of local municipal ordinances supporting the campaign for Zero Open Defecation.

The Human-Centered Design approach was mainly applied to engage latrine suppliers and households in the design of aspirational and low-cost sanitation products.

Competition analysis
The consumer research study showed that while the level of intention to build toilets among rural households is high at 70%, competing priorities put into question whether this intention will be realized. The study showed that among households without toilets, 43% own mobile phone while 27% own television sets.

Segmentation and Insight
Sanitation coverage is about nearly 70% in rural areas, hence, the need to target the remaining 30%. 5.7 million of whom are defecating in the open and 3.7 million people who use unimproved toilets. In the 9 pilot municipalities, we target OD and unhygienic latrine owners totalling around 60,000 households.

Data shows that open defecation is a phenomenon among the poor. The high cost of sanitation is consistently cited by poor respondents as the main barrier to adoption of improved toilets, yet household surveys show ownership of other durable goods of a similar price range. Poor households face liquidity constraints that make it difficult to purchase durable goods requiring large lump sums of cash, thus easing these constraints, by smoothing consumption over time, may make them more willing to adopt beneficial durable goods such as household latrines.

Integrated Intervention Mix
While the primary focus of the BCC campaign were the rural households practising OD or with unimproved toilets, interventions also involved other key players in the environment: 1) local government units; 2) local health workers; and 3) the sanitation marketing sales force. As mentioned earlier, local government units were engaged in public policy workshops and province-wide sanitation summits in order to get local officials to declare their commitment to ending open defecation in their respective areas. Local health workers, as the direct link to community members, were provided training to become advocates for sanitation through the campaign. Finally, organizations and individuals comprising the sanitation marketing sales force were provided training and tools to provide sanitation hardware to households and linked to microfinance institutions that can help households pay for toilets on an instalment basis.

Following the 4Ps marketing mix, the campaign may be viewed accordingly:

Product – A range of toilet products has been developed that featured basic models to a high-end options. Each model comprises operational components such as a sub-structure (below-ground elements, i.e. septic tank); a shelter (latrine house made of nipa/wood/concrete); and a user interface (concrete or ceramic bowl). These products were field tested to meet technical design and regulatory/hygiene standards of the Department of Health. Moreover, Human-Centered Design (HCD) process was employed with a view of successfully designing user-tested latrine product/service packages that meet target consumer needs and preferences, objectives and process. Insights drawn from the process also helped refine existing prototypes and related product catalogue and sales materials. Local artisans and artisans have been trained in producing and distributing the products to build financially viable business opportunities in the project pilot areas.

Full catalogue can be accessed through http://www.wsp.org/. Price – For households to prioritise getting a toilet for their home, they needed to be informed true price of low cost options available to them. To accomplish this, a sanitation marketing catalogue was developed. The catalogue provided prices of models available and showcased the various options a family could go for, depending on their budget. The possibility of upgrading to better facilities in the future was also discussed with households so those who opted for basic packages were aware that they could improve their facilities over time as they earned more money. Linking up microfinance institutions also provides audiences access to payment schemes to afford their toilets.

Place – In order to make the purchase of toilets easier for the target audience, local health providers were trained to provide households with the initial information they needed to make decisions about purchasing toilets and later, refer the households to the sanitation providers in the community. Engaging health providers in this effort makes use of providers’ frequent visits to the community in order to leverage on the providers close ties and credibility to the households they are visiting.

Promotions – As mentioned above, the BCC campaign centred around the creative concept, “UNLI Asenso pag may Inidoro” (Unlimited progress with a toilet). While local health providers were trained to use the marketing materials for the campaign, half-day activation events were also conducted in the target communities to formally launch the campaign to the households. These half-day activation events were designed with activities to provide a mix of information and entertainment. The events highlighted the benefits of having toilets, included music and celebrity appearance as well as a political rally speeches, documentary videos and interviews with key decision makers. Mayors, leader of local government bodies and other key stakeholders were also present at the events.

Hand mnemonics to create a memory of the “UNLI Asenso pag may Inidoro” concept were also repeatedly conducted and sanitation-related giveaways were distributed to the audience at the end of the event. Efforts to promote the campaign through the local government officials’ regular programs and events are also being made.

Co creation through social markets
Citizens and stakeholders were involved in the development of the creative concept of the campaign through the pre-test, which sought to obtain their thoughts and opinions before the concept was finalized. Local health workers were also involved in the development of advocacy materials developed for the campaign and local “activation events” were held for communities to introduce the campaign to them and formally launch the campaign. To further enhance the existing product, prototypes were introduced to target rural households to gain pre- and post-installation insights, which aided in improving physical attributes and affordability.
Number: 126

Developing Culture Change Campaigns for Military Environments: I Am Air Force Energy Campaign

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Abstract

The U.S. Air Force is the largest consumer of energy in the U.S. federal government, spending $9 billion on fuel and electricity in Fiscal Year 2013. Along with being a major cost, energy is also required to execute every element of the Service’s mission. Thus, an Air Force Energy Plan was developed in 2010 that identified “Change the Culture” as one of three priorities. Part of this effort was to develop an Energy Culture Change Plan and leverage the federal government-wide Energy Action Month in October as a focal point for a campaign to achieve two goals: increase awareness that energy is critical to the Air Force and encourage more energy efficient behaviors. Some of the findings as a result of the implementation of the campaign include: increase data collection and analysis on barriers to behavior change from Airmen; explore the use of mobile applications to provide personal data to Airmen that influences behavior; and continue to leverage leadership, especially in the command structure, to promote behaviors.

Aims and Objectives

The U.S. Air Force is the largest consumer of energy in the U.S. federal government, spending $9 billion on fuel and electricity in Fiscal Year 2013. Along with being a major cost, energy is also required to execute every element of the Service’s mission. Thus, an Air Force Energy Plan was developed in 2010 that identified “Change the Culture” as one of three priorities. Part of this effort was to develop an Energy Culture Change Plan and leverage the federal government-wide Energy Action Month (EAM) in October as a focal point for a campaign to achieve two goals: increase awareness that energy is critical to the Air Force and encourage more energy efficient behaviors. The campaign was led by the U.S. Air Force’s Office of the Deputy Assistant Secretary for Energy (SAF/IEN) partnering with U.S. Air Force Public Affairs (SAF/PFA) and the U.S. Air Force Civil Engineer (AF/ATC).

Behavioural Objectives and Target Group

The primary target audience for the EAM campaign was the more than 600,000 U.S. Air Force Airmen, civilians, and contractors around the world. There were two objectives of the campaign:

- Objective 1: Grow awareness of Air Force energy messaging, as measured by a three-fold increase in use of online training and 20% increase in key ICAG questions.
- Objective 2: Decrease aviation fuel consumption by 10% by 2015 (over a 2006 baseline) and energy intensity at installations by 21% through 2012 (over a 2003 baseline)

Citizen/Customer Orientation

This case has an orientation towards influencing the energy usage of 600,000 U.S. Air Force Airmen, civilians, and contractors around the world. The following research informed the orientation of the campaign:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Details</th>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Communications Assessment Group (ICAG)</td>
<td>Regular group of thousands of Airmen who respond to online surveys. 3.1% of respondents participated in August 2011 study (32% of those surveyed).</td>
<td>Airmen see energy more as electricity on base than as a mission imperative.</td>
</tr>
<tr>
<td>ICAG Focus Group (Fed)</td>
<td>Qualitative research conducted to get additional data on energy issues.</td>
<td>Airmen see energy more as electricity on base than as a mission imperative.</td>
</tr>
<tr>
<td>2011 EAM analysis</td>
<td>Review of the EAM media, outreach and materials, and After Action Report.</td>
<td>Needs had civil engineer staff excited to educate Airmen about energy but messaging and materials were not consistent with Air Force headquarters.</td>
</tr>
<tr>
<td>Air Force Public Affairs conducted effective high-level outreach but did not leverage all tool sets.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In summary, research illustrated Airmen lacked an understanding of the true impact of energy to the Air Force mission and that messages which were not targeted to Airmen were getting lost in the noise of other issues.

**The Social Offering**

The Air Force service-wide campaign entitled “I Am Air Force Energy” was intended to demonstrate the role of energy in accomplishing the Air Force mission (social offering). Elements of the campaign are ongoing all year but culminate in October with Energy Action Month. In 2013, this effort involved 74 bases that participated through 40 different types of outreach efforts. Similar level of effort is projected for 2014.

This service-wide effort is the first of its kind in the military and serves as a model that other services are looking to implement. Unique innovative aspects of the campaign include the use of gamification principles that leverage Airmen’s natural desire to compete to encourage the adoption of more energy efficient behaviors. The campaign also looked to get beyond the civil engineering community and engage public affairs and operational elements of the organization as champions to promote behavior change. Finally, through extensive partnerships across the service, job-specific best practices were identified and promoted to encourage specific actions that Airmen could incorporate in order to make an impact.

**Engagement and Exchange**

Seventy-four Air Force bases participated by leveraging a list of suggested activities provided by SAF/IE and going above and beyond by identifying their own initiatives to further promote the Air Force’s energy messages. Development of the plan and execution of its initiatives was achieved through strong collaboration between SAF/IE, the Air Force Civil Engineer (AF/ACE) – specifically the Air Force Civil Engineering Center (AFCEC) - Air Force Public Affairs (SAF/PA) and selected campaign champions in each of the Major Commands (MAJCOMs). In total more than 75 individuals participated in the planning and execution of the campaign across the entire organization and around the world. Each of these individuals brought forth their unique expertise, communications resources and staff at bases around the world to make this campaign a success.

**Competition Analysis**

In 2013, SAF/IE/N developed an Energy Culture Change Plan to address the need to increase awareness among Airmen on the importance of energy to the mission, grow their understanding of their role, and encourage them to adopt measures that improve the Air Force’s energy posture. This plan provided four operational benefits to support the implementation of a comprehensive culture change effort that included:

1. **A framework for fostering behavior change** in keeping with the individual interests and needs of Airmen. We identified Individual and groups who have the greatest opportunity to impact energy usage and promote greater understanding of the energy’s importance to all Airmen. We segmented them by their specific jobs and how they interact with energy use to more effectively target them for communication efforts.

2. **Focused messaging and tactics to reach Airmen** and speak to their unique role and contribution to energy. Materials in this plan informed the creation of speeches, job-specific fact sheets, and other communications efforts.

3. **Best practices and strategies to build on successes and promote an energy aware culture.** The best practices and strategies captured in this plan were gleaned from research and lessons learned from past challenges.

4. **A roadmap for the collaboration** with appropriate Major Commands (MAJCOMs) and headquarters offices to implement a comprehensive culture change program that leverages the expertise and initiatives of other offices to compliment SAF/IE/N.

**Segmentation and Insight**

Research into the plan included interviewing 17 Subject Matter Experts (SME); reviewing dozens of Air Force planning documents; analyzing ICAG surveys; conducting a detailed review of the latest literature in energy behavior change, social marketing and change management; and examining over 70 Air Force success stories. This research allowed us to identify best practices, gaps in communication, examples, and role models for energy efficiency within the Air Force. One of the many lessons learned from this research was the need for persuasive messaging, best practices and outreach activities that are targeted to the specific ways Airmen interact with energy, in order to influence their behavior. An important means to creating targeted messaging and tailored communications is to understand the interests and needs of the specific Airmen, especially the barriers to their adoption of energy efficient behaviors. We grouped or segmented them by job category as it most closely aligns with how they interact with energy and influence others in their career field or community. We further grouped them together with other job categories with similar functions within one of the four fuel types (Aviation, Facilities, Vehicles, and Acquisitions) (i.e., job grouping). Within these groupings, Airmen have similar interests and methods of receiving and sharing information. The segmentation of Airmen by job category is summarized below:

**Airmen Segmentation by Job Category**

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**Practitioner papers**
conducted internet, literature, and media review to understand the current state of awareness of energy issues. They worked to understand the body of knowledge that currently exists regarding military/Air Force perceptions towards energy usage. As part of our stakeholder analysis, they conducted interviews with SAF/IEN SMEs to understand the barriers to energy efficiency in the Air Force and the key stakeholders that have the most impact in influencing the discussion around energy. The team identified the top 10 categories with the greatest influence on energy use leveraging literature review and subject matter experts. The team worked to understand the opportunities and barriers to cultural change for stakeholders that have the greatest opportunities to influence energy usage (e.g., Facility Managers, Aircraft Flight Planners, Security Forces (through idling reduction)).

2. Design & Plan – During this step, the team designed an overall communication plan to include the identification of key target audiences and messages. They reviewed existing evaluation and survey methodologies to ensure that key questions regarding the degree of culture change within the Air Force is included in these existing mechanisms (i.e. ICAG).

3. Pretest & Revise – During this step, the team collaborated with SAF/IEN staff and SMEs to review and revised draft strategies, messages and materials.

4. Implement – The plan was implemented with the EAM Campaign serving as the culmination of this effort. As noted, over 40 different types of activities were initiated at bases around the world to promote the strategies noted in the plan.

5. Monitor & Evaluate – A number of evaluation techniques were leveraged to monitor the success and effectiveness of the plan and the EAM Campaign. The first is the Internal Assessment Communications Group (ICAG) survey which pulls a random sample of Airmen on their attitudes about a range of issues including energy. The second measurement tool is the number of individuals who voluntarily took online energy training. Another tool is traditional and social media analysis of impressions and reach and the amount of savings from energy competitions initiated.

Results and Learning

The ICAG survey and other evaluation methods revealed the following:

- 14 point increase in the number of individuals who had heard October is EAM (27% - 41%)
- 56% said energy is about mission effectiveness or that energy is critical to the mission; just 14% said it was for political correctness and 30% said it was about saving money
- 65% said they were not contacted in connection with Energy Action Month and only 54% read/heard statements by AF leaders in the past 6 months on energy which was down 2 points from a survey in May of 2013
- Bases that held competitions reported a total savings of more than 81,000 kWh of electricity and $30,000 in October alone.

Some of the learnings from the program include:

- Increase data collection and analysis on barriers to behavior change from Airmen
- Explore the use of mobile applications to provide personal data to Airmen that influences behavior
- Continue to leverage leadership, especially in the command structure, to promote behaviors
- Explore continued awareness efforts throughout the year and strengthen them.

References


Practitioner papers
Beale AFB championed a Consolidated Unit Inspection (CUI) connection; Channels analysis

Focus group power point Highlight findings

Tri signed letter, message card

Total Activities On Base: 50

Bases Participating: 14

Air Combat Command

Total Activities On Base: 51

Bases Participating: 10

Air Force Space Command

Highlights:

- Patrick AFB hosted two energy competitions including a facility-v.-facility consumption competition between HQ facilities 423 and 425 resulting in a 28% energy savings of 68,000 KWhs total and $4,700, and a fuel conservation competition that tracked and minimized fuel usage in the government ground fleet.

- Nine bases across AFSPC incorporated strategic marquee placement to highlight Energy Action Month, including some that featured a photovoltaic array to provide solar lighting at night to increase visibility of the signage.

- 45 SW held a “Bike to Work Day” that not highlighted the energy saving tip of biking to work to conserve vehicle fuel, but also gave individuals an opportunity to participate in a base-wide activity.

Air Combat Command

Total Activities On Base: 50

Bases Participating: 14

Highlights:

- Beale AFB championed a Consolidated Unit Inspection (CUI) program during EAM that showcased examples of Airmen cutting costs, resources, and manpower while improving processes.

- Dyess AFB held a Base Energy Day Trivia Competition in which 5 teams competed from 7OG, 7 MSG, 7 MDG, and 317AF to test their knowledge of energy priorities.

- Moody AFB leveraged two energy mascots, “Stripes the Tiger Defender of ‘Power’” and his nemesis “Zap the Energy Goblin” to draw awareness to energy. These mascots made an appearance at Moody AFB’s energy costume contest held on Nov. 1, 2013 at the Child Development Center.

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1 ICAG survey highlight 84% see energy as a priority; 65% don’t see energy having a connection; Channels analysis

2 Focus group power point Highlight findings

3 EAM 2011 media clip

4 Tri signed letter, message card

Airmen install a PV in front of the base marquee to provide lighting and increase visibility

In support of the CUI, Staff Sgt. Brian Hart (front), 9th Maintenance Squadron aircraft fuels systems technician, performs inspections on a U-2 Dragon Lady with Senior Airman James Everson on Oct. 11, 2013, at Beale Air Force Base to ensure efficient and optimal operations.

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Number: 129

Victory Is in the Planning: What Sun Tzu Can Teach Social Marketers

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Abstract

The Art of War is the 2000 year old military manual by Chinese general Sun Tzu. It sets out a philosophy for victory and defeat that is grounded in the concept of rigorous planning.

Sun Tzu’s way of thinking is utterly relevant to social marketers today. His philosophies can guide social marketing practitioners back to the critical elements of our best practice frameworks: preparing properly; deeply understanding the competition; ensuring tactics reflect a broader strategy that is right for the challenges faced; and focusing on measurable results.

Using case studies from a 20-year career developing and delivering social marketing projects, this session will call on ancient lessons to demonstrate that proper planning is not a luxury – it is essential in modern social marketing practice.

Introduction

The Art of War is essential reading for social marketing strategists. The 2000 year old military manual by Chinese general Sun Tzu sets out a philosophy for victory and defeat that has as its central precept the need to fully prepare.

Sun Tzu’s lessons are an important reminder to social marketing practitioners of the critical importance of research and planning if we are to succeed in what are often challenging circumstances.

The use of a conflict metaphor may be uncomfortable for some, but the very concept of strategy and tactics comes from the theatre of war, and we would be fools not to learn lessons from the masters in this field, such as Sun Tzu. This presentation will challenge conference attendees to think differently about their approach to projects, to improve their chance of victory and achieve better social outcomes.

Sun Tzu’s Principles

Sun Tzu’s work is written in a format that reads to a modern eye like poetry. It is possible, however, to interpret specific principles from the work by extracting specific quotes or themes. Each of these can in turn be applied to the practice of social marketing to provide guidance to social marketers. In this presentation, we will focus on five principles in particular that are extracted from Sun Tzu’s ancient work and that are relevant to the modern practice of social marketing. They are outlined below.

1. Have a Strategy that Guides Your Decisions and Actions

“Strategy without tactics is the slow route to victory. Tactics without strategy is the noise before defeat.”

One of Sun Tzu’s core lessons relates to the primary importance of strategy. Strategy – the guiding concept or framework that provides an anchor for decision making – is also the most basic principle of social marketing, but deeply considered strategy is so often overlooked in the rush to execute. As a result, many social marketing initiatives are poorly conceived, difficult to measure, and are not based on a full understanding of the problem.

Establishing a sound strategy involves putting pressure on objectives (are we sure about the task we have been set? How do we know that is really the problem? How will we really know if we’ve been successful?), and deeply understanding the issues and the audience before attempting to select a solution. This can mean standing up to project owners or funders – whether they be ministers, chief executives, boards of directors, or external stakeholders – and challenging them to rethink their approach or allow proper time and resource for planning, research, and measurement.

This is not always easy, but it is essential if social marketing is to succeed. A great strategy process can shape a successful programme (It’s Not OK; and Check, Clean, Dry) and can also lead to the decision to stop a project before it proceeds. The presentation will...
give examples of good and bad strategy processes, and the results on both sides of the terrain.

2. Prepare Fully

“Victory belongs to the side that scores the most in temple calculations before the battle.”

Consistent with Sun Tzu’s focus on strategy is his focus on thorough and measured planning (‘temple calculations’). This presentation will advocate for the use of a range of different models for social marketing – rather than adherence to one particular model – and the use of these models to test and evaluate their thinking, and to create an approach for their programme that best meets the circumstances. What worked in one battle will not necessarily work in another. The 4Ps can work well in some circumstances, but provide insufficient guidance in others; similarly, community-based methods are valuable at times but not in others. A model for social movements can be used to great results at some times but not others. Sun Tzu’s lesson for social marketers is to allow time to weigh up the different approaches and select the one that best suits the current engagement.

For example, a community-based model was used in shaping the Check, Clean, Dry programme. For It’s Not OK, a range of models were brought into play to consider the problem from as many different angles as possible before the project went ahead. The presentation will give practitioners a toolkit of different models to consider in different circumstances.

3. Understand Your Audience

“Without knowing the lie of hills and woods, of cliffs and crags, of marshes and fens, you cannot march.”

Too often social marketing projects focus on organisation need, not audience need. Often, planning needs to truly consider and understand audience need in order to create a value exchange. This presentation will look at how practitioners should be using research to understand their audiences – and consider some common errors in marketing research establishment and analysis. It will use examples from the Animal Health Board and Maritime New Zealand to illustrate how research can properly uncover the lie of the land, so the army can march.

4. Understand Your Competition

“Know the enemy, know yourself, and victory is never in doubt.”

A critical part of Sun Tzu’s philosophy is about understanding not just the theatre of war, but also the enemy. It has clear application in today’s crowded market place, where risks of audience fatigue or message dilution have implications for social marketing programmes. The Retirement Commission understood this principle clearly when it understood the strength the competition, and the weaknesses of its own offer.

The retirement Commission, with the help of a range of different models for social marketing, created a behaviour change product that has performed strongly in New Zealand for more than a decade. This presentation will provide this guidance in others; similarly, community-based methods are valuable at times but not in others. A model for social movements can be used to great results at some times but not others. Sun Tzu’s lesson for social marketers is to allow time to weigh up the different approaches and select the one that best suits the current engagement.

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5. Show Leadership

“Confusion among troops is a sign that the general is not respected.”

As in any battle, strong leadership will prevail. It is no different in a social marketing context, where the battle is for hearts and minds. In this presentation, I will show how strong leadership – not just from a chief executive, but from the social marketers themselves – is critical at all stages of an initiative, and especially in the planning phase. It ensures all those within the social marketing ‘army’ clearly understand their role in the programme, feel inspired to push towards a positive outcome, and, ultimately, know how their part in the project will be measured a success.

This leadership was a critical element in the It’s Not OK campaign, and this presentation will show practitioners the benefits of taking a strong leadership stance – but will also give some war stories from programmes where leadership has been markedly absent.

Conclusion

This session will demonstrate that proper planning is not a luxury: it is essential if programmes are to win.

The presentation will help equip practitioners to better challenge themselves, their management or their clients when objectives are unclear, and will show them practical methods for using logic to test and improve social marketing programme plans.

Finally, the presentation will help build practitioners’ own leadership capability, so they can create the environment necessary for sound planning – and ultimately – effective programmes and positive social outcomes.

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Number: 135

Engaging Women in Rural Communities to Become Entrepreneurs and Effective Behavioural Change Agents

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Aims and Objectives

Social Marketing Company (SMC) is currently implementing the USAID-funded Marketing Innovation for Health (MIH) Program with the objective to contribute to sustained improvements in the health status of women and children in Bangladesh by increasing access to and demand for essential health products and services through the private sector. As part of extensive community mobilization activities conducted by more than 250 Community Mobilizers (CMs), the program has initiated an innovative strategy to create women entrepreneurs called Community Sales Agents (CSA) who disseminate health information, sell health products at the household level and refer potential clients of long acting and permanent family planning (FP) methods to the nearest service delivery facilities. They also earn a profit from these activities.

The intervention is aligned with midstream social marketing that involves partnering with midstream target audience, which can influence individual behaviours downstream (Russell-Bennett et al, 2013). Midstream target audiences are defined as “important influencers in the target markets’ community” (Kotler & Nancy, 2009, p 225). Therefore, through this intervention, SMC focuses efforts on communities by involving CSAs (midstream audience) who can play a major role in facilitating behavioural change of the final target audience.

The expected outcome for this intervention is that demand creation for health and FP products and services, when coupled with increased accessibility of health products at the household level, and distributed by community based entrepreneurs, can greatly increase the uptake of essential health products. The model is focused on sustainability beyond the life of the project; the women entrepreneurs will remain in the project’s communities even after the end of the project and their business activities will continue to generate additional income.
Practitioner papers

1 SMC is one of the largest privately managed social marketing organizations in the world for a single country and SMC program is regarded as one of the USAID’s most successful investments in the health and population sector

**Behavioural Objectives and Target Group**

By the end of two years period (from October 2013 to September 2015) the project is expected to reach the following behavioural objectives:

1. Increase the Contraceptive Prevalence Rate (CPR) in the project areas from 46.9% to 51%
2. Increase the percentage of children under 5 who have ever used Micro Nutrient Powder (MNP) from 2.8% to 8%
3. Increase the percentage of women using sanitary napkins during their menstrual cycles from 8.9% to 15%
4. Increase the percentage of unmarred women of age 13-25 years using sanitary napkins from 12.4% to 25%
5. Increase the percentage of use of safe delivery kits for home-based deliveries from 12.4% to 20%
6. Sell 1 million condoms, 0.37 million Oral Contraceptive Pills (OCP), 10,000 Emergency Contraceptive Pills (ECP), 3.6 million Oral Rehydration Salts (ORS), 60,000 blister zinc tablets, 0.6 million sachets of MNP, 14,000 safe delivery kits, and 100,000 pack of sanitary napkin in the second year of the project through CSAs.

The program aims at reaching 2.7 million married women of reproductive age (MWRA), 1.6 million caregivers of the children under five and 0.4 millions girl adolescents with health products and information.

The main target groups of this program are MWRA, adolescent girls, and caregivers of children under 5.

**Customer Orientation**

CSAs closely support CMs in mobilizing the target audiences in their respective areas. They conduct different activities, including group meetings, at the community level with MWRA and their husbands, and school education programs for adolescent boys and girls. The program disseminates critical messages relating to Healthy Timing and Spacing of Pregnancy (HTSP), first 1000 days, healthy pregnancy and adolescent health. Being actively engaged in community mobilization activities allows CSAs to better understand the target audience’s needs, the key barriers to behavioural change, and to address them through their intervention at the household level.

Demand creation only of the products and services is not enough to address them through their intervention at the household level.

**Engagement and Exchange**

During the community level events, organized by CMs, CSAs have the opportunity to introduce themselves and display their basket of products. SMC is also using another popular media channel, the Mobile Film Program (MFP), which reaches remote rural communities with entertaining and educational drama and films. During these gatherings CSAs are introduced by the MFP teams. The project also organizes meetings with influential community leaders to enlist their participation in the program. CSAs attend those meetings, are introduced and they seek cooperation and support from community leaders to continue their business.

**Competition Analysis**

There are other ways for communities to access health products. Other NGOs distribute health products in rural communities, through community volunteers. However there are not enough to provide sufficient coverage. According to the 2011 BDHS 1 in 10 women reported having been visited by a government family planning field worker and 2% by an NGO field worker in the six months prior to the survey. The rural communities also depend on public sector workers who conduct door-to-door distribution of FP products, but only one third of MWRA who have been visited by a field worker received a FP method from the worker. These field workers only offer temporary family planning methods as per government guidelines. Therefore, making the products available at the household level through CSAs can significantly contribute to increased access and utilization of health products. CSAs can also play a major role in reducing women’s barriers, which prevent them to access some of SMC products. For example, feedback from the field revealed that women feel more comfortable in buying condoms and sanitary napkins distributed from a female CSA at their household level because most pharmacists in Bangladesh are men (SMC, IMIS, 2014). Moreover, another reason among girls and women for not using sanitary napkins is the shame of being seen buying the product, which could be reduced by selling the product directly at their household.

**Segmentation and Insight**

This program intervention has been implemented in 81 sub-districts (Upazilas) of 19 low performing rural districts with high child mortality and low CPR. In general, the public health indicators in rural areas are lower than those in urban areas. For example, the contraceptive prevalence rate in rural areas is 60% while the rate for urban areas is 64% (BDHS, 2011). Almost half of all deliveries are conducted in health facilities in urban areas while the rate is one in five for the rural areas. The percentage of women who received antenatal care (ANC) from medically trained providers is 74% in urban areas while the rate is 4% in rural areas. Data from the National Family Health Survey showed that women in urban areas have no exposure to any of the mass media (newspaper, television and radio) whereas the rate in urban areas is one in every five (BDHS, 2011).

**Integrated Intervention Mix**

Effective positioning and brand development efforts are a major part of SMC’s strategy, and the company now provides a diverse range of products targeted at specific market segments supported with brand-specific advertising and promotion. The promotional efforts, through different communication channels, have increased brand awareness and brand loyalty among the target population and significantly contributed to increase use of SMC products.

Brand image of SMC products has helped CSAs to increase their sales volume within a short time.

SMC’s pricing strategy includes three scenarios: profitable and fully sustainable, break even, and heavily subsidized. Profitable products are self-financed and make a positive contribution to overheads. These include four brands of condoms, four of OCPs and one brand of ORS. The break even products are also self-financed and are priced to recover 100% of direct costs. These include ECP, MNP, Zinc. Safe delivery Kit and Sanitary Napkins. The heavily subsidized products are donated and sold at below commodity cost. These include one brand each of condoms, IUDs, injectable contraceptives and implants. This pricing strategy has helped SMC to offer low cost products to low-
income populations while remaining financially sustainable.

SMC has a well-established and efficient distribution network in Bangladesh. Nationwide coverage is carried out through twelve offices located in major divisions and district towns of the country. This enables SMC’s sales force of 100 to distribute products throughout the country promptly and regularly. The CSAs get their supply from the Upazila project offices when they attend the monthly meetings. SMC sales officers supply the products to the project offices as per their requirements. This ensures a consistent supply of the products throughout the supply chain.

Co-creation through Social Markets

Partner organizations were actively involved during the planning and development phase of the program for brand development and design of promotional materials. Their feedback is continuously solicited through monthly meetings to refine strategies and improve program activities. Various improvements were also made to the program after consultation with CSAs during monthly meetings. These include improving the marketing mix and distribution structure.

Systematic Planning

The program has been developed through an iterative process including formal assessments and mid-course corrections. The program has developed guidelines for common processes, such as recruitment and contracting of CSAs as well as developing an entrepreneurship training curriculum. A monitoring and evaluation process has been established in collaboration with the local and central level supervisory staff. Policies and guidelines are communicated to CSAs by district teams who have frequent communication with them. SMC has created an MIS system, which provides detailed performance reports.

Results and Learning

SMC conducted a study at the end of the first year of the project implementation to assess the performance and level of knowledge of the CSAs and to identify further support that would be required to improve program impact and increase the CSA’s sales volumes. The preliminary findings show that the average monthly income of CSAs is US $42. The average population in each CSA’s catchment area is 3608 and on average each visited more than 100 households during one month prior the data collection. More than 90% of CSAs mentioned that they refer clients for injectable contraceptives, IUDs, implants or permanent FP methods.

The findings also show that CSAs have a high level of knowledge related to key program themes. For example, 92% of CSAs mentioned that the maximum age for safe pregnancy is 35 years and 97% mentioned that breastfeeding should be initiated with colostrum. The majority of respondents stated that their sales volume has increased over the last few months. This is backed up by MIS sales data as shown below. Most of the respondents (95%) mentioned that they regularly attend monthly meetings at the Upazila level and more than 90% of respondents mentioned that they are either fairly satisfied, or satisfied or very much satisfied being a CSA under the program. The first five behavioural objectives, as shown in the section “Behavioural Objectives and Target Group”, will be measured at the end of the two years program (September 2015). However, sales data indicates a steep increase in sales volumes showing that the program is promising in reaching the desired behavioural changes in the targeted communities. For example, in the last six months (April-September 2014) there has been an increase of 190% in the sales volume of sanitary napkins, a 45% increase in safe delivery kits as well as 76% for OCPs, 52% for condoms, 140% for ECPs, 22% for oral zinc tablets, and 177% for ORS as compared to the previous six months (October 2013-March 2014). Moreover, with reference to the objective six, during the first year of the program implementation (October 2013 - September 2014) a total of 663,124 condoms (66% of the final target), 3,162,700 ORS (88% of the final target), 294,350 OCPs (79% of the final target), 11,034 save delivery kits (76% of the final target), 6,500 ECP (65% of the final target), 48,470 zinc tablets (81% of the final target), and 75,974 sanitary napkins (76% of the final target) were sold through CSAs.

Strategies to improve sustainability could include adding higher margin products to more effectively cross-subsidize low margin ones, such as contraceptives. To sustain the interest of CSAs and increase the acceptability of the program among the targeted communities, medical equipment such as blood pressure cuffs, thermometers, and glucose testers could be added to the portfolio of the CSAs.

The experience from the program has shown that if supply and demand creation are combined and products are supplied through regularly stocked CSAs better health impact can be ensured. CSAs have the opportunity to become financially independent, while contributing to the improvement of the health of their communities and becoming effective behavioural change agents. Using a private sector entrepreneur model reduces cost and increases access to essential health products in hard to reach rural areas. Finally, regular access to products will ensure adoption of healthy behaviours.

References


National Institute of Population Research and Training (NIPORT), MEASURE Evaluation, ICDDR,B, “Preliminary Results of Bangladesh Urban Health Survey”, 2013


Social Marketing Company “Integrated Management Information System”, October, 2014


Appendix – Some of the SMC products being sold by CSAs

4 SMC sell approximately 155 million pieces of condoms, 40 million cycles of oral pills and 470 million sachets of ORS annually throughout the country
Oral HIV self-testing provides an opportunity to increase coverage by overcoming key barriers to HIV testing for clients.

Nature of the Social Offering

HIV testing plays an important role in HIV prevention by connecting HIV-positive individuals to treatment services and reducing HIV risk behaviors (Denison, O’Reilly, Schmidt, Kennedy & Sweat, 2008; Weinhardt, Carey, Johnson & Bickham, 1999). HIV self-testing gives the target audience the opportunity to undergo a HIV test in a manner they may find more comfortable because it addresses concerns about privacy and confidentiality, as well as issues related to availability of HIV testing (UNAIDS, 2013).

Engagement and Exchange

Ease-of-use, privacy, and convenience were the top three incentives for using HIV self-testing kits. Barriers to self-test use included: the lack of counseling and emotional preparedness, misinformation about HIV transmission, concerns about side effects, and cost and accuracy of kits. Messaging should leverage identified motivators to use and address the barriers. The methods of engagement may range from interpersonal communications to mass media. All exchanges with users (or potential users) must include information to ensure links to counselling and treatment are made clear. In both the Kenya and South Africa studies, people from the general population who felt they had partner support to seek HIV testing services were more likely to use the kits. Hence, partners will form an important secondary target audience that should be engaged.

Competition Analysis

A self-testing program under development in the region, will socially market HIV self-test kits in an effort to increase overall HIV testing coverage. Self-tests are intended to grow the HIV testing market by reaching individuals not likely to test through current offerings. In this way, other testing methods are alternatives rather than competition. These alternatives, and their barriers to use, among potential customers, are detailed below.

<table>
<thead>
<tr>
<th>HIV Self-Test Alternative</th>
<th>Key Barriers to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Based Testing</td>
<td>Concerns about confidentiality, as well as limited accessibility in some places</td>
</tr>
<tr>
<td>Mobile/Outreach Testing</td>
<td>Increased accessibility (over facility based testing), but high concerns about confidentiality due to the community-based nature of the model</td>
</tr>
<tr>
<td>Home-based Testing</td>
<td>Increased accessibility and confidentiality, but high operating costs limit reach</td>
</tr>
</tbody>
</table>

In both Kenya and South Africa, a key benefit of self-testing may be in reaching individuals interested in re-testing—potential consumers who had already tested for HIV highlighted the convenience the HIV self-test kit offers in not needing to go through the counseling process every time they test. Our research suggests that there are high levels of interest and intention to use HIV self-test kits among the general population and FSW in Kenya. In both studies, data suggests that once HIV self-testing is made available, there would continue to be demand for traditional HTC services from consumers who perceive these methods as the most accurate HIV testing service available. The option not to test is considered competition. This could be due to target audience members not being emotionally prepared to know their HIV status or because the financial cost of the HIV testing is perceived as too high.

Segmentation and Insight

In South Africa, the study recommended that people who believed they were emotionally ready to accept an HIV-positive test result should be targeted. The insight driving this is that people who expressed not needing pre-test counseling were more likely to use the product. Relationship dynamics may also affect emotional readiness. In Kenya, those reporting their spouse would support their decision to test for HIV were more likely to desire self-testing. In both countries, the confidentiality of the test and convenience of its use were cited as key product benefits. Fear of stigma associated with HTC and lack of privacy for test results were barriers to testing uptake, as was concern about long queues and time away from work. Segmenting the audience by emotional connection to these benefits is also likely to reach individuals who are not testing through current models.
In both countries, people who had ever tested for HIV were more likely to express interest in HIV self-test kits than those who had never tested. Further studies needed to understand what efforts should be taken to reach the segment of the target audience that has never tested for HIV and those who test infrequently. In Kenya, people that were already familiar with other self-test products, such as pregnancy kits, also formed an important segment. Familiarity with the benefits of self-testing made HIV self-test kits less intimidating, more approachable and easier to integrate into a health routine.

Demographics may also influence segmentation. In Kenya, individuals with lower education levels were more likely to report HIV self-test interest. Respondents also heavily emphasized the need for pictorial instructions with limited text due to low literacy levels. Urban versus rural residence may also have segmentation and placement implications; in urban areas of Kenya, individuals were more likely to cite confidentiality as a benefit of HIV self-testing; however rural residents were more likely to report interest in using an HIV self-test kit.

**Integrated Intervention Mix**

The integrated intervention mix for self-testing was examined through product, place, price and promotion.

The actual product, specifically its packaging and labeling, will need some design improvements, as evidenced in the Kenya study, in order to enhance use and correct interpretation of the product. Suggestions included specifying the types of pictures and instructions to include with the product to help guide the consumer through the testing process. The product must also include linkages to follow-up services, particularly HTC to confirm the diagnosis and link to appropriate prevention, treatment and care service. In both countries, potential consumers liked the idea of a toll-free hotline they could call before or after using the HIV self-test kit and recommended that hotline information be included on the packaging of the product as well as highlighted during purchase. Potential consumers also suggested that information about local HIV services be included with the HIV self-test kit.

Both studies revealed that users would be most likely purchase the product for themselves. Potential consumers in Kenya preferred and expected to see the product in private and public clinics and pharmacies. Among the general population, 68% preferred purchasing the product in a public clinic, while 83% preferred private clinics or pharmacies. Both MSM and FSW reported a preference for accessing the product in private clinics or pharmacies versus public clinics. In South Africa, potential consumers had mixed opinions about potential retail outlets. Some thought that it would be best to purchase HIV self-test kits in pharmacies where they could use their medical insurance, while other preferred having the kits available in supermarkets where they would be more accessible and the buying experience more anonymous. Still others favored accessing the product at a doctor’s office where they could receive counseling and be very knowledgeable or have a low cost. This view that the quality of the product was also expressed by some consumers who were concerned that if the kits were sold in smaller shops or “tuck shops,” the quality of the product might be compromised. In addition to the place of purchase, purchasing decisions may also be driven by how the product is displayed in the store, pharmacy, or clinic. Consumers struggled with the desire that the product be displayed somewhere that is both private and convenient. In Kenya, consumers reported that placing the product behind the counter would denote better quality but would also make purchase of the product less discreet.

In Kenya, the median maximum price for willingness to pay was 100 KSH (about 1.12 USD) among the general population and MSM. The median maximum price was 150 KSH (about 1.68 USD) among FSW. Among all target groups, those with previous HIV testing experience were willing to pay more for the self-test kit. In South Africa, a few of the research respondents did not think they should buy an HIV self-test kit since HTC was free at the clinics and they would still need to attend a clinic for follow-up services. Those that were willing to purchase a self-test kit in the South African study said they would be willing to pay 100 to 150 ZAR (9 – 13 USD). The substantially higher willingness to pay in South Africa compared to Kenya could be explained in part by the differences in living standards between the countries.

In Kenya, mass media, healthcare providers and community health outreach workers were preferred methods of promotion. Television appeared to be the most effective method of communicating purchase locations, promoting confidence regarding ability to perform the test and belief in the test accuracy. Television also appeared more effective in aiding recall of key messages. As there are various languages used in southern and eastern Africa, it is important to identify which languages should be used to communicate messages. In Kenya, 61% of study participants stated that they would like to hear the radio advertisements in Kiswahili. Programmes and organisations dispensing the self-test kit in both countries will need to work with the government and the suppliers to streamline messaging about stigma and discrimination relating to HIV/AIDS generally, as well as of testing, and to help mitigate the public’s fear about testing positive. In both studies, members of the target audience mentioned healthcare providers and community health workers as trusted counsellors who could provide information and answer questions. It will be important to equip these providers with the agreed messaging to ensure consistency of information.

**Co-creation through social markets**

In order to ensure HIV self-test kits are available and accessible to all segments of the market, PSI collaborated with the private, public and social sectors, as well as potential consumers during the studies. In Kenya, government bodies, regulatory authorities, manufacturers, packaging experts, key populations at higher risk of HIV infection, as well as the general population were consulted. Stakeholders were asked to provide insights on a number of issues, including the macro environment and its effect on uptake of HIV self-testing kits and the criteria sellers of HIV-self test kits must comply with to get government certification. These insights led to many of the recommendations found in the following section. In South Africa, PSI worked with a partner NGO and is working with and sharing its findings with stakeholders from the public and private sector. This initial research will be used to develop go-to-market strategies.

**Systematic Planning**

The studies underwent review from relevant human ethics board, and stringent processes were put in place covering all aspects of the studies from recruitment of participants, to data collection and interpretation. Research in Kenya used a mixed-method approach, which included a cross-sectional household survey and qualitative interviews (in-depth interviews and focus group discussions). In South Africa, an exploratory qualitative cross-sectional study using FGD was conducted. All data was collected in predominant languages of the study areas.

**Results and Learning**

The key learning from these formative studies is that there is strong interest and latent demand for HIV self-testing in both countries. There are also some programmatic and product learnings from the studies, including:

- HIV self-test kit users must be linked to additional HIV prevention and treatment services, whether through a hotline, as part of the instruction manual or both.
- Future HIV self-testing programs should address self-efficacy in coping with an HIV-positive test result, as it has significant impact on intention to use HIV oral self-test kits.
- Promotional messaging should build on identified benefits such as ease of use, convenience and privacy, as these were the most common incentives for using an HIV self-test kit.
- Healthcare providers and community outreach workers are the preferred and trusted sources for promoting self-testing.
- Package and labeling can greatly influence purchase and correct use of HIV self-test kits, such as ensuring accurate and reliable interpretation of the test results and helping to correct misconceptions regarding HIV.
- Being able to purchase the kit discreetly and confidence in test quality are key influencing factors; however, the best site for distribution may vary by context and audience segment.
- A strategy targeting providers, pharmacists, and other HIV self-test kit sellers needs to be developed before introducing the product to market to address barriers and motivators to selling.
- There is a wide range of willingness to pay suggesting a potential market for products that are both socially marketed and sold with cost recovery.

These findings should be integrated into the design of programs piloting the distribution of HIV self-tests in east and southern Africa.
Pilots for the distribution of this product are currently underway in Kenya and new pilots in Malawi, Zimbabwe and Zambia are expected to launch in mid to late-2015. These pilots will answer critical questions about whether programs designed based on this formative work, can achieve behavioral objectives associated with testing uptake and treatment access.

References


Number: 143

Healthier. Happier. Using Online Assessment and Digital Support Tools to Facilitate the Reduction of Overweight and Obesity in Queensland

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Background Information

Rates of obesity in Queensland have been on the rise for many years, doubling between 2001 and 2012. In 2007, obesity overtook tobacco as the leading preventable cause of illness and premature death. On average, life expectancy for obese people is reduced by two to four years—and for the severely obese, eight to ten years.

Obesity cost the Queensland healthcare system $391 million in 2008. With impacts outside the healthcare system added, it cost Queensland society $11.6 billion. The rates of overweight and obesity are growing and the issue has become more topical. While people are aware it is one of the biggest health issues we are facing, they do not necessarily identify it as an issue for them personally. To begin reversing this trend it is important that the issue of overweight and obesity is recognised on a personal level. Attitudes toward good nutrition, physical activity and healthy weight need to be improved.

Aims and Objectives

In October 2013 the Queensland Department of Health launched a three-year campaign, underpinned by a social marketing strategy, to address the rising rates of overweight and obesity across the state. The Healthier, Happier campaign aims to stabilise and reduce the prevalence of overweight and obesity in Queensland by targeting three primary audiences. The social marketing campaign is supported by policy, programs and preventative health activities and comprises a range of evidence-based support programs, digital and mass media.

Behavioural Objectives and Target Group

The overall goal of the program is to stabilise and reduce the prevalence of overweight and obesity in Queensland.

Campaign objectives to be meet within the first 12 months of launch:

• Achieve over 100,000 people completing the Health & Fitness Age calculator
• Achieve over 50,000 people downloading the Health & Fitness Age Challenge app
• Achieve over 150,000 unique visitors to the Healthier, Happier. website healthier.qld.gov.au with an average of four pages viewed per session
• Achieve behaviour change in more than 30 per cent of Queenslanders as a result of seeing the campaign and completing the Health & Fitness Age calculator. Desired behaviour changes:

2. The trial of small lifestyle changes:
   – Increase in physical exercise,
   – Increased consumption of fruit and vegetables,
   – Reduced intake of sugary drinks,
   – Reduction of portion sizes.

In order to achieve these objectives, three target groups were identified as being most receptive to messaging and most likely to change:

• At risk (pre-contemplators)
• Overweight (contemplators)
• Obese (contemplators)
Citizen/Customer Orientation

Research agency TNS was commissioned by the former Australian National Preventive Health Agency (ANPHA) to inform the development of the third stage of the federal anti-obesity campaign Measure Up. The research was conducted nationally over three stages (2012–13) comprising a comprehensive literature review, qualitative research and subsequent quantitative research. The qualitative research consisted of 36 ethnographic interviews, 34 affinity group discussions, four online messages boards and 19 affinity paired depth interviews. The quantitative research consisted of 3,242 online surveys. A boost of the Queensland sample (n=953) in the quantitative stage was commissioned by the Queensland Department of Health to provide greater insight to the issue of obesity in the state.

The department then commissioned two rounds of testing to inform the creative development of the campaign. This helped refine the creative concepts to ensure effectiveness before advertising was produced. The overarching social marketing strategy and subsequent Healthier. Happier. campaign was informed by this research.

The Social Offering

Overweight and obesity is an issue for all Queenslanders, young and old. The good news is that through improved nutrition and increased levels of physical activity, overweight and obesity, and its subsequent impacts are largely preventable.

The Healthier. Happier. campaign is positive and inclusive and deliberately avoids focusing on weight or the consequences of weight gain. Instead, the campaign focuses on the fact that everyone can be healthier. Regardless of size, people should take steps to improve their diet and increase physical activity to lead a healthier life and reduce the risk of chronic disease.

Engagement and Exchange

The Healthier. Happier. campaign is an inclusive and supportive program which provides people with simple, fun and cost-effective healthy options which can be incorporated into their existing lives. The strategy for Healthier. Happier. shifts the focus away from size and deliberately avoids focusing on weight or the consequences of weight gain. Instead, the campaign focuses on the fact that everyone can be healthier. Regardless of size, people should take steps to improve their diet and increase physical activity to lead a healthier lifestyle and increase physical activity to lead a healthier life and reduce the risk of chronic disease.

Competition Analysis

A mix of formative research, Mosaic geo-demographic profiling, the Alere Wellness Index and Roy Morgan media consumption data was used to understand what competes for the target audiences' time and media attention. Research revealed the perceived costs of leading a healthier lifestyle vary dramatically and include:

- Psychological—fear of failure and embarrassment when attempting to lead a better lifestyle
- Tangible—the time, money and effort it takes to eat healthy and be physically active
- Social—missing out on enjoyment and fun (not drinking alcohol or engaging in public exercise)
- Psychological—fear of failure and embarrassment when attempting weight loss, and the comfort ‘treat’ food provides

This understanding has informed the development of the campaign and media strategy, ensuring the strategic delivery of messages at critical times.

Segmentation

Segmentation of the market, utilising the Sheth and Frazier model (1982), identified nine groups based on Body Mass Index (BMI) and lifestyle. Of these nine groups, three were selected as targets for the Healthier. Happier. campaign based on their likelihood to change.

- At risk (pre-contemplators) - this audience is currently within a healthy weight range but at risk of becoming overweight / obese in the future.
- Overweight (contemplators) - audience is generally middle-aged and older with positive attitude towards weight loss.
- Obese (contemplators) - this audience is generally middle-aged and older, with more females, with a positive attitude towards weight loss.

Details on all nine segments can be found in the appendix.

Insight

The formative research identified a range of barriers and motivators to weight loss. The most significant barrier, poor knowledge of what is a healthy weight, has provided the starting point for educating Queenslanders about the risks associated with obesity.

Perceptions of body shapes have shifted, with overweight body shapes now considered normal. Obesity is considered a problem for ‘them but not for me’ as my weight and shape is ‘normal’. Friends, family and society are being used as a reference point rather than a quantifiable measure such as BMI. These are valuable insights—if people generally perceive themselves as being relatively healthy, they are switching off to the messages around nutrition and physical activity because they do not think it applies to them.

Integrated Intervention Mix

Product

The product is the Healthier. Happier. website, an engaging and informative platform which acts as the central campaign hub, hosting all relevant content, messaging and tools in one convenient location. All supporting advertising and communication drives traffic to the Healthier. Happier. website.

Supporting the Healthier. Happier. website is the Health & Fitness Age Challenge app. This e-service provides additional motivation and enhanced engagement with the program.

Price

Costs identified in the market research related to financial, social and psychological cost. These were addressed through:

- Providing simple recipes and advice for healthy, quick and cost effective meals.
- Providing advice on the cost benefits of using in-season or canned/frozen fruit and vegetables.
- Highlighting the benefits of nutrition and physical activity on how you look and feel.
- Avoiding the need for complex planned physical activity, gyms and public exercise by providing mobile programs and assessment tools that can be done at home or at work.
- Providing simple free physical activity options for people to add to their daily routines.
- All services and support are provided free of charge from a credible and trusted source.

Place

The Healthier. Happier. campaign delivers convenient access to advice and support through a variety of tools and services, including:

- The online Health & Fitness Age calculator which is mobile and tablet compatible.
- The Health & Fitness Age Challenge app which can be downloaded to smart phones.
- The Healthier. Happier. website which includes information and advice about nutrition, physical activity and practical tools and support through recipe and exercise videos.
- A free telephone support and coaching service, Get Healthy, that is available 8 am–8 pm Monday–Friday.

Promotion

A key focus for the promotion of Healthier. Happier. is to establish this as relevant for every Queenslander. This separates it from commercial weight-loss products and positions the campaign for Queenslanders who currently have a healthy weight, but poor nutrition and physical activity behaviours.

The campaign is being delivered through various media, including TV, radio, digital and out-of-home. The call-to-action is to visit the website for a self-assessment and further information on where/how to get help. After visiting the website, customers can access information on a range of programs and interventions, including a free phone coaching service, available in their local area to suit their needs.

Co-creation Through Social Markets

Engaging with our target audience on a regular basis has helped inform and shape the development of the Healthier. Happier. campaign. Qualitative and quantitative research has tested existing
approaches/messages around obesity, nutrition and physical activity.
It also provided direction for the development of campaign messaging, new creative concepts and the development of core campaign features such as the Healthier. Happier. website, Health & Fitness Age calculator and the Health & Fitness Age Challenge app.

Systematic Planning
The overarching social marketing strategy is based on the Transtheoretical model of behaviour change (Prochaska & DiClemente, 1983), and takes a stage-matched approach, targeting interventions to particular stages of change. The priority audiences for the campaign are pre-contemplators and contemplators. Over three years it aims to move consumers through the stages of behaviour change to increase healthy lifestyles and reduce the prevalence of overweight and obesity across the state.

However, the campaign also engages consumers in the action and maintenance stage by providing ongoing encouragement, reminders and motivators to ensure they do not regress to earlier stages of change.

Two rounds of concept and market testing were conducted to guide the Healthier. Happier. campaign as well as the development of the Health & Fitness Age calculator app. Concept testing, post campaign evaluations and ongoing data analytics (content, technical, engagement and usability audits) have all feed into the development and ongoing evolution of the campaign and resources.

Results and Learning
The Healthier. Happier. campaign has been very successful to date. As at 7 March 2014, there have been:
- over 460,000 unique visitors to the website with an average of 4.09 page views
- the Health & Fitness Age calculator has been completed over 409,000 times
- the Health & Fitness Age Challenge App has been downloaded over 84,000 times
- 61 per cent prompted recall of the campaign.

Not only has the campaign succeeded in encouraging Queenslanders to perform an honest assessment of their lifestyle, a large portion of people who have completed the calculator have started making healthier changes as a result:
- 48 per cent reported that they had started exercising more and eating more fruit and vegetables.
- 39 per cent reported that they started to drink less alcohol.
- 35 per cent reported that they started to drink less sugary drinks.

Lessons Learned
The campaign has exceeded expectations in driving people to complete the Health & Fitness Age calculator, which was a result of engaging campaign creative and strategic media buy-outs of key transport hubs. This did create an initial issue with server capacity at peak times. To avoid this in the future, an assessment of web readiness, including performance and stress testing will be prepared pre-launch allowing for immediate action if required post launch.

Completing a content, technical, engagement and usability audit of the Healthier. Happier. website has allowed us to further refine the website to achieve greater exposure through organic search. This has ultimately resulted in the most relevant information and resources being served to people when they search for information online.

References

Appendix
Using the Sheth and Frazier model, nine segments were identified as detailed below.

<table>
<thead>
<tr>
<th>BMI</th>
<th>Segment 2 = very healthy lifestyle = 12%</th>
<th>Segment 4 = Positive attitude to weight loss = 13%</th>
<th>Segment 7 = Positive attitude to weight loss = 15%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight = 3%</td>
<td>Normal weight = 35%</td>
<td>Overweight = 30%</td>
<td>Obese = 32%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Segment 1 = 3%</th>
<th>Segment 3 = Less healthy lifestyle = 23%</th>
<th>Segment 5 = Neutral attitude to weight loss = 12%</th>
<th>Segment 8 = Neutral attitude to weight loss = 12%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Segment 6 = Negative attitude to weight loss = 5%</td>
<td>Segment 9 = Negative attitude to weight loss = 5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number: 147
The Real Warriors Campaign: Reaching Out Makes a Real Difference
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Aims and Objectives
Since September 2001, more than 2.5 million United States service members have deployed supporting combat missions in Iraq and Afghanistan. Research from the U.S. Defense Department (DoD), U.S. Department of Veterans Affairs and others, including the Mental Health Advisory Team (MHAT), indicated that only a minority of those experiencing invisible wounds seek psychological health care. The Real Warriors Campaign uses a variety of proven strategies, including an interactive website (www.realwarriors.net), radio and television public service announcements (PSAs), traditional media and social media outreach, materials, events and a vast partnership network to directly reach service members, veterans and military families coping with invisible wounds and encourage them to seek appropriate psychological health care or support and reduce the stigma that acts as a barrier to seeking care.

Behavioral Objectives and Target Group
The Real Warriors Campaign was developed in response to a 2007
Federal task force that recommended that DoD “implement an anti-stigma public education campaign using evidence based techniques to provide factual information about mental disorders.” The campaign was stood up in 2009, at the height of overseas engagement in Iraq and Afghanistan and could come to an end in 2018, with the projected end of the U.S. drawdown.

The campaign was designed to increase help-seeking behavior for psychological health concerns among service members, veterans and military families coping with invisible wounds, to reduce PTSD and combat stress in the military community; and reduce the myths and discrimination surrounding seeking care that act as barriers to care. Measurable impact, as it relates to behavior change, includes:

Output measures
1. More than 1.8 million materials ordered which share 24/7 support resources.

Outcome measures
2. The Real Warriors Campaign web and mobile site have garnered 963,755 unique visitors, 1,239,928 visits and 5.9 million page views.
3. Significant percent increase of the target markets accessing psychological health care (by way of the Real Warriors Campaign) after learning about campaign resources at presentations and events.
4. Target audiences sharing help-seeking behavior and myth dispelling resources.
5. 137 percent increase in calls to the Military Crisis Line through sharing of the number in correlation with campaign resources.

Citizen/Customer Orientation
The campaign is supported by a dedicated behavioral health team that includes subject matter experts in neuroscience, psychology, psychiatry, nursing, public health, health communications, clinical social work and public policy. The team focuses on comprehensive solutions that include social distance, treatment effectiveness and evidenced-based self-management approaches.

According to the Mental Health Advisory Team (MHAT), a series of studies since 2003 to assess the mental health and well-being of the deployed forces serving in Iraq, there was an increased risk of serious combat stress or depression with each deployment. MHAT and other government surveys showed that service members are reluctant to seek care for psychological health concerns for fear that it will damage their career, cause their unit or leadership to lose confidence in them, or make them look weak. Moreover, understanding of stigma itself has evolved over time with key concepts that contribute to stigma – the public, institutional, social, and individual context – and the empirically and theoretically derived impacts of stigma. These include four immediate outcomes found to be empirically linked to stigma: coping mechanisms (e.g., hide, isolate), interpersonal outcomes (e.g., self-esteem), attitudes and intentions toward treatment seeking; and four long-term outcomes that literature has theoretically linked to stigma: wellbeing, quality of life (e.g., productivity), treatment initiation, and treatment success. In June 2007, the DoD Task Force on Mental Health recommended the development and execution of the campaign to dispel identified stigma as a barrier to seeking care and encourage service members to seek appropriate care. The campaign has changed beliefs to show that seeking help is a sign of strength; highlighted evidence development and execution of the campaign to dispel identified stigma as a barrier to seeking care and encourage service members to seek appropriate care. The campaign has changed beliefs to show that seeking help is a sign of strength; highlighted evidence development and execution of the campaign to dispel identified stigma as a barrier to seeking care and encourage service members to seek appropriate care.

Engagement and Exchange
With a large and varied target audience, it was vital that the campaign used a diverse and integrated set of communication tactics to reach key stakeholders. The campaign has established a trusted brand for credible, actionable information to targeted audiences that drives them to resources. Additionally, the team plans integrated tactics to build awareness of the symptoms of health concerns by anchoring communications around national and military observances, proven to generate interest in the campaign. The team consistently receives feedback and engagement from key stakeholders through interactions on social media and participation at events, as well as emails and Interactive Customer Evaluation (ICE) surveys on realwarriors.net.

Competition Analysis
When launched, the Real Warriors Campaign was the Defense Department’s only public health campaign focused on stigma reduction. Since 2009, while other federal and non-profit organizations have introduced initiatives and programs modeled from the campaign, the team has developed best practices to reach target audiences effectively, and consistently remains at the forefront of new engagement techniques.

The campaign has one of the most wide-reaching and engaging partnership programs in the Defense Department – a network of more than 230 local, regional and national community partners (non-profits or federal organizations) that further the campaign’s mission of supporting the psychological strength and resiliency of service members and the military community. The campaign’s partnership team fosters a collaborative effort between the Real Warriors Campaign and the partner organizations to share resources and reach wider audiences of key stakeholders.

Segmentation & Insight
The campaign targets service members and veterans of varying ranks and services (Army, Navy, Air Force, Marine Corps and National Guard and reservists), military families, health professionals and the public at large. The primary audience is service members, ages 18-24.

As the pace and number of military deployments since September 2001 has been unprecedented, research has proven that each deployment increases a warrior’s risk of experiencing psychological health concerns. After more than 13 years, it is not uncommon for service members to be on their fifth or sixth deployment. The rate of National Guard and reservist deployments has also dramatically increased. The Real Warriors Campaign team responds to these unique needs on a daily basis - from the creation of new materials (such as the Real Warriors app) to new outreach and direct engagements with underserved populations, such as reservists.

Integrated Intervention Mix
The Real Warriors Campaign uses a variety of proven strategies, including an interactive/mobile website, radio and television PSAs, traditional and social media outreach, collateral materials, events and a vast partnership network to reach key audiences.

Product: The campaign’s tools and resources can be found or requested at the main product, www.realwarriors.net. All of the campaigns tools and resources support resilience and healthy behavior, including print materials, articles and an app.

Price: While the actual monetary cost of all campaign tools and resources are free, another price of accessing military behavioral
healthcare is stigma, and the attitudes and intentions towards seeking care – which is why the campaign's resources are confidential and reinforce positive outcomes with real examples in the profiles.

Place: Because the campaign is web-based and resources can be accessed anywhere, there are no boundaries to when and where materials and resources can be used – including from deployed service members and those who live in isolated communities.

Promotion: Campaign resources are promoted and shared through the campaign’s networks (social media, website and event participation) and through campaign partners (Defense Department and partner organizations). Outreach efforts to print, online, television and radio outlets have generated nearly 55,000 news stories, potentially yielding more than 3 billion impressions – significant considering the campaign does not used paid media advertising.

Co-creation through Social Markets

As a foundation for the Real Warriors Campaign, prior to launch, the team conducted primary research, including 11 focus groups and 49 key informant interviews, and secondary research including a communications audit of 15 key reports and a situational analysis of 50 existing outreach programs. The primary and secondary research revealed:

• Service members are often in denial and don’t associate symptoms with psychological health concerns, but rather the “cost” of deployment; and less severe than physical wounds
• There is a perception that leadership does not acknowledge a continuum and sees deployment stress as a dichotomy, where you either return “fine” or you have PTSD and are unable to serve.
• Any psychological health care treatment is widely perceived as a sign of weakness and a “career ender.”
• Service members want proof. They want to see service members like themselves carrying out successful military or veteran careers after receiving care.

The team conducts ongoing research, such as key informant interviews following events, and continuously collects qualitative and quantitative feedback. The campaign’s tactics are consistently evaluated and the team actively applies research on emerging trends to inform planning for initiatives such as the recently launched Real Warriors App.

Systematic Planning

Throughout the campaign, we infused behavior change and health communication methodologies as the team launched emerging technologies. The Real Warriors Campaign is based on social marketing principles using the evidence-based Health Belief Model. This model framework motivates individuals to take positive health actions (e.g., seeking care) through the desire to avoid a negative health consequence (e.g., relative costs of inaction compared to getting the condition), and belief in positive outcomes as a reinforcing principle. The HBM is built on four constructs:

• Perceived Susceptibility: An individual's assessment of their risk of getting the condition
• Perceived Severity: An individual's assessment of the seriousness of the condition and its potential consequences
• Perceived Barriers: An individual's assessment of the influences that facilitate or discourage adoption of the promoted behavior
• Perceived Benefits: An individual's assessment of the positive consequences of adopting the behavior

Constructs of mediating factors were later added to connect the various types of perceptions with the predicted health behavior. The prediction of the model is the likelihood of the individual concerned to undertake recommended health action such as preventive and curative health actions. Additional research included in the systematic planning process was conducted to identify these motivators and barriers within the military community, and the tactics and key messages that will influence behavior change and facilitate positive health outcomes.

The campaign develops weekly, monthly, quarterly and annual reports, in addition observance specific after action assessments, to monitor and evaluate campaign impact and milestones.

Results and Learning

Through the team’s efforts, the campaign has reached service members and stakeholders around with effective avenues for behavioral change, and has been identified as one of the key initiatives in changing negative perceptions and reducing barriers to care. Ongoing reviews of Defense Department studies allow the team to evaluate changes in attitudes and practices in military populations through time.

The following research and results indicate that combined efforts, including the Real Warriors Campaign, to promote help-seeking behavior among the U.S. military community are working:

• A 2012 Army report suggested anti-stigma efforts and targeted campaigns to combat the stigma associated with seeking behavioral health care in the military are having a positive impact. The report specifically mentioned a campaign spokesperson, Staff Sgt. Meg Krause, whose video profile demonstrates positive outcomes as a result of seeking care.

• A 2012 Army report highlighted the successful progress made “in recent years to reduce and eliminate the stigma associated with seeking and receiving help for behavioral health conditions,” specifically citing the campaign.

The 2013 MHAT 9 report indicated that “stigma remained stable [in comparison to recent MHAT reports], whereas perceptions of barriers [to receiving behavioral health care] improved in 2013 compared to 2009.”

Output measures

More than 1.8 million materials ordered which share 24/7 support resources.

Outcome measures

1. Target market showing an interest in accessing psychological health resources through the Real Warriors Campaign web and mobile site, through more than 963,755 unique visitors, 1,239,928 visits and 5.9 million page views.

2. Target markets accessing psychological health care (by way of the Real Warriors Campaign) after attending events and presentation by the Real Warriors Campaign, reflected through the percent increase in calls to the DCoE Outreach Center, the promoted resource.

3. In the past year, interactions increased 516%, and online audiences engaged with the campaign 1,101 times every day.

4. As a result of the campaign's weekly social media promotion of 24/7 resources like the Military Crisis Line, shares of the crisis line in correlation with the campaign have increased by 137 percent since 2011.

In targeting the National Guard and reserve, campaign outreach has driven typically underserved military communities towards resources that have been shown to have been previously inaccessible or known to them. After the campaign started attending mandatory reintegration events for these communities, the DCoE Outreach Center, the referral call line for military psychological health concerns, saw a

• 115 percent increase in the number of calls after the Nashville, Tn. Yellow Ribbon event;
• 104 percent increase in the number of calls after the San Diego, Calif. event;
• 43 percent increase in the number of calls after the Rosemont, Ill. Yellow Ribbon event.

As a result of the campaign's weekly social media promotion of 24/7 resources like the Military Crisis Line, shares of the crisis line in correlation with the campaign have increased by 137 percent since 2011. The campaign’s social media channels amplify the campaign’s reach by engaging with followers, promoting actionable resources available and targeting audiences to directly connect them with psychological support resources. Every day, online audiences engage with the campaign, connect with each other in the campaign’s forums, and refer their friends to the campaign as a trusted resource or as an avenue to access care. As a result, the Military Crisis Line is consistently the most (favorably) mentioned resources in conjunction with the Real Warriors Campaign, indicating audiences’ attitudes are supportive of seeking care, including self-care. Since 2010, the Real Warriors Live Chat, a 24/7 online instant messenger with health resource consultants, has garnered 1,975 clicks from online
audiences, meaning Facebook and Twitter users are connecting with masters-level trained health resource professionals. In addition to the broader DoD studies measuring behavior change, the campaign tracks success through qualitative and quantitative measures. These studies tell a very positive story: the Real Warriors Campaign’s public outreach efforts continue to be an extremely effective means for creating awareness of and directing audiences to resources for seeking psychological health care.

References


Appendix: Real Warriors Campaign Monthly Metrics, July 2014

Media
"I got lots of responses from people who were very close and had been to combat with me… saying 'All it took was me seeing you. All it took was me seeing your piece, seeing someone I knew.'... Even just telling the story is breaking the stigma." – 1st Sgt. Aaron Tippett, PTSD Awareness Month Bloggers Roundtable

• The campaign has garnered more than 3.23 billion media impressions, 100 percent of which have been positive or neutral in tone.
• Coordinated a bloggers’ roundtable on June 24 to discuss the tools and resources available to veterans coping with invisible wounds. Participants included campaign profilee Tippett and Nancy St. Claire, Chief Operating Officer from Give an Hour. Resulted in eight participants and three blog posts.
• Distributed an audio news release (ANR) on June 25 to amplify messages about help-seeking behavior in observance of PTSD Awareness Month. As of June 30, the ANR aired 1,765 times on 960 stations, generating 1.4 million impressions.
• Aired the new "Real Warriors and Reintegration" long format show on the Pentagon Channel 12 times reaching 45.7 million households.

Social Media
"Excellent spotlight video that captures an extremely important message perfectly. Mental health is part of your strength." – Comment in response to the Marine Corps Staff Sgt. Josh Hopper video profile
• 52,815 Facebook fans
• 28,981 Twitter followers
• 45,297 YouTube channel views

Outreach
"[The veterans’ brochure] seems like a great resource for veterans!" – Stephanie Miller, Valor Games Midwest

• Cumulatively, 4,458 installations, commands, units and other organizations, including Fort Dix and Fort Jackson, have requested 1,889,554 campaign materials to distribute to the military community.
• The campaign has directly interacted with 19,425 individuals, distributed 104,720 materials at 143 events.
• Confirmed two new partners in June: Saratoga WarHorse and Project Welcome Home Troops, bringing the total number of campaign partners to 232.
• The Real Warriors Campaign has potentially reached more than 135 million individuals through 269 campaign articles in partner’s blogs, newsletters and publications since the launch.

Number: 158
"The health shop" - An Integrated Social Marketing Approach to Generate Demand for Malaria Testing
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Aims and Objectives
The Zambia Access to Artemisinin Combination Therapies Initiative [ZAAll] was a one year pilot project designed to increase affordability and access to Artemisinin based Combination Therapies [ACTs] known as anti-malarial’s and a point of care test - malaria rapid diagnostic tests [m-RDTs] in the private sector to cut down the use of ineffective monotherapies and increase appropriate treatment of malaria confirmed cases with ACTs for all age groups. To generate demand and uptake of the new products introduced, an Integrated Marketing Communication approach was adjusted for health context and applied.

Behavioural Objectives and Target Group
The behavioural objectives to be achieved within one year of the project period were two-fold
• Consumers: Change clients’ behaviour from buying anti-malarial’s when they have fever or symptoms of malaria to seek a point of care malaria test m-RDT first at “The health shop” and follow up with ACTs if malaria test was positive.
• Outlet/Service providers: Change providers’ behaviour from selling ACTs or monotherapies on client’s demand to proposing a malaria test first and provide ACTs only if the malaria test was positive.

Primary target group: Consumers aged 20 to 50 years of socio economic class C, D and E
• Outlet/Service providers: Change providers’ behaviour from selling ACTs or monotherapies on client’s demand to proposing a malaria test first and provide ACTs only if the malaria test was positive.

Secondary target group: 60 providers/outlets comprising drug shops and informal outlets
Citizen/customer orientation

Formative research showed that due to Ministry of Health, Government of Zambia guidelines, ACTs were “prescription drugs” hence available only in registered pharmacies. This resulted in lack of regulated pharmacies in the rural areas with drug stores and informal outlets [including grocery stores] filling in the gap. These outlets dealt with over the counter [OTC] drugs, including ineffective monotherapies for malaria. These informal facilities were closer to residential areas and market places and consumers were accessing them regularly. Based on this insight and situation on the ground; the project worked with the Ministry of Health, Government of Zambia and the Pharmaceutical Regulatory Authority [PRA] standards to develop guidelines with minimum enforceable standards of personnel, infrastructural and regulatory guidelines for these outlets to offer the m-RDTs and ACTs to consumers.

During a dipstick study among consumers - barriers to testing before treatment included very little knowledge and awareness about the importance of testing for malaria before taking medicines, lack of m-RDTs in the market, misunderstanding that m-RDT’s would also test for HIV and belief in traditional medicine efficacy to some extent. During the dipstick consumers said if they understood the role of m-RDTs; how taking a malaria test will be helpful, they would be likelier to use them. Further, they also needed information on their effectiveness, safety and costs. Consumers also expressed readiness to take the tests at drug stores and informal outlets, as they were already buying OTCs from them.

The Social Offering

To consumers, malaria testing was offered as a compulsive proposition: “A time and money saver that is simple and will make your life easier; so you can pay attention to more important things in your life such as family, work, business or education”.

The testing was promoted as a “fast, quick, short test [20 minutes - five minutes for the test itself and 15 minute wait for results to show up], reliable [provided by trained personnel in certified outlets] solution to know if people have malaria or not. This also meant that consumers would only get the correct treatment, thereby avoiding needless medicines, saving time and hard earned money. Additionally, they could buy the ACTs at the same place. Both the price of the test and treatment was set within the acceptable price that people were willing to pay.

The drug stores and informal outlets offering m-RDTs and ACTs were branded as “The health shop” creating a positive association for consumers; complete with signage, logo and cheerful colors – green and yellow for easy recognition. “The health shop” outlets were promoted as the “Go to” places for malaria testing and treatment.

Engagement and Exchange

A commonly occurring pain point with public health sector programs in developing countries is the quality of the services offered in terms of distance, waiting times and often stock out of prescribed medicines at public health facilities. To overcome this; the project would ensure continuous supply of both m-RDTs and ACT’s and at an “affordable” price point; which would help consumers shift their preferences to “The health shop,” provided their experience at the health shop was positive.

Competition analysis

This proposition had competition from two sources: First were the public health facilities which offered both a laboratory based microscopic and the point of care m-RDT test free of charge. The downside of public health facilities were however the distant locations and frequent stock outs of medicines which meant the consumer will have to take a test at the public health facility and then go to a pharmacy to buy medicines. The second competition were the private clinics and labs that offered both the tests, they were less distant than the public health facilities and less crowded; but they charged a fee for testing and also did not dispense medicines at the same premises.

Segmentation and Insight

Composition: The target audience included men and women in the age group of 20-50 years comprised 25% peri-urban and 75% rural population. Peri-urban has better access to health services, information sources; while rural were under-served, with limited access to media channels except radio, meetings with community leaders who shared information with his/her village and word of mouth among community members who carried information back.

Demographics and psychographics of consumers: The average education of the target audiences were upper or lower primary school levels; engaged as government employees, teachers, self-employed, running small businesses, selling daily needs or working in farms. In these areas, people indulged in community activities such as getting to church or market places and all had young children in the household.

Providers: Drug stores employed registered nurses or midwives; while informal stores were family owned. The drivers to be part of “the health shop” was dealing in “new products, additional income and also serve community interests”. Their needs related to m-RDT’s prices being affordable to consumers and timely delivery of supplies.

Integrated Intervention Mix

The project adopted a social marketing approach, using the “4 P’s” of product, price, placement and promotion

The product: Tagged as a “quick and easy way to know if malaria or not” the primary product promoted was the point of care test m-RDTs

The price: both the products - ACTs and m-RDTs were both procured from the manufacturers at public sector price and then sold at subsidized price to existing pharmaceutical wholesalers. The products were delivered to the providers using regular distribution channels. Both the products were prices at one USD each.

The placement: To increase accessibility to consumers, both the products were strategically placed in 58 accredited outlets across district, headquarters, market places and residential areas. The outlets were chosen with guidelines as per Ministry of Health, Zambia and the Pharmaceutical Regulatory Authority [PRA] standards that included minimum enforceable infrastructure, personnel, records and product standards. The personnel in these outlets were trained using a training curriculum that included dispensing practices, ethical issues, inventory control, supply chain management and an entrepreneurship module.

The promotion: An integrated marketing communication - IMC approach used by private sector to match the overall design of the project was adopted that included advocacy and PR, sales promotion, marketing collateral and community activation with product demonstrations.

Co-creation through social markets

While the overall project was guided by findings from household studies, baseline surveys, mystery shopping, and exit interviews; for the 4th “p” additionally a dipstick study to gain insights of stakeholders, service providers and consumers to understand their needs, wants and desires related to the concept of malaria testing using m-RDT and the “test before treatment” behaviour was undertaken. The dipstick also explored barriers and drivers for care-seeking behaviours; besides communication channels and sources of information to help in messaging.

Systematic planning

The IMC approach was developed in the 1980’s in the USA, under the leadership of the American Association of Advertising Agencies. It is an approach to brand communications where the different aspects of marketing communication (such as advertising, sales promotion, public relations, direct marketing, and personal selling, which are not necessarily part of a single department in a for-profit company), are harmonized and coordinated in an integrated strategy to maximize their cost effectiveness. The approach includes the use of a similar tone and style in all communication materials and channels to reinforce the brand’s core message and create a seamless experience for the customer. This approach can be successfully used for achieving behavioural objectives in health and social development, and has been used by various stakeholders including the World Health organization, UNICEF and others.

IMC involved systematic planning: 1) Deciding the precise behavioural goals, 2) Conducting Situational Market Analysis to help understand where we were currently and how we get where we want to be. 3) Based on the analysis, develop an overall strategy and implementation plan for achieving stated behavioural result. 4) Develop the marketing communication pack, pilot test it and refine based on insights from the ground, production, implementation followed by monitoring and evaluation. Based on insights gained and
the “product and service” offering; the promotional aspect adopted an “Integrated Marketing Communication strategy” model, popular with commercial markets as it seeks to gain the market in the short term and behaviour change in the long run. A creative plan was devised to introduce, remind and trigger consumers of the need for using m-RDTs and its related benefits. The appeal technique incorporated words and language people understood best with cheerful, positive imagery from people’s lives and daily routines. Tone and style ensured that all messages, pictures and images were simple and easy to understand, so they could resonate with audiences and stay on top of their minds.

Execution: Advocacy and PR: Over 25 one-on-one’s; town hall and stakeholder sensitizations meetings aimed at key administrative, religious and community leadership; public sector health personnel were conducted to inform about and gain support for malaria testing in the private sector. Product launch - a high decibel product launch in the largest district was preceded by wide public awareness announcements. Political, administrative and community leadership with providers and consumers were part of the launch and included a drama with key messages built in for audiences to readily relate to.

Radio: over 240 short radio commercials were supported by eight in-depth interviews and panel discussions with district health authorities and call-ins from listeners. Marketing collateral – Named “The health shop” signage, a brochure of “frequently asked questions” a flip chart explaining malaria, m-RDTs’ACTs, prevention etc., aimed at rural audiences, banners, T-shirts, posters and dispensing bags were developed and used. Community based programs - 34 dramas in shows in villages/interactive sessions were conducted in rural areas with appeals by community leaders. Sales Promotion – All outlets were branded, in-store collaterals and aggressive publicity through radio, giving names of outlets to drive traffic to the certified outlets was provided and regularly supervised to address any shortcomings.

Results and Learning

A specific set of indicators to evaluate the outcomes and impact of the communication interventions was developed and mainstreamed into the monitoring and evaluation plans of the project. An independent evaluation was conducted [March-April 2011] to measure knowledge and uptake of malaria test and treatment practices through household survey data from control and intervention areas; complemented by outlets’ exit interviews and mystery shopping. Outcomes were assessed through “before and after top-of-mind recall”, dose delivered/received; channel reach and the extent of “testing before treatment” behaviour.

The intervention proved overall successful with a high uptake of the new products made available, both at the level of consumers and providers - of the 41,900 RDTs shipped; store level records suggested nearly 48% [over 20,000] people were tested at drug and grocery stores tagged “The health shop” that previously did not offer malaria testing services.

Results against behavioural objective 1 - at Consumers’ level:

• “The health shop” branding impacted on the behaviour relating to malaria testing and treatment among users – Footfall in “health shops” increased - from 37.2 to 47.7% aided by recognition of shops by visual triggers of poster, sign or sticker.
• Between baseline and end line, knowledge on ACTs and RDTs increased in intervention over control areas. Awareness among communities of “test before treat” message increased from 43% to 93.6%; in two districts; 97% and 100% in the other two districts.
• Within 10 months of the pilot; shifts in care and care-seeking was apparent among consans, with a substantial increase in children under 5 years old [U5s] being taken to public sector - as protocols required providers to refer U5s who test negative to a public facility; even while adults sought care at “The health shop”.
• Customer satisfaction: Customers found testing and treatment available at “The health shop” a convenient option curtail long walks to health facilities, offsetting cost by saving time. Consumers moved quickly from “awareness” to “use” stage when benefits of “saving time and convenience” were realized. Radio proved effective as the source of awareness of the health shop” - as radio spots and discussions listed out names of branded outlets and their location; helping community members access one nearest to them. Endorsement by key leaders through radio and call-in programmes further helped in improving awareness.

Results against behavioural objective 2 - at Outlet/Service providers’ level:

• Findings indicated that providers were motivated by mention of individual outlet names on the radio as the “go to” place during radio promotions. As a result of the promotional activity, providers said their clientele increased by 45%. More than 50% of providers not only perceived high demand for RDTs, but said their profitability increased by 47%.

Learnings

• An Integrated Social Marketing and Communication approach can be successfully applied to health products, services and behaviours when promoted within a private sector development approach.
• Demand-side interventions can have impact not only on uptake of new services but also on changing care-seeking behaviours, hence they should be a primary component of any intervention to introduce m-RDTs in the private or public sectors for greater impact.
• Monitoring effectiveness of a communication intervention should be built into the intervention’s monitoring and evaluation plans from the onset allowing for progress tracking and identifying key outcomes.
• The learnings from this project is being used for a scaled up project in Uganda and Nigeria with a target of 6 million m-RDTs” that will run up to 2016.

Appendix

The ZAAI was implemented in four rural districts of the country, Lundazi, Chama, Kasama and Chinsali with 700,000 people, under the leadership of Ministry of Health, Government of Zambia with support from the World Bank, and three implementing partners - Crown Agents, Management Sciences for Health and Malaria Consortium

Number: 164

The Mistakes Campaign: Changing how we think about speed
Prince, R(1); Graham, P(1); & Major, L(2).
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Aims and objectives

Most speeders believe that they’re skilled enough to drive over the limit, and it’s everyone else who’s the problem. Instead of resisting that belief, we launched a campaign that supported it.

This campaign aims to reframe the way that people look at their speed when they’re driving.

Behavioural Objectives and Target Group

While reduced speeds and increased compliance is the ultimate goal, tackling such deeply entrenched habitual behaviour is always going to be long term and is part of New Zealand’s 10 year speed-reduction strategy:

Behavioural

1. reduce excessive speeds (percentage of vehicles exceeding the limit on 100 km/h roads) from 2012 statistics where the proportion of drivers that exceeded the 100km/h limit was 25%
2. reduce the number of speed-related road crashes from 2011 statistics where crashes that involved driving too fast for the conditions resulted in 544 deaths and serious injuries.

Further objectives for this campaign are more perceptual/attitudinally focused. We needed to re-engage those who have “opted out” by persuading them to look at and think about the problem differently, and to give people a new reason to slow down. In particular we sought to:

Practitioner papers


Clow, K. E. (2007). Integrated advertising, promotion, and marketing communications. Pearson Education India
So we looked for a universal truth all drivers can relate to in order to reframe an undesirable behaviour – people make mistakes. In life, mistakes are made often. Usually, we get learn from them, but not when driving – the road is an exception. Despite how good a driver you are, even the smallest of mistakes on the road can cost us our life, or someone else’s.

Engagement and Exchange
Advertising concepts and material are fully researched with our target audiences. Multiple concepts are developed to meet the advertising brief and all are tested to determine which goes into development. Feedback from all the testing can be used to refine the final concept before production, and the refined version is restested to ensure it is still delivering on key aspects. At this stage the advertisement can be further refined before going into market.

Competition analysis
The speed advertising campaign has many competitors: vehicle manufacturers who constantly glamorise speed as a key selling point; bloggers and editors who love to knock the road safety advertising campaign and believe it’s their god given right to drive at the speeds they do; movies and games that glorify speeding; and the silence of the majority who are constantly overwhelmed by a vocal minority. We needed to give the majority their voice.

Segmentation and Insight
New Zealand drivers’ speed behaviour can be segmented as:

8. Nana – very uncomfortable driving as fast as the speed limit
9. Good citizen – believe the speed limit is the limit and try not to go over it
10. Zero-risk – usually stick to the speed limit but sometimes go over - will pull back if going over 110kmph
11. Expert – take a calculated approach to speeding – if the conditions allow they will drive up to 120kmph
12. Thrill seeker – enjoy speeding and find that driving at 100kmph is not always enough.

The Mistakes campaign targets the zero-risk segment, which has been refined further to all drivers aged 20-49 years of age. The key insight simply picked up on the argument they had always used to defend their behaviour – “I’m a good driver. It’s other people who make mistakes”. Rather than denying their sentiment, we embraced it, and twisted it around on them to show that their speed has consequences when those other people make mistakes.

Integrated Intervention Mix
Advertising is one component of an integrated strategy to address drivers’ speeding behaviour. It works alongside other interventions such as enforcement, road and vehicle engineering, legislation and other national and regional education. Enforcement is a key element and Police are increasingly targeting drivers in high risk areas who travel at speeds above the posted limits. The advertising programme fundamentally supports and justifies Police enforcement. Both are assisted by a programme of speed limit reviews, particularly on high risk roads, and improvements in the safety of roads and roadsides to reduce the consequences of crashes when they do occur.

The communications strategy for this Mistakes campaign was designed to disrupt current inertia around speeding and to generate and facilitate a new conversation. Given the broad target audience, the initial strategy aimed to tell this story on as many screens as possible. Mistakes was launched on television and YouTube, and cinema also provided a high impact, targeted environment. Billboards and radio delivered a reminder of the message to drivers, by reminding people of the very human truth at the core of this idea: that no one deserves to pay for a simple mistake with their life. The advertising was also placed in online media environments where discussion is a regular feature. This enabled us to gain a deeper understanding of message interpretation, and to fuel new conversations around the issue, as we saw those who had been tuning out from the historical speed messaging become engaged.

Co-creation through social markets
Since 1995 the Transport Agency’s advertising programme has involved other government agencies, NZ Police and motoring groups. For this campaign the approach was actively supported by all stakeholders, including those who sometimes found a speed message difficult to agree with.

Attitudinal
3. achieve unprompted target audience recall of ≥ 15% within 6 months
4. achieve target audience relevance of the advertising of ≥ 50%
5. ensure the 3 highest message out-takes are on brief
6. create new conversations and disarm conventional counter-arguments (measured through social and news media monitoring), and
7. shift attitudes towards speed (measured through ad tracking and attitudinal surveys).

The campaign targets drivers aged 20-49 years old - competent drivers who regularly drive and put the kilometres in. These people drive ‘comfortably’ fast – typically a bit faster than the posted speed limit or other traffic. They don’t consider it to be wrong or anti-social because it’s not really ‘speeding’ in their minds. They feel competent and in control of their vehicle.

Citizen/customer orientation
Advertising which warns drivers about the dangers of speeding has been running for 20 years in New Zealand. The story is well known: the faster you go the bigger the mess. So is the target of the advertising: the finger pointed squarely at a speeding driver with the consequences of their actions dramatised in gruesome detail.

In the early years of the campaign, this blueprint was highly effective. It was unexpected and shocking, and the message was new. Average speeds dropped 4% in the first decade, and fatal and serious injury speed-related crashes fell 24% from 740 to 560 per year.

In the last 5 years, it has been harder and harder to achieve the same results. While extreme speeds are now rare (only 3% of vehicles travel more than 10 km/h over the limit on the open road), one in four drivers is still driving between 100 km/h and 110 km/h. In their minds, it’s only slight speeding. The relevance of the advertising too was diminish. Whereas previously people saw it as a message for them, our research showed that people were becoming immune to speed advertising, assuming the message was for someone else, ‘bad’ drivers and ‘young hoons’, not competent and experienced drivers like them.

As people have become desensitised to crashes – whether through constant exposure to the same message or to increasing graphic media coverage of world events or the violence of video games – they have found ways to opt out. They argue speed is not the problem, it’s the mistakes that cause a crash, it’s speed that determines the outcome – whether someone is killed, or walks away. For years we’ve crafted arguments to persuade people to slow down using emotion, community pressure and the laws of physics. But our greatest competition is the drivers’ own experience. Most of the time when we drive fast, nothing happens. Consequently our advertising has invited a fierce argument back from speeders and motoring commentators: “It’s not speed that’s the problem; it’s bad driving”. 
Systematic planning
The speed advertising campaign has been going for 20 years, and the Mistakes brief was the 26th speed brief since the campaign’s inception. The campaign has evolved over the years to account for the changing behaviours on the roads. As speeds have lowered and audiences have changed, the campaign has continued to adapt, all the while consistently applying the blueprint to the development of new work.

The campaign is continually evaluated and monitored through an annual tracking survey which looks at audience measures such as recall, relevance and message takeout, for example. Speeds and crash / casualty numbers are also measured annually.

Results and Learning
The Mistakes campaign contributes to the behavioural objectives of New Zealand’s speed reduction strategy. The behavioural results are not yet available. Results for the first objective will be measured from the 2014 speed survey which will be available in early 2015 and will be presented at the conference. Similarly, the results which show the number of speed related crashes in 2014 will be available next year once the 2014 road crash data is confirmed. This will also be presented at the time of the conference.

Attitudinal
1. Unprompted target audience recall of ≥ 15% within 6 months  
   Free recall reached 55%  
   Achieved 61%
2. achieve target audience relevance of the advertising of ≥ 50%  
   Achieved 61%
3. ensure the 3 highest message out-takes are on brief  
   Achieved correct message outtake of “Slow down/watch your speed” at 54%; “Driver is oblivious as to how dangerous his speeding is to others on the road” at 19%; and “Speed kills” at 11%.
4. Create new conversations and disarm conventional counter-arguments (measured through social and news media monitoring), and

We gave people a new reason to slow down and the conversation it generated was high. The ad went viral on day one – something no other social advertisement in New Zealand has done. Within just one week, there were over 12.5 million views of Mistakes. On YouTube, over 6,000 comments have been posted and the video has a 98% ‘like’ rate. Just one post of the spot on the Ototara June Police Facebook page attracted over 250,000 likes and shares, reaching 7 million people.

5. Change in attitudes towards speed (measured through ad tracking and attitudinal surveys).  
   After just three months, 73% of people said this ad is likely to change their attitude, showing that we were indeed persuading people to look at this old problem through a new lens.

A second attitude measure is how much people are concerned about speed. Asked what makes driving on NZ roads unsafe? , in January – March 2014, 42% said speed, whereas for the same quarter last year (Jan – Mar 2013), this was just 34%.

Number: 167
The Use of New Media using Peer Promoters in HIV and Substance Abuse Prevention
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Aims and Objectives
As substance abuse and HIV continue to disproportionately affect our communities, the way in which we communicate our messages must change with the technology. Thus, this program focuses on the use of new media as a vehicle for the dissemination of substance abuse and HIV prevention messages, specifically for African American females and African American males who have sex with men, between the ages of 13-24. The program includes educational campaigns, awareness days with opportunities for testing and dissemination of information, and peer support to complement the messages.

Objectives
• Participants will gain understanding of the importance of formative research in the development of targeted messaging for specific populations.
• Participants will learn about the use of new media in disease prevention and health promotion.
• Participants will learn about the use of peer-to-peer support in non-traditional avenues.

Behavioural Objectives and Target Group
a) Increase the number of young African American MSM and women who are being reached by effective substance abuse and HIV prevention messages delivered through new media in the Birmingham area by 30%.
b) Increase the number of individuals in the subpopulations of focus who receive one-on-one support and information from volunteer peer coaches by 20%.
c) Increase the number of individuals in the subpopulations of who know their HIV status by HIV screening through linkage to HIV testing services offered by community partners or self report by 10%

The target group for this study are youth and young adults between the ages of 13-24 in the Greater Birmingham area. Specifically, the programs focus on African American females and African American males who have sex with other males.

Citizen/customer orientation
HIV disproportionately affects Birmingham’s African American community. While African Americans comprise 26.5% of the state’s population of 4.8 million, in 2013 they represented 72% of new HIV cases. There are more new HIV cases reported in Jefferson County, which includes the City of Birmingham, than any other county in Alabama. Similarly, the fastest growing age group for individuals infected with HIV in Alabama is 13-24 years old.

The Social Offering
“1 Night Only”, targeted for African American females ages 13-24, emphasizes self-confidence, self-worth, and self-awareness of consequences from the choices we make. Our slogan is “It only takes one night to change who’s in the mirror.”” 1 Door Closes” targeted for African American males who have sex with men ages 13-24, focuses on open communication among the issues that are specific to the community and dialogue of hard issues in a safe space. Our slogan is “When one door closes, the truth is unknown.”

Our goal with both programs is to educate on HIV prevention and substance abuse prevention, but also to create conversation around these topics. In the end, we hope to ultimately empower our peer promoters and others to be the voice of change in their communities.

Engagement and Exchange
Focus groups and surveys were conducted with the targeted populations to learn about their knowledge, attitudes, and behaviors of HIV, testing, and substance abuse.

Recently, many reports have shown statistics on the new media use of youth and young adults. However, to be effective in the delivery and content of prevention messaging, it was important for us to understand the specific culture of our populations of focus and how their behaviors compared to that of their peers. It was important not only to understand what sources of new media were being used, but how they were being used and what strategies could specifically lead to appropriate placement and content of prevention messaging in our new media strategy.

The new media team conducted an extensive needs assessment with participation from the populations of focus. The data collected answered questions regarding the perception about the availability and accessibility of prevention services for minority populations and strategies to increase the use of prevention services by minority populations. The needs assessment also provided data on how social media activities may be used to help members of minority populations to feel more comfortable in accessing prevention services.

Twelve youth and young adults were selected to serve as peer promoters from area high schools and colleges. The peer promoters
were trained on HIV prevention and substance abuse prevention. They were also trained on how to create messaging and use new media for health promotion. Program identity and content development for campaigns were conducted during monthly peer meetings.

**Competition analysis**

Competitors for our social marketing campaigns include television specifically reality tv shows, pop culture magazines and social media sites, highly influential music artists and their personal social networking, and the stigma that is associated with HIV and condom use.

Using modern technology, well-known celebrities and/or ideally utopian like circumstances, the media becomes oversaturated with messages promoting risky behaviors that doesn’t address the consequences. Many young and young adults are exposed to a highly glamorized world where HIV and substance abuse never happens, only in very extreme cases. They offer the benefits of being popular and out of reach of such, as they have conveniently been labelled the “invincible generation.”

**Segmentation and Insight**

Segmentation of the market identified 4 types of potential groups: non-exposed, little to no risk, low to medium risk, medium to high risk, and high risk individuals. Because this program focused on both HIV prevention and substance abuse prevention, the target audience was identified as the following: non-exposed if they self reported no sexual activity or substance use ever; low to medium risk is they self reported any sexual activity and/or substance use within the past 12 months; medium to high risk if they self reported any sexual activity and/or substance abuse within the last 30 days, reported multiple partners, and/or having sex without a condom; high risk if they self reported any sexual activity within the last 7 days, substance use within the last 7 days, reported multiple partners and/or having sex without a condom.

This campaign focused on the low to medium risk, medium to high risk, and high risk segmentation.

The biggest insight used from the formative research related to perceived susceptibility and perceived severity. While there was some knowledge in the target audience about HIV and substance abuse prevention messages delivered through new media by 30%.

Over 2000 members of the target audiences were exposed to HIV prevention messages delivered through new media. Prior to this program, there were no local social media campaigns directed toward HIV prevention. A post survey will be conducted to compare their awareness of national campaigns at the conclusion of the campaign.

**Increase the number of individuals in the subpopulations of focus who receive one-on-one support and information from volunteer peer coaches by 20%**.

Peer promoters posted over 700 messages during the campaign, with an approximate reach of over 100,000 persons on their own social networks. This doesn’t accurately show the impact of the campaign, however, as all followers may not have seen messages posts.

**Increase the number of individuals in the subpopulations of who know their HIV status through HIV testing by 10%**.

Over the campaign period, 42 persons were linked to testing directly related to outreach events conducted. A survey will be conducted to account for persons who may have got tested at other venues as a result of messaging.

The implementation of a new marketing strategy takes a lot of forward planning, but also must allow room for flexibility as current events and other things occur that can ultimately change the focus area. An adequate amount of time was required in building brand awareness and trust before actually delivering messages of HIV prevention and substance abuse. As a team, we learned the importance of using each other’s strengths to make the new media strategy stronger and better. The team was restructured to line staff with their strengths and not the pre-determined roles. Similarly, we learned more about how to engage our peers in outreach and content creation and used the feedback received from peers and the analytics to improve upon the existing strategies. Once the team structure was improved, posting increased along with an increased level of engagement and online discussion. This, however, does not adequately show what activities the target populations sustaining in offline. With suggestions from peer coaches, we organized more outreach opportunities and invited audience members to participate. This allowed us to be in direct connection with activities offline. Challenges with utilizing the peer coaches include time commitment, transportation, lack of phone service and Internet access, and the amount of posting. Over the course of one month, more than half of the peers had interrupted phone or Internet access, which makes it impossible to post at leisure. However, a huge breakthrough for the challenges associated with using the peers was made in providing opportunities where they were actively participating in outreach events. This allowed for the peers to have creative content for posting and be involved more hands on in the process of posting content. Transportation to and from events caused difficulty in planning.
activities and attendance. Other challenges include monitoring online activity and offline character outside of the program of focus. New media has the potential to be a strong tool for serving minority populations. It creates awareness and provides opportunities for persons to engage and become advocates for change. While it is a strong tool, it cannot be done without other support services for those who interact with messaging. New media serves as an avenue to reach out with information and resources, begin consistent messaging in a real-time environment, and deploy communities to spread the message and become proactive about their health.

References

Number: 169
Social Marketing in a Systems Intervention: Healthy Together Victoria

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Introduction
Preventing chronic disease is a complex challenge that requires a comprehensive and sustained effort over the longer-term. Healthy Together Victoria is Victoria’s flagship preventive health effort and a core part of Victoria’s world class health system. This portfolio of interventions, which began in 2011, aims to drive the changes necessary to support good health and wellbeing. Healthy Together Victoria is taking a unique complex systems approach to reducing population level chronic disease risk. This approach aims for large-scale reach across the Victorian population, initiating action on the systems that influence the health and wellbeing of individuals, families and communities. Healthy Together Victoria places good health at the centre of our everyday lives by creating many health promoting environments in the places where Victorians spend their time – including in childcare centres, schools, workplaces, shops, food outlets and sporting clubs. It is applying an approach to prevention that creates healthier environments where people live, learn, work and play for the long-term.

Healthy Together Victoria is rolling out multiple initiatives across the state, as well as resourcing local governments in partnership with community health services in 12 Healthy Together Communities. The core Healthy Together Victoria investment is in building a skilled health promotion workforce, both in the 12 Healthy Together Communities and more broadly across the sector. This locally-owned approach is proving to be an innovative way to harness community capacity to improve the health and wellbeing of the local community.

The Healthy Together Victoria evaluation will assess the impact that a complex systems approach has on health risk factors across the population. It includes a randomised comparison trial of Healthy Together Communities to provide measurable evidence of impact and effectiveness. This is the only trial of its size and type in the world and will contribute greatly to the international knowledge base and to the design of future preventive health initiatives. Baseline evaluation occurred in late 2012, with a second population measurement due in 2016. Full evaluation findings are due to report in 2017.

Healthy Together Victoria is currently being delivered in Victoria, Australia. The national governments of New Zealand, the United Kingdom and Wales have also expressed interest in this intervention and are currently in discussions with the Department of Health, Victoria, Australia with regards to how to localised the Healthy Together Victoria approach. The purpose of this submission is to outline how social marketing has been embedded as part of a complex system intervention and highlight some of the key social marketing strategies that support the reform of the preventive health system in Victoria, Australia.

Embedding social marketing within a systems intervention

A core and distinguishing feature of Healthy Together Victoria is the way that social marketing has been embedded as part of a complex systems approach to preventing chronic disease. Social marketing enables governments and organisations to look at long-standing problems such as lifestyle-related preventable disease through a new lens, and to generate solutions that may not have been obvious or possible in the past. Social marketing has supported the delivery of more effective and efficient social change programs which are underpinned by citizen needs and delivered following a systematic process.

In the context of public health, social marketing is most effective when used to enhance other public health practices, including policy development, intervention design and implementation, system’s evaluation and regulation. As such social marketing should be integrated as part of the suite of evidence-based interventions available to improve health outcomes of a population.

As part of Healthy Together Victoria, social marketing is being used beyond the delivery of awareness raising mass-media campaigns, and is an integral part of an integrated strategy and systems approach to reducing population level chronic disease risk. This approach aims for large-scale reach across the Victorian population, initiating action on the systems that influence the health and wellbeing of individuals, families and communities. Social marketing is informing other interventions as well as being an intervention in its own right.

In Victoria, a Social Marketing Priorities Framework has been developed that sits within a complex systems intervention, refer to Appendix - Figure One. In this framework there are a combination of state and local level strategies that form part of an overall social marketing intervention mix.

Social Marketing Intervention mix for a Complex Systems Intervention

A defining feature of a complex system intervention is the non-linear relationship between the desired impact and the intervention mix. Due to the dynamic and quasi symbiotic relationship between the intervention mix and the multiple levels of the intervention itself, it is difficult to map each strategy against a single objective or desired outcome.

Following is a summary of key strategies that have been identified as critical to embedding a social marketing effort as part of Healthy Together Victoria (in no particular order):

i. Build the prevention sector’s awareness and understanding of social marketing: This involved defining social marketing and what role it had as part of Healthy Together Victoria. Refer to Success Feature Strategy One: A Definition and Principles for further information on this strategy.

ii. Create and share a knowledge bank on why Victorians approach health issues the way they do: This strategy involved the commissioning of the state’s first behavioural research project looking into the knowledge, attitudes and behaviours as well as the motivators and barriers to eating well and being physically active. Refer to Success Feature Strategy Two: Consumer Insight Research for further information on this strategy.

iii. Establish and effectively manage a joint preventive health brand and narrative: This strategy was informed by the behavioural research tactic as well as engagement across the preventive health sector. Refer to Success Feature Strategy Three: The Brand and Narrative for further information on this strategy.

iv. Support the delivery of joint social marketing efforts: This strategy addressed the need to work collaboratively with partners that are part of the prevention system. This involved working with 14 of the 79 local government areas across Victoria as well as a multitude of statewide non-government organisations and agencies, academics and researchers, leading public health experts, business and industry to codesign efforts that jointly contributed to the strengthening of the Victorian prevention system. No one single element of the system holds the silver bullet. It is with collective action and a commitment to creating opportunities for better health that Victoria will turn the tide on the rates of preventable chronic disease.
v. Develop and deliver a systems communications and engagement strategy: A lack of communication, or information flow, has been suggested to be the most common cause of system failure (World Health Organisation, 2009). As such implementation and monitoring of integrated communications and engagement efforts, deeply embedded at the state and community level, have been a key underpinning of Healthy Together Victoria. This has seen a variety of tactics delivered to ensure stakeholders are united and committed to creating a healthier Victoria together.

vi. Establish and effectively manage statewide and localised digital engagement platforms: This strategy has been the development of an integrated digital presence for Healthy Together Victoria. Technological platforms have been embedded to various degrees, at a state level and within the 12 Healthy Together Communities, depending on resources and the degree of readiness for the various communities to embrace this digital landscape as part of everyday practices. This innovative digital presence has been established to extend the reach and resonance of Healthy Together Victoria by harnessing the power of digital technology to mobilise individuals and communities to create a healthier Victoria.

vii. Develop a local workforce that is skilled and capable of delivering social marketing efforts: This strategy saw the upskilling of the local workforce embedded within the 12 Healthy Together Communities in the practice of social marketing. This strategy was designed to ensure social marketing was embedded as part of the intervention, as opposed to an ‘add on’ introduced when there was a need for some promotion or to raise awareness.

viii. Support the local workforce in the planning, implementation and evaluation of localised social marketing campaigns: When unpacking this strategy it is important to note the focus on the process behind the delivery of the campaign, as opposed to the campaign itself. While the campaign was a defined output of the intervention mix, the connections made and experiences gained in the planning, delivery and evaluation of the campaign was the key reason as to why this strategy was included in the intervention mix. ‘Learning through doing’ is a quasi mantra when working as part of a complex adaptive system.

ix. Build and share the social marketing evidence base: A key strategy that underpins Healthy Together Victoria, including but not limited to social marketing, is the building and sharing of the evidence base. For it is through the evaluation of efforts such as those that are a key part of Healthy Together Victoria that the prevention system will grow and learn how to build a more effective, robust and sustainable system that will keep people healthier for longer.

x. Strengthen intervention evaluation efforts: Monitoring and evaluation activities are key to building any intervention. As a result of embedding social marketing as part of Healthy Together Victoria, these efforts have been able to look at concepts and structures that have not traditionally been included as part of evaluative effort in large scale public health intervention. As a result, theories relating to social norms, perceived barriers and facilitators to healthy behaviours and attitudes now form a critical part of system evaluation efforts as they provide person-related determinant pathways.

Success Feature Strategy One: A Definition and Principles

A key step to embedding social marketing as part of a system’s intervention was to define what role social marketing had to play. To this end, Healthy Together Victoria recognises the definition given by the International Social Marketing Association as its working definition:

Social Marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good. Social Marketing practice is guided by ethical principles. It seeks to integrate research, best practice, theory, audience and partnership insight, to inform the delivery of competition sensitive and segmented social change programmes that are effective, efficient, equitable and sustainable.

The definition only partly addressed the need for common ground and understanding of the practice of social marketing and its role as part of a systems intervention. A set of eight principles were developed to complement and further extend the definition. These principles were informed and modelled against a number of social marketing principles, including those defined by the National Social Marketing Centre.

The eight social marketing principles which apply to Healthy Together Victoria are:

1. Clear problem definition. A clear, unambiguous problem definition provides the foundation for effective social marketing, and will enable success to be measured down the track. It should describe what the social marketing intervention needs to achieve and be explicit about key constraints.

2. Consumer-centric approach. Social marketing is distinguished by its single-minded focus on the consumer. It is deeply embedded in understanding the real-life influences that impact how a policy, program or other activity is received and how it translates into behaviour.

3. Behaviour focus. Social marketing is clearly focused on behaviour change; both supporting people to maintain existing positive behaviours, or encouraging positive behaviour change. Other types of projects aim to increase people’s knowledge, develop skills, change attitudes, or increase awareness – all of which may contribute to, but not necessarily result in, behaviour change.

4. Theoretical base. Social marketing interventions need to be informed by and embedded in evidence-based behavioural theories and constructs. Some of the most commonly used (particularly in a public health setting) include:
   - Transtheoretical model of change (Stages of change)
   - Self-efficacy (Social cognitive theory)
   - Social norms
   - Socio-ecological theory
   - Theory of reasoned action (or Theory of planned behaviour)
   - Health Beliefs Model.

5. Value exchange. A discernible difference between social marketing and other more traditional health promotion interventions is the concept of ‘value exchange’. A social marketing approach acknowledges that something of worth needs to be offered and exchanged with the target audience in order to make the uptake of desired behaviour more likely.

6. Integrated activities. Social marketing is more than communication. It is more than a mass media campaign. It integrates a range of solutions under one umbrella. Good social marketing activities combine a range of different interventions to target different audiences and different barriers, and to create a sense of “ubiquity” for the message or product.

7. Ongoing research. Research plays a key role at every stage of social marketing planning and development. This includes: desk research, to better define and understand the problem; and understand what else has been done to address the problem and whether it has worked; formative market research to understand what people believe and feel and how they behave; segmentation research to better understand the intended audience and their specific needs, drivers and barriers to change to inform highly targeted interventions; and evaluative research to identify how projects are going, what can be improved and feeding these learnings back into the system.

8. Collaboration. In a social marketing context, collaboration can take many forms, including collaboration with other public sector organisations that are investing in social marketing activities (to ensure that projects don’t compete); stakeholder groups (to ensure that activities meet community needs and expectations); expert advisors and suppliers (to create excellent interventions); and communities (to directly design and deliver activities).

Success Feature Strategy Two: Consumer Insight Research

A core element of early social marketing efforts under Healthy Together Victoria focused on the development of robust formative behavioural market research which explored Victorians’ knowledge, attitudes and beliefs around physical activity and healthy eating. While designed specifically to inform social marketing strategies and activities, these market research insights were and continue to be shared across the preventive health sector to inform program design and implementation, policy development and systems monitoring and evaluation. The initial research consisted of a survey of n = 4,204 Victorian adults aged between aged 18 to 74 years. Interviews were conducted with individuals across metropolitan Melbourne and regional Victoria. The data was weighted by age and gender to reflect
the Victorian population. This data set is current undergoing revision though data collected from a community sample survey, n = 9,800.

A fundamental output of this research was a segmentation of Victorians’ health behaviours with respect to overweight and obesity and the key behavioural, attitudinal, and socio-demographic predictors of body mass index (BMI). The segmentation was conducted using the research data combined with Mosaic® Australia data. Twelve “types” were identified; of which 11 were profiled (the twelfth group was represented in insufficient numbers in the 2011 survey data to create reliable estimates of their attitudes, beliefs and behaviours). Each segment was described in detail with respect to BMI, demographics, health literacy, behaviours, and attitudes in order to create informative profiles, which could be used to identify not only the main health risks for each segment, but also the best ways to improve their health behaviours in order to reduce those risks. The 12 segments were then assigned to one of three ‘risk categories’ (In Danger, At Risk and Lower Risk) based on a combination of their current propensity to be overweight or obese (proportion above a healthy BMI) and their age. Through linkage to the Mosaic® Australia data, it was possible to identify the relative propensity of each segment type in each of the Healthy Together Communities. The derived segments, their assigned ‘risk category’, and estimated prevalence in the Victorian population, are summarised in the Appendix – Figure Two. Segment typology can be linked to local geographies to show the location of segment types through geo-spatial mapping.

Structural equation modelling has also been applied to each segment to determine the behavioural predictors of BMI for persons belonging to that segment, and then the demographic, attitudinal, and knowledge predictors of these behaviours among this group. At a whole-state level, inadequate vegetable consumption and inadequate moderate physical activity were identified as the two strongest behavioural predictors of overweight and obesity (other behaviours that were less influential at the state level were consumption of fast foods, spending excessive time sitting, and inadequate vigorous physical activity).

Success Feature Strategy Three: The Brand and Narrative

Every day, people are presented with an enormous number of messages through a variety of media channels. A brand is one means of cutting through that communication clutter and conveying clear meaning. A brand sums up a host of feelings and messages and helps people filter and discriminate between those products, services and organisation they wish to engage with and those they don’t. Importantly, brands help bring people together and give them something to belong or attach themselves to. If people engage with a brand, finding meaning and value in what it offers them on a personal level, that brand can influence the way they behave and interact with others who also engage with the brand. There are many examples of this sense of brand belonging which in turn evolves to the creation of brand communities or tribes (e.g., Nike, Harley Davidson, Coke, Virgin, Starbucks).

A brand is not a logo, slogan, television commercial, or brochure. Branding is used to encourage people to feel and think a certain way about an organisation, product or service. As such, a brand is a collection of feelings and qualities. A logo, like other communications elements, is a device used to communicate the brand.

Healthy Together Victoria, as a brand, is being used to unite those that belong to the Victorian prevention sector under a common voice, visual style and purpose. It encourages its audiences to belong and contribute to a joint health and wellbeing movement where action at the whole-of-community level.

At the core of the Healthy Together Victoria brand framework is the key message - Together we can create a healthier Victoria. This sums up the purpose and promise of Healthy Together Victoria. This is what Healthy Together Victoria ultimately stands for. The key message is supported by five fundamental values that underpin the Healthy Together Victoria brand:

1. Leadership: Healthy Together Victoria is strong, confident and believable.
3. Empowerment: Healthy Together Victoria helps Victorians feel capable of making positive changes.
5. Accessible: Healthy Together Victoria is always relevant, engaging and available.

An extension of the Healthy Together Victoria brand is its narrative. Storytelling has and continues to play a powerful role in our community. A clear and concise narrative is a commonly used communication tool that helps to articulate and grow a vision and ultimately inspire action. For Healthy Together Victoria, a well-constructed narrative, based on both logic and narrative forms, enriched with anecdotes and examples, is and will continue to be a key driver of success and change. Combined with the brand, and supporting brand strategy, an ever-evolving narrative will continue to strengthen the Victorian prevention system and ultimately improve the health of Victorians where they live, learn, work and play.

Key Learnings

Following are three key learnings resulting from an intense implementation period:

1. Build an alliance. Forming a coalition from within when looking to drive change and innovation is key. This may be internal to the organisation which you are a part of - your line manager, your Director, your Executive - or more broadly across your external stakeholders. Establishing and nurturing a common understanding of social marketing will create permission to act and ultimately enable you to drive long lasting change. It also allows you to challenge what has gone before, test and probe novel ideas and strengthen the role of social marketing within the broader intervention.

2. Localise and/ or decentralise responsibility. Recognising the role one has as part of the broader system is an important task. For those responsible in stewarding social marketing efforts as part of Healthy Together Victoria this has meant connecting with and supporting the 12 Healthy Together Communities and statewide workforce to deliver social marketing activities. For it is these stakeholders that hold the connections, trust, respect and structures that will ensure activities are delivered in an effective, coordinated and sustainable manner. It is through these collaborative partnerships that will enable an intervention to grow and scale up to have a population level effect.

3. Be adaptive. As much as we like a linear process (it helps us plan, feel comfortable with where we are and where we are heading), as social marketers we know the unpredictable nature of an individual’s behaviour and that their decision making processes are influenced by social norms, habits and their environments. As such we need to constantly reflect, learn and adapt in order to build capacity to change and innovate as part of ongoing efforts. This does not mean we don’t plan. But it does mean we are not blinkered by what is happening around us during implementation. Ensure you have monitoring and feedback loops in place, and be willing to change direction or halt efforts should they be leading to negative unintended consequences or are simply not working.

Evaluating Victoria’s prevention effort

Measuring the impact of Victoria’s prevention effort requires a focus on whole-of community outcomes, rather than a focus on the impact of individual programs, policies or projects (such as individual social marketing efforts).

The evaluation describes and measures the prevention effort to adapt and improve implementation effectiveness, and also identifies and measures changes in the population as a result of the collective effort at the whole-of-community level. Measures of population outcomes will provide the most immediate indication of change, while intermediate population outcomes will provide indications of progress along influencing pathways and the early impact at the population level. Finally, the evaluation measures the population outcomes of the prevention effort against chronic disease risk factors. A number of uncontrolled factors are also being assessed as part of the evaluation, to measure their association on population outcomes. Refer to Appendix – Figure Four.

That said, social marketing efforts have and continue to be monitored for effectiveness as part of Healthy Together Victoria. The nature and method of evaluation varies depending on the nature of the social
marketing strategy and eventual tactics implemented. One social marketing evaluation framework is shown in Appendix – Figure Five. This identifies evaluation efforts against the broader intervention goal, program outcomes (knowledge acquisition, attitudes, behaviours, health and community connection indicators), intermediate outcomes (including campaign spread / reach, awareness, attitudinal and behavioural outcomes), immediate changes (incl measured against awareness, participation and engagement metrics) and a range of activities depending on the strategies (these may include planning indicators and outputs, funding, research, local contribution).

The evaluation baseline occurred in late 2012, with a second population measurement due in 2016. Full evaluation findings are due to report in 2017.

Conclusion
Social marketing can make a world of difference when part of a bold and innovative social movement. However the first step is to ensure social marketing is an integrated part of an overall intervention rather than a promotional add-on. Many of the behaviours that social marketing attempts to change are part of a complex system of socio-cultural values, entrenched habits and structural barriers. For social marketing to do its job effectively, a focus on the system and a commitment to social marketing as a social change agent is needed.

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Wakefield, M. Loken, B. and Hornik, R (2010) Use of mass media campaigns to change health behaviours
In terms of the background to why this campaign was developed, headspace had low brand awareness among young Australians. This lack of awareness was particularly concerning given that the primary objective of headspace is to cater specifically to the mental health needs of young people.

To change this, headspace implemented the coordinated national campaign, “We’ve Got Your Back”, with multiple streams at both a local headspace centre and national level. The Campaign ran from 2012 to 2014. The total budget for phase 1-3 was $1,892,836.30 (excluding phase 4 costs of $800,000) which included materials for all centres, market research, advertising, sponsorship and grants.

**Behavioural Objectives and Target Group**

The specific objectives for the "We've Got Your Back" campaign were:

**Attitudinal**

1. Increase awareness of headspace from 2% in 2010 to 20% by 2014.

**Behavioural**

2. Increase the number of young people accessing mental health services through headspace centres.

The target group for the campaign was 15 to 25 year old Australians.

**Citizen/customer orientation**

Colmar Brunton developed a program of research to understand the attitudes, perceptions and behaviours of the 'customer': 15 to 25 year old Australians, and to evaluate the effectiveness of the campaign. The research program included four key waves of research including a pre/early campaign benchmark, plus three post launch evaluations.

The aims of the research were to understand current awareness of mental health organisations including headspace, which target audiences had accessed mental health services, whether they identified as having a mental health issue, their brand knowledge and perceptions of headspace and how the target audience would access headspace services.

Colmar Brunton designed a questionnaire for use in the research and completed n=1,253 x 15 minute online surveys with 15 to 25 year old male and female Australians in the first wave of the campaign. We repeated the methodology in waves 2, 3 and 4 and achieved between 1,300 – 1,400 completed interviews each wave.

As a key sub-target audience for the campaign was 15 to 21 year old males (as they are less likely to seek help), the sample was boosted to achieve a minimum sample of n=450 males in this age group each wave.

**The Social Offering**

headspace is a place of support for young people around specific issues. (depression, anxiety, relationship break-ups, bullying and more). The aim of the campaign was to improve awareness of the headspace brand and services to provide greater assistance and advice to young people suffering from mental illness.

In terms of the background to why this campaign was developed, what we know is that:

- One in five Australians are likely to experience some kind of mental health issue during their lifetime (ABS National Survey of Mental Health and Wellbeing, 2007).
- Mental health issues can affect anyone - young or old - although it is the single biggest health issue facing young Australians today.
- Approximately one in four (26.4%) young people aged 16-24 experience a mental health or substance use disorder in a given year (ABS Mental Health of Young People, 2007).
- 75% of mental health problems emerge before the age of 25 (Kessler et al., 2005).
- Mental health and substance use disorders account for about half the total burden of disease among 10-24 years olds (Gore et al., 2005).
- Currently only one in four (23%) young people experiencing mental health problems actually receives professional help (ABS Mental Health of Young People, 2007).
- Even among young people with the most severe mental health problems only 50% receive professional help (ABS Mental Health of Young People, 2007).

Research conducted in 2010 and again in 2012, revealed that headspace had low brand awareness among young Australians. This low awareness was particularly concerning given that the primary objective of headspace is to cater specifically to the mental health needs of young people.

The campaign was launched with television, cinema and radio advertising, as well as campaign materials distributed to headspace centres. The campaign was extended with online advertising and specific university and technical college ambient advertising. The campaign was further supported with sponsorship of The Big Day Out.

The campaign aimed at getting individuals to recognise feelings they may be having and understand what they need to do to address them. It was designed to build confidence within the individual and create an environment around them that modelled the desired behaviour (through the multi-pronged marketing mix).

**Engagement and Exchange**

Exchange Statement: "If I visit a headspace centre or get online support at eheadspace instead of doing nothing about it, I will find a range of professionals who can help with whatever issue I am experiencing – be it mental health, physical health, drug or alcohol..."
issues or educational / vocational problems. I know this will happen because headspace supports young people going through tough times. Getting support is the key to improving my chances of effectively dealing with the issues I face”.

The “engagement” is for young people to recognise the issues of mental health, physical health, drug or alcohol issues or educational / vocational problems within themselves or within their friends and seek support via a headspace centre or online through eheadspace. The "exchange", or what young people sacrifice in doing this, is overcoming the internal stigma of seeking help.

**Competition analysis**

Young people are most likely to talk to friends or family members as the first step when seeking help for mental health issues. This indirect competition distracts young people from the behaviours headspace is trying to insert. Family and friends are often unsure how to find the best possible support options. What the campaign aimed to do was encourage young people to seek support in a headspace centre or online through the website or eheadspace.

**Segmentation and Insight**

In an effort to reach as many young Australians as possible with the campaign, males and females aged 15 – 25 years nationally were broadly targeted. The core sub-target market was 15 – 21 year old males and specific strategies were used to reach the young male audience. Different media strategies were implemented in regional and metropolitan locations to cater for geographical variations in awareness. These included naming centre locations, localising billboards, print, radio and postcard advertising and distributing postcards in centres.

The baseline study conducted by Colmar Brunton in 2012 identified that 16% of young people aged 15 to 25 years identified with having a mental health issue. In addition, one in five young people claimed to feel “nervous”, “hopeless” or “worthless” most or all of the time. It was found that young Australians had low awareness and familiarity with headspace (7% unprompted brand awareness, 34% prompted brand awareness and 28% brand familiarity). headspace had stronger awareness amongst females and this highlighted the need to improve awareness levels amongst the core sub-target audience of 15 to 21 year old males. It was also found that those in metropolitan locations had lower awareness and knowledge of a nearby headspace centre compared to those in regional locations.

To guide campaign strategy, it was recommended that communications focus on positioning headspace as a safe place where people can talk about their feelings, a service for young people and an organisation that they would feel comfortable recommending to friends, as these were key drivers of brand suitability for the target audience. Different media strategies were implemented in regional and metropolitan locations to cater for geographical variations in awareness. These included naming centre locations, localising billboards, print, radio and postcard advertising and distributing postcards in centres.

**Integrated Intervention Mix**

**Product:** headspace is a place of support for young people around specific issues (depression, anxiety, relationship break-ups, bullying and more). Specifically there was an e-version of the service with specific issues (depression, anxiety, relationship break-ups, bullying).

**Price:** Access to the services is free for young people and the online access reduces the social price of embarrassment and stigma.

**Place:** Accessing the services in a convenient way was achieved through both physical locations and virtual services. The headspace website operated specific headspace centres and virtually provided services at a local level. Centres were provided with grants to run specific community awareness activities in their local regions.

**Promotion:** The headspace “We’ve Got Your Back” campaign utilised a variety of promotional methods to target young Australians including television, cinema, radio and online advertising, ambient media, postcards in headspace centres, event sponsorship and public relations. The campaign was launched in 2012 with further support in 2013 and 2014. Health promotion educational resources and specific headspace centres and virtually provided services were included. These included information sheets and a series of six videos (for use online as well as in schools) on a range of different mental health and wellbeing topics. Promotional material was also provided to centres to distribute in their local regions at schools, universities, sporting clubs and community groups.

**Co-creation through social markets**

Youth participation is at the heart of everything headspace does, whether it is defining service delivery or through the creation of awareness campaigns. headspace has a Youth National Reference Group (hY NRG) that is the focus of this participation. For this campaign hY NRG worked closely with the corporate affairs team in identifying need, target audiences and messaging in the initial stages of the campaign brief development. During the creative development hY NRG was integral in the partnership with the creative agency and provided strong input and direction into the final product. This was done through group work and online surveys from inception through to finished product.

**Systematic planning**

headspace adopted Bandura’s the Social Cognitive Theory (Bandura,1986) in the development of this campaign, specifically because of the intent to increase the confidence of individuals to seek help. This theory suggests that individuals are guided by a combination of behaviour, personal and environmental factors. Shaping the environment was an important consideration, as headspace needed to provide the opportunities for behavioural change, help with those changes and offer social support (Perry et al., 1990). It was believed that by driving young people to services these opportunities would be provided.

Specifically the headspace campaign focused on the behavioural capability aspect of the Social Cognitive Theory, which states that if a person is to perform a behaviour he/she must know what the behaviour is and have the skills to perform it. The campaign aimed at getting individuals to recognise feelings they may be having and understand what it is they need to do to address them. It was designed to build confidence within the individual and create an environment around them that modelled the desired behaviour (through the multi-pronged marketing mix).

The monitoring and evaluation stages of the campaign included the research program developed by Colmar Brunton (a pre/early campaign benchmark, plus three post launch evaluations), monitoring the number of people accessing headspace centres and seeking help, measuring visitor traffic to the website and eheadspace, monitoring social media activity and measuring the amount of hard copy promotional materials distributed to centres.

**Results and Learning**

Since the launch of the “We’ve Got Your Back” campaign two years ago, there have been many positive results for headspace and for young Australians. The most recent wave of Colmar Brunton research conducted in May 2014 revealed that the headspace brand is continuing to gain traction with young Australians. There have been significant improvements in brand awareness and brand familiarity since the launch of the campaign. In addition, there are increasing numbers of referrals to headspace centres and increasing visitor traffic to the headspace website.

Key outcomes of the “We’ve Got Your Back” campaign include:

**Attitudinal**

1. Awareness of headspace

Increased awareness of headspace and their services: increase in unprompted brand awareness from 7% in 2012 to 19% in 2014; prompted brand awareness from 34% in 2012 to 55% in 2014; and brand familiarity from 28% in 2012 to 42% in 2014.

**Behavioural**

2. Young people accessing mental health services through ‘headspace’ centres

Increased number of young people accessing headspace centres: from 30,620 in 2011 (30 centres operational) to 39,718 in 2012 (40 centres) and an estimated up to 50,000 in 2013 (55 centres). Due to an organisational change in the way data is collected, specific details for 2013 are not available.

**Output measures:**

- Increased visitor traffic to headspace.org.au and eheadspace: increase of 75 per cent from 640,460 in 2012 to 1,118,730 in 2013 for headspace.org.au and increase of 69 per cent from 82,264 in 2012 to 138,677 in 2013 for eheadspace.org.au.
- Increased engagement and interaction with young people accessing social media: combined social media likes and followers
increased 90 per cent from 24,299 in 2012 to 46,051 in 2013.

- Distributed 100,000+ promotional materials relating to headspace, including 5,600 posters in 2012 and 5,600 in 2013; and 140,000 postcards distributed to headspace centres in 2012 and 275,000 postcards distributed to headspace centres in 2013.

The key lesson gained from the campaign has been to listen to the target audience to get messaging right. To utilise a variety of channels and to maximize campaign reach through tailored local initiatives has also been important. Ensuring multiple campaign concepts and topics worked well to specifically engage with different audiences – from bullying to substance use. It has also been critical to have a number of key campaign times around specific events, or periods such as exams, starting school, mental health week etc. Online advertising also enabled specific tailoring of the campaign to the target audience. In addition, timing the campaign to coincide with major events including The Big Day Out in 2014 has been crucial to ensure a relevant media hook for young Australians.

It is vital that for campaigns of this nature, the communications clearly state the website address and phone number so that young people know how to access headspace immediately. It is also important to take a localised metropolitan and regional focus to the media strategy to translate communications messages into referrals and traffic to headspace centres. This was achieved most effectively through the use of case studies to personalise the messaging for young people, as well as broadening the reach of the campaign to families, partners and friends and other important referral points for a young person.

References


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References


Number: 171

Using Commercial Marketing Techniques to Introduce New Contraceptive Products in Zambia and Malawi

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Aims and objectives
The Expanding Effective Contraceptive Options (EECO) project is funded by USAID and led by non-profit organization, Woman Care Global. The project is designed to support the introduction of five new woman-initiated contraceptive methods. Pilots in Zambia, Malawi and India will provide women with greater choice to prevent unplanned pregnancy, through access to three new product lines: a contraceptive gel; new barrier methods; and intra-vaginal rings (IVR).

Globally, 110 million women cite method-related reasons for non-use of contraception. Each product in the EECO project possesses important benefits that address one or more method related reasons for non-use, e.g., they are non-hormonal, appropriate for breastfeeding women, discreet. Additionally, because they are woman-initiated, these products have the potential to overcome access barriers related to the limited number providers and/or provider or partner bias against contraceptives. In early 2014, the EECO project began planning for pilot introduction of the SILCS Diaphragm, Amphora Lubricating Gel and Woman’s Condom in Malawi and Zambia.

Behavioral Objectives and Target Group
The goal is to increase overall use of modern contraceptive methods by introducing new methods and expanding method choice. The behavioural objective is to garner use of the SILCS Diaphragm, Amphora Gel and the Woman’s Condom by introducing the products in a manner that will make them attractive to the target audiences. By September 2018, a combined 750,000 Woman’s Condoms and 11,000 SILCS Diaphragms will have been sold in the two countries.

Atitudinal
1. Increase the proportion of target market that report at least 3 out of 5 benefits about the women’s condom.
2. Increase the proportion of the target market who are aware of the SILCS diaphragm from 0% to 50%
3. Increase the number of women’s condoms sold from 0 to 750,000
4. Increase the number of diaphragms sold from 0 to 11,000

Target Audiences

<table>
<thead>
<tr>
<th></th>
<th>Malawi - Target Audience</th>
<th>Zambia - Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman’s Condom</td>
<td>Single women aged 20–24 lower SES</td>
<td>Single women aged 19-24 lower SES</td>
</tr>
<tr>
<td>SILCS Diaphragm and Amphora Gel</td>
<td>Married women, aged 20–30, who have had at least one child, lower SES</td>
<td>Women aged 25-35 in stable relationships, mid-high SES</td>
</tr>
</tbody>
</table>

The differences in the target audience are to a large degree due to the environmental context. The economic circumstances are vastly different. Zambia has a burgeoning middle class while Malawi is less mature economically and therefore has a smaller middle class. Malawi also has a much less sophisticated marketplace with limited access to regional and global retail outlet shopping, unlike Zambia. Generally the level of education is lower in Malawi, while Zambia has a lower unemployment rate.

Citizen/customer orientation
In both countries, unmet need for modern contraception is just under 30%. The most prevalent barriers to consistent use of modern contraception include concern for menstrual disruption and fears of infertility (Williamson, Parkes, Wright, Petticrew, & Hart, 2009). Other reasons for not using modern contraception include breastfeeding, lack of sexual activity, inadequate knowledge about methods or current methods are perceived to be inconvenient (Darroch, Sedgh, & Ball, 2011). While the EECO products address most of the issues, further human centred research was undertaken to gauge responses to the products. The following table summarizes the main findings from both countries.

<table>
<thead>
<tr>
<th></th>
<th>Dislikes</th>
<th>Likes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SILCS Diaphragm</td>
<td>Uncomfortable, Could cause damage, Long insertion time, Fear of infection or allergies, loss of pleasure, Unhygienic</td>
<td>Portable, Lasts two years and can be used multiple times, Comfortable, No side effects, Cost effective</td>
</tr>
<tr>
<td>Amphora Gel</td>
<td>Less friction, Could cause irritation, Traditional negative views of wetness during sex, Makes women less sensitive</td>
<td>Can make insertion of diaphragm easier, Enhances pleasure, Reduces risk of hurting self or partner, Builds stamina</td>
</tr>
</tbody>
</table>

(please note this is to be used with the diaphragm)
The Social Offering

For almost 110 million women, method-related reasons such as hormonal side effects and health risks associated with modern contraceptives are cited as the biggest issues related to non-use. According to estimates presented by Singh and Darroch (2012), if the current unmet need for contraception were to be satisfied, 54 million unintended pregnancies in the developing world would be prevented. Studies have shown that better access to a broader range of methods is needed to successfully meet women's contraceptive needs, as well as improvements in the quality of information and a reduction of social barriers to use. The key social offering is expanding the product offering and providing comprehensive education about the products. This gives people a greater range of informed choice so that they can space births and/or prevent unplanned pregnancies.

As a result of advocacy with regulatory bodies and Ministries of Health, the products have been registered and cleared for importation and distribution in both countries. Advocacy will continue with national level stakeholders and traditional and church leaders, as well as media. In addition, demand creation strategies and consumer and provider support services will be launched.

Engagement and Exchange

A four-piece marketing plan was developed to support each product. Participants in the marketing planning focused on understanding the target audiences (TA), their physical and emotional needs and environments, including an analysis of the TA’s preferred distribution channels and the providers who exist within those channels. This resulted in a plan that is focused on the needs of potential users, their influencers and providers. To prepare for the marketing planning process, project partner, the International Center for Research on Women (ICRW) conducted a background research review for each of the products and countries. A proprietary Needscope™ study was also conducted in order to better understand country-specific, emotional and functional needs for contraception. The study also served to map out the family planning category in each country. Finally, visits and informal face-to-face interviews took place with providers and distributors.

Competition Analysis

The project does not aim to replace other modern contraceptive methods or encourage switching, but rather ECCO wants to grow the products outside of health facilities where most women traditionally obtain their FP products. For example, the TAs have expressed a desire to access the products outside of health facilities where most woman traditionally obtain their FP products.

Segmentation and Insight

Research placed the emotional and functional needs for the products into six categories based on Jungian theory of human behaviour patterns. The segment and insight for each product is as follows:

<table>
<thead>
<tr>
<th>Product</th>
<th>Segment</th>
<th>Insight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman’s Condom</td>
<td>Serious life partners</td>
<td>I am really busy and want to spend my time focused on furthering my professional success. On a personal level I am risk adverse. I want quality FP methods that don't require too much effort on my part but have a low failure rate.</td>
</tr>
<tr>
<td>SILCS Diaphragm and Amphora Gel</td>
<td>Naturally caring</td>
<td>My husband and I want to continue to better our lives and we know the one way to do that is to have only the number of children for which we can provide. We want a quality FP method that doesn't give me unwanted side effects.</td>
</tr>
<tr>
<td>Woman’s Condom</td>
<td>Fun loving wild child</td>
<td>I am on the right path to a better life and I don't want to mess that up with an unwanted pregnancy. I need a FP method that is better than what my mom and aunties used - no side effects and lets me feel close to the man who I think will one day be my husband.</td>
</tr>
</tbody>
</table>

Integrated Intervention Mix

Products

The Woman’s Condom is a new type of female condom, offering non-hormonal protection against unplanned preg¬nancy and sexually transmitted infections, including HIV. Developed by PATH, the product’s unique design features allow for easy insertion and removal, a secure fit, and good sensation. The SILCS Diaphragm is also a non-hormonal, barrier method developed by PATH. Its one-size-fits-most design eliminates the need for a fitting by a provider, while other design features make it easy to insert, use and remove. Amphora is a non-hormonal gel that doesn’t contain nonoxynol-9, a common component of other spermicides that was found to increase the risk of HIV infection in women (WHO). Developed by Evofem, Amphora is FDA approved as a lubricant and is currently undergoing trials to evaluate its properties as a stand-alone contraceptive.

Place

Distribution of the Woman’s Condom will be everywhere the male condom is found, including, local markets, bars, pharmacies, and supermarkets. The diaphragm and gel will have more limited distribution through pharmacies and some health facilities in keeping with a more mature and discreet target audience who has clear shopping preferences for contraceptive products.

Promotion

All promotional activities will be in keeping with the TA analysis, which includes their main influencers. A highly targeted initial mass media campaign employing TV and radio where appropriate will be conducted to raise awareness of the products. Cross promotion opportunities with products relevant to our TA will also be explored. Technology based promotion will also be developed for the appropriate TAs. Key messages for the products will highlight the most valued benefits of the products to the TA. There will be significant investment in positioning or repositioning brands to ensure they emotionally connect with TA and existing equity is leveraged. All messaging, materials, packaging and tools will undergo pretesting before going to market.

Price

In order to overcome any emotional costs of using the products, secondary target audiences e.g., spouses and boyfriends will also be targeted throughout all communications campaigns. In many cases, men are the final decision makers and women are concerned about the repercussions of disobeying their partner and/or not including him in contraceptive decisions. Cultural and societal barriers, which may “cost” women, have also been taken into account and advocacy with community leaders is included in the program. These promotional and advocacy activities, which affect non-monetary costs, are scheduled throughout the life of the program. Several exercises were undertaken to determine the monetary costs of the products. These included market research and comparison to similar products in the market (e.g. male condoms) and other relevant consumer goods.

Co creation through Social Markets
As previously discussed, much work has been conducted with stakeholders to ensure product acceptance across the supply chain. Research methodology also included speaking to product developers and manufacturers in order to capture lessons learned that could affect bringing these products to market. Furthermore, a feedback loop has been established with the product developers and donors to ensure that lessons learned and country information is shared between stakeholders. Providers in Malawi and Zambia are a key part of the strategy and much work is scheduled in order to cement their understanding of the products and the purpose they fulfil in the contraceptive landscape.

**Systematic Planning**

A process developed by PSI, called DELTA, was used to lead major strategic decisions and identify marketing information gaps. DELTA ensures marketing objectives are aligned and that there is in-depth understanding of the issues. As previously discussed other research tools, both qualitative and quantitative, were used to gather the necessary information to inform the marketing process. There is a clear monitoring and evaluation process, which measures major milestones and monthly progress, e.g., number of product pre-registration workshops held in country. By the project’s end, EECO will have produced a roadmap, which will include strategies for: product introduction, demand creation for new products and support provision throughout the supply chain for woman-initiated FP methods.

**Results and Learning**

By September 2018:

**Attitudinal**

1. Benefits about the women’s condom.
   
   55% of the target audience reports at least 3 of 5 benefits are true about the Woman’s Condom (up from 0%).

2. Awareness of the SILCS diaphragm
   
   50% of the target audience has heard about the SILCS Diaphragm (up from 0%)

**Behavioural**

3. Number of women’s condoms sold
   
   750,000 Woman’s Condoms

4. Number of diaphragms sold
   
   11,000 SILCS Diaphragms sold

In addition, there are some clear lessons learned that will form part of the systematic planning when other EECO products are introduced in Malawi, Zambia and the third project country, India. These include:

• It is important that the market value of the female condom not be impacted while promoting the new product. Promotional focus will address emotional needs of the Woman’s Condom, rather than compare product features.

• Advocacy work to gain the support of key media and cultural leaders is necessary to counter prevailing cultural norms which discourage the use of lubrication during sex and earlier bad press surrounding the use of gel-based spermicides for HIV prevention.

• Because of negative cultural norms related to lubrication use during sex, Amphora lubricating gel will be promoted for the functional benefit of ‘ease of insertion’.

**References**


