



**WORLD  
SOCIAL  
MARKETING  
CONFERENCE**

**PROCEEDINGS BOOK**



# **The 6th World Social Marketing Conference**

Edinburgh 4-5 June 2019

## **INFLUENCING BEHAVIOUR FOR SOCIAL GOOD**

Embracing cross disciplinary solutions,  
new thinking and co-creation



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CONFERENCE PROCEEDINGS BOOK

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# WELCOME (ACADEMIC)

**We are delighted to welcome you to the proceedings from the World Social Marketing Conference, which was held in Edinburgh Scotland in 2019. This was the sixth World Social Marketing Conference and like previous events it brought together 305 delegates from around the world to share and learn about cutting edge developments in Social Marketing practice and theory. The large attendance reflects the growing global desire to develop social programmes that are effective and efficient. It also shows the concern to ensure user insights, behavioural insights and a commitment to co-design, implementation and evaluation.**

The conference was historic in the range and focus of contributions. For the first time, and a reflection of the growing application of Social Marketing, there was a record number of papers focused on environmental and sustainability issues, nearly doubling the number submitted in Washington. Social Marketing continues to grow and expand its reach, influence and evidence of effectiveness. The papers and presentations at the 2019 conference represented an increasingly diverse groups of students, academics, practitioners, governments, not-for-profit and commercial organizations; all interested and actively applying Social Marketing principles to address many of the key social and economic challenges faced by the world.

The academic stream of the event attracted 89 academic papers of which 49 were accepted for presentation and 24 were accepted as posters. We are delighted

that the quality of the papers and posters accepted continues to grow every time the conference is staged, indicating how the rapidly the field is maturing. This maturity was also evident in the fact that the academic papers and the practice papers given during the two days of the conference covered a wide range of conceptual, methodological, contextual and practice-based perspectives.

As is often the case, a large part of the value of the conference was evident in the thousands of informal connections, conversations and collaborations that spin out of this kind of event. The mission of the WSMC is to capture and spread good practice in Social Marketing. It was evident that the constant stream of social media that accompanied, preceded and persisted after the conference is an indication of the value of bringing academics, practitioners and policy makers together in such a forum.

The WSMC is a global collaborative effort that would not be possible without the input of hundreds of people from around the world. As chairs, it was our privilege to work with many volunteers to review papers and select those that meet our rigorous selection criteria. The academic committee and the practice committee would like to thank all of our track chairs for their assistance and hard work, which ensured that we maintained the high quality of work being presented. We are extremely grateful to all of the reviewers for giving up their time so generously, for providing constructive feedback to paper authors and for allowing us to keep authors informed of the progress of their

# WELCOME (ACADEMIC)

submissions. We also want to thank all of the hundreds of people who submitted papers and posters for consideration. We were excited to see both the range and quality of the papers presented.

We would like to thank the Journal of Social Marketing and Social Marketing Quarterly. These two key journals in the field have expressed interest in publishing supplement issues based on papers presented at the conference. We look forward to working with the journals to ensure that both the theoretical and practice base of Social Marketing continue to develop.

We also want to pay tribute and give our thanks to all the sponsors and supporters of the conference, without whom the event would not be possible. Finally, we want to thank both the conference organising committee and all our supporters from agencies in Scotland who helped us stage such as successful event.

The World Social Marketing Conference 2019 demonstrated once again the power and utility of Social Marketing. We believe that it has made a significant contribution to promoting understanding of Social Marketing and encouraging its application. As an event the conference demonstrated why people come back time and again to this key global gathering to share, learn and build networks of good practice. We hope that this compendium of conference papers acts as a useful reference tool and historic marker of the state of Social Marketing theory and practice in 2019.



**Professor Jeff French**

Conference Chair, WSMC 2019

CEO Strategic Social Marketing, Emeritus  
Professor Kings College London & The  
University of Brighton



**Professor Sally Dibb**

Academic Chair, WSMC 2019

Professor in Marketing and Society,  
Coventry University

# WELCOME (PRACTITIONER)

**Welcome to the World Social Marketing Conference in Edinburgh, Scotland. The conference theme of Influencing behaviour for social good is appropriate for a city that houses the Scottish parliament which makes laws for social good.**

The practitioners contribution to the program is exciting and contains 36 excellent case studies from around the world. A total of 53 submissions were received (up from 47 for the 2015 Sydney conference but a little less than 66 in 2017 at Washington DC) and after peer review, we believe the final cases represent best practice examples of social marketing in action. In particular the acceptance rate was much higher this year due to the high quality of the cases. This year there were fewer cases that missed the mark in terms of understanding that social marketing is more than social advertising and almost all cases including behavioural outcomes (often the outcomes listed are attitudinal only). This indicates a significant shift in the practice of social marketing towards a deep understanding of social marketing.

As in previous years, the diversity of country of origin was clear with many more countries represented beyond the western cultures. Likewise there were more social issues represented with an increase in the number of safety and environmental topics. When we started as practitioners co-chairs three conferences ago, there was a dominance of health topics and it is nice to see that social marketing is spreading into different social areas to do good. At the conference there was a good mix of methods and theoretical approaches

evident in the cases with design-thinking popping up frequently. The evolution of social marketing practice in adopting new techniques means that the field is ever-changing and the need to attend conferences such as this becomes important for practitioners to keep up with the trends.

We wish everyone an enjoyable conference and hope that the practitioner cases can provide inspiration and new ideas for those attending.

Warm Regards



**Professor Rebekah Russell-Bennett**

Practice Co-Chair

Professor of Marketing, QUT Business School, Queensland University of Technology Australia



**Luke van der Beeke**

Practitioner Co-Chair

Managing Director, Marketing for Change

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# RESEARCH AND EVALUATION

Number: 2

**School-PACT: School Physical Activity Cultural Transition. A school-based physical activity intervention integrating social marketing with theories of practice.**

Conference track: Critical social marketing

**Author:**

**Fiona Spotswood**

## **Introduction**

Epidemiological research and public health policies increasingly position physical activity as being important for population health globally. The World Health Organisation, for example, considers physical inactivity to be one of the leading causes of noncommunicable disease (NCD) (WHO, 2018a) and has recently developed a new global action plan to help countries scale-up policy actions to promote physical activity (WHO, 2018b). Ambitions to realise long-term public health goals have led to the implementation of numerous social marketing initiatives focusing on children's physical activity (e.g. Designed To Move in the United States, Change4Life in the United Kingdom, Get set 4 life in Australia, and Eat Move Live in New Zealand). These initiatives variously involve national media campaigns, changes to Physical Education curricula, and increasing resources and opportunities for school sport. Indeed, there also exists a large body of interventionist research attempting to increase physical activity through the delivery of programmes in school settings (Dobbins et al., 2009). However, The Lancet's latest series on physical activity raises the concern that "although more countries today have implemented physical activity surveillance systems and national strategies for promotion of physical activity, population physical activity levels have not increased" (Anderson et al., 2016).

A significant body of critical scholarship exists problematizing the individualist-behavioural approaches that are predominantly adopted (Phoenix et al., 2018; Blue et al., 2016; Delormier et al., 2009; Baum and Fisher, 2014; Nettleton and Green, 2014). Current approaches often align with what Shove (2010) refers to as the dominant 'ABC' (attitude, behaviour, choice) paradigm in behaviour change policy which has been criticized for its inability to consider the powerful role that socio-cultural and policy contexts play in shaping the practical actions of everyday life (Cohn, 2014). Furthermore, Kelly (2018) argues that the simple causal narrative between lifestyle behaviours and disease may be accurate, but it is a mistake to assume that disease prevention strategies should simply rely on reversing the causal pathway and focus on changing behaviour. As such, there is a growing understanding that effective interventions need to go beyond 'behaviour change' and account for the complex social systems within which behaviour manifests (Maller and Strengers, 2015; Spotswood, 2016).

We suggest that it is necessary to develop critically informed approach that eschews the problems associated with the individualist-behavioural paradigm yet is capable of meeting the challenge of improving children's physical activity levels for which there is a strong epidemiological mandate. Approaches that account for broader social and policy contexts do, of course, already exist and they are being more widely adopted. As clear examples, the socio-ecological model has long been established (Lawson, 1992) and the 'whole school approach' embedded in the UK's Healthy Schools programme was intentioned to shift focus away from pupils. However, while it is encouraging to see the emphasis on a 'systems approach' to physical activity in the WHO's recent action plan (WHO, 2018) and the movement in behavioural change research towards 'nudges' – contextualised as socio-material interactions as opposed to the reliance on conscious, rational decisions making – our optimism remains guarded in a concern about the potential slippage from being systemic and socio-critical in intention to being individualist-behavioural in action. To support the systemic socio-critical intentions of public health policy, we have devised a programme of intervention for physical activity based on theories of practice, focusing on school cultural transition. We conceptualise school culture as an ecosystem of dynamically unfolding practices, which are our sites of intervention.

## **Theoretical underpinning**

This study uses a practice theoretical framing, following a burgeoning suite of papers which recognise theories of practice for their potential in illuminating new ways to change socially harmful behaviours (Meier et al., 2017). Whereas traditional health research foregrounds individual action and views it as determined primarily by motives and intentions (Cohn, 2014) theories of practice, in contrast, view practices such as eating, exercising, smoking, drinking alcohol or walking not as the

outcome of deliberative consideration or in relation to forms of constraint, but as emerging from the actions of people as they routinely navigate the mesh of practice templates which shape their worlds (Schatzki, 2002). Practices are the bodily-mental routines (Christensen and Ropke, 2010) that are coordinated and synchronised across space and time (Giddens, 1984; Blue et al, 2016), guiding the routinized performances of social actors (Bourdieu, 1984), which are also reconstituted by the recursive performance of those actors.

Practices have an anatomy (Schau et al, 2009) made up of elements; material things, competences and meanings (Shove et al, 2012). Materiality often directly implicates the conduct of daily life (Shove and Pantzar, 2005, p.44). 'Meanings' refer to the unconscious forms of knowledge and shared ways the world is understood amongst practitioners (Shove et al, 2012); often embedded as an unreflective sense of the 'right' way to behave (Rettie et al., 2012), or of "understanding, knowing how and desiring" (Reckwitz, 2002, p.250). Competences are the "multiple forms of understanding and knowledgeability" (Shove et al, 2012, p.23) or 'skills' required by practices in order for a practitioner to successfully perform them. Southerton (2006) helpfully adds temporalities to this schema; the times of day, duration and temporal positioning of performances. Practices cannot be reduced to any one element (Reckwitz, 2002,) and "practices emerge, persist, shift and disappear when connections between elements of these three types are made, sustained or broken" (Shove et al. 2012, pp.14–5). Over time and through repetition, practices become entwined with others in blocks (Reckwitz, 2002) or complexes (Schatzki et al, 2001) and normalized; co-constituted through their routinized performance (Shove et al., 2012). The individual is the 'crossing point' or 'carrier' of a multitude of practices (Reckwitz, 2002).

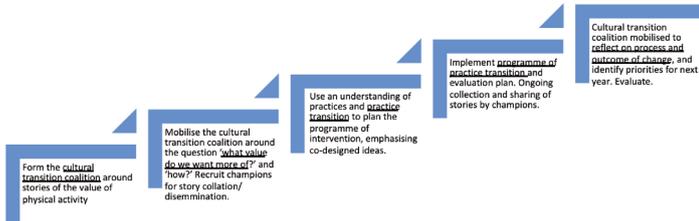
Cohn (2014), amongst others (Bell et al., 2011; Nettleton and Green, 2014; Blue et al, 2016), argues for a new paradigm of thinking about health behaviour change in which the term 'health behaviour' is replaced with the term "health practice", because reifying 'behaviour' "fails to provide any critical insight into what people actually do and why" (p.160) and how to change it. Cohn's gauntlet has been taken up in a burgeoning stream of research by authors using theories of practice to advance our understanding of health and intervention (Blue, 2017; Keane et al, 2017; Lindsay, 2010; Meier et al, 2017; Supski et al, 2017). For example, Blue et al. (2016) and Maller (2015) argue that labelling particular practices as 'unhealthy' or 'healthy' is unhelpful. Rather, practices such as smoking, classed as unhealthy, are small actions within larger practices like taking a tea break or celebrating a birthday (Meier et al, 2017). Examining behaviours in isolation will never provide a full picture of what is going on; for example, why problematic practices take hold and how they are resilient to efforts to persuade and support people into changing their minds.

Studies using theories of practice tend to conclude that when seeking to tackle complex or 'wicked' problems such as physical inactivity and related obesity, policy and intervention approaches should treat practices as the sites of intervention rather than the individual (Blue et al, 2016; Meier et al, 2017). This approach allows for a helicopter view of a problem, away from an individual perspective that focuses on barriers and enablers, to a perspective focusing on the dynamics of practices (Blue, 2017; Supski et al, 2017). To influence the way practices are configured and performed, all of the elements of a practice 'as entity' should be targeted for intervention (Supski et al, 2017), which will naturally lead to an interdisciplinary perspective on how to manage social change (Spotswood et al., 2017). Secondly, intervention must consider the integration of, synchronisation and interplay between configurations of practices (Blue, 2017; Keane et al, 2017; Lindsay, 2010; Meier et al, 2017).

Following from this critical position of individualist intervention approaches, including much social marketing, and given the practice-oriented theoretical basis of this project, we focus on a target set of practices rather than a target market in our intervention. The focus is children's physical activity, but this is conceptualised as emerging from a system of practices which cluster in and through a school; which is a spatial and temporal coordinating agent. The purpose of the reported project was to identify practices from which physical activity emerges, understand how the configuration of practices enables or constrains children's physical activity, understand how interrelationships between practices constrain or enable children's physical activity and work with schools to design, implement and evaluate a programme of practice transition.

## Process of cultural transition

This paper will draw on learnings from one of the pilot schools we worked with in Bristol, UK, during 2018. The process draws heavily on ideas for practice-oriented social change outlined by Vihalemm et al. (2015). The school is a state-run primary (age 4 -11) in a deprived part of the city who self-recognise as having a weak physical activity culture. Illustrated in Figure 1, the process of cultural transition blends co-creation and communication principles more traditional in social marketing with innovative practice-oriented intervention approaches.



**Figure 1: The process of practice-oriented physical activity cultural transition in primary schools**

Stage 1 involved convening the school cultural transition coalition by running workshops dedicated to discussing the value of physical activity which emerges from different practices in the school. During these workshops, held with children, teachers, parents and lunchtime supervisors, with slightly modified methodologies, the set of practices unique to the school were identified and clustered into areas of activity. For example, our pilot school focused on physical activity as emerging from PE, after school sports, whole school trips and events, active lessons, getting to and from school and breaktimes. These areas of focus will be different for other schools and are self-defined by the school. Each involves a number of different practices which bundle in unique ways. Discussions about the value of physical activity were facilitated to mobilise the school community into thinking positively about their existing school physical activity culture, to recognise and value the work already undertaken and to encourage the school to value equally the physical activity available in all areas of school life, beyond PE and traditional sports. Facilitators also invited participants to visualise the culture they would like and what they would like 'more of' or to be 'different'. These workshops were captured in a brief report and distributed and disseminated across the school.

Stage 2 involved recruiting child and adult champions for each of the focus areas, who volunteered to collect and disseminate positive stories about the different activities which make up the school physical activity culture. These stories were disseminated using the school's existing systems of communication, including noticeboards, Twitter, Facebook, assemblies and newsletters. These stories were collected throughout the school year and formed part of the evaluation at the end of the year. These mechanisms were also used to invite further stories through a process of iteration.

Stage 3 draws on learning from the mobilisation workshops to design a programme of cultural transition, drawing on an understanding of practices. Practices across the school were interrogated to identify meanings, materials and competences (Shove et al., 2012) which can be substituted, shaped or shifted. Integrated practice bundles were interrogated to understand whether the system of practices can be reconfigured more broadly, for example thinking about temporal sequencing. These changes will be implemented by the school across the school year (stage 4). Building on the mobilisation workshops, the school will be invited to identify a goal for each practice transition activity, and how this might be evaluated. Increasing minutes of physical activity may not be the goal of all or any of the sites of practice transition.

Stage 4 draws on the co-created measurement targets established throughout the programme and uses a toolkit called 'Revaluation' to evaluate the full and emerging value of the programme of practice transition. The Revaluation tool involves capturing stories and hard data determine 'what has been going on' throughout the programme. Some value can be counted, such as minutes of MVPA, but other value is based on judgements and the emergence of networks and evidence supporting cultural shift. This evidence is recorded in a simple report, which is the result of a whole school workshop involving pupils, teachers and parents in combination with evidence collected separately in the form of interviews and survey data. This forms the final 'full value' report of the intervention's efficacy, against a goal of creating cultural transition.

## Summary: Key principles of the cultural transitions approach:

- The focus is on shaping practices, not targeting or influencing people's behaviour.
- The school defines what practices are important to focus on and what elements of each practice constrain physical activity. The school also identifies how practices interrelate and the implications of these interrelationships for physical activity.
- Intervention at the level of practice is based on co-created ideas from the school community, and are designed to fit with the existing system, i.e. requiring little additional resource.
- Evaluation metrics are co-created by the school and measurement is supported by data collected throughout the school year in addition to a final evaluation study based on 'full value' report of the school cultural transition.

## Results

The pilot study is underway. There may be results to report by June 2019. This paper is predominantly focused on exploring the principles underpinning the project.

## Implications for social marketing

Social marketing has been critiqued as relying overly on an assumption that behaviour change is within the capacity of individuals to bring about alone (Fry, 2014; Hargreaves, 2011), and as failing to recognise the interrelationship between human behaviour and the socio-material and institutional infrastructures which shape it. This has been labelled 'unsophisticated' (Butler et al., 2014), and there have been numerous calls for social change programmes to expand their theoretical base and embrace ideas which avoid a dualistic interpretation of behaviour as either a result of agency, cognition and decision, or wider determinants (Butler et al., 2014; Gordon et al., 2010; Spotswood et al., 2016). Theories of practice have been heralded as having unique potential for understanding the emergence, persistence and context of problematic behaviours relating to health, wellbeing and sustainability (Shove et al., 2012) and have gained significant traction in sustainability research and intervention arenas (e.g. Wilson and Chatterton, 2011). Blue et al (2016), echoed by others (e.g. Ally et al, 2016) argue that the practice theoretical reframing of 'behaviour change' is "the only way out of the difficulties now facing public health policy in relation to NCDs" (p.47). Indeed, interventions and policies based on either behaviourist or structural assumptions have failed to achieve meaningful traction against the societal problems associated with physical inactivity (Nettleton and Green, 2014; Blue et al, 2016; Blue, 2017). Blue et al (2016) call for "a major change in the theoretical foundation of public health policy and for corresponding forms of methodological inventiveness and ingenuity" (p.47).

Only recently have researchers and practitioners concerned with issues of public health begun to consider the potential of theories of practice for underpinning social change programmes relating to public health issues such as physical activity. Only few social marketers have embraced theories of practice as offering potential to enhance the efficacy of their approach (although see Gordon et al.; 2018). Furthermore, within the existing published research which considers the potential of theories of practice for intervention, there are none which report their application in a community social change programme. As such, this UK project offers a potentially important first step in exploring the application of practice theoretical ideas, blended with more established social change mechanisms and established principles from social marketing.

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## Number: 3

### **Company Benefits and Social Benefits: Exploring Strategies for Multinational Consumer Goods Companies to Implement mutually Beneficial Social Marketing Programs**

#### **Author:**

**Nashwa Nader**

Conference track: Critical Social Marketing, Interdisciplinary and cross sector action to influence behaviour for social good, Advancing theory, research in social marketing and behavioural influence, Using systems thinking to solve complex societal problems and influence social policy, Using citizen focused design thinking, participative design, actor engagement and cocreation (2, 9 ,10, 11, 13)

#### **Abstract**

The aim of this paper was to present social marketing to multinational consumer goods companies as a concept that, unlike commercial marketing, not only benefits the company but also benefits society. Through in-depth interviews and document analysis, this thesis qualitatively analysed two social marketing campaigns in developing countries, one launched by Nestle Pakistan and the other by Henkel Egypt. Using the social exchange theory as a framework for analysis, this paper offers examples and types of benefits that companies and society gain from social marketing. Additionally, this paper illustrates some of the challenges of social marketing, demonstrating ways and strategies to address these challenges and maximize the benefits of social marketing for the company and society. Most importantly, this paper identifies ways in which consumer goods companies can fund social marketing campaigns without increasing their overall budgets.

#### **Introduction and background / rationale**

Since the consumer goods industry has massive financial power, this paper examines the benefits and challenges for multinational consumer goods companies of investing in social marketing programs in developing countries. In fact, the paper provides various mutual benefits for society and companies, when companies implement social marketing. The findings offer practical contributions by shedding light on potential strategies consumer goods companies can employ when implementing social marketing projects in developing countries. Further, this study contributes to existing literature as the findings were obtained from experienced professionals who have direct experience with social marketing, illuminating social marketing planning and implementation strategies. Additionally, the findings suggest a couple of ways in which consumer goods companies can invest in social marketing without having to increase their overall spending.

The overarching objective of this paper is to suggest some strategies for implementing mutually beneficial social marketing programs for consumer goods companies and consumers. The objective was achieved through an investigation of two social marketing campaigns. The first campaign was the farmer training project launched by Nestle Pakistan in which it trained Nestle's farmers and their families on innovative ways of milk storage and delivery and the best ways to raise cows and buffaloes to produce more and higher quality milk. The second campaign was Henkel Egypt's social marketing campaign "This Country is Ours." It was a street-cleaning campaign in which Henkel employees used Henkel's cleaning products and volunteered during work hours and on their own time to clean areas in Cairo after the disarray caused from the protests and fights during the Egyptian revolution. Henkel advertised the campaign on several media channels to invite people to participate. Data was collected through an investigation of four overarching research questions (RQs):

RQ1. What are the potential benefits to multinational consumer goods companies of investing in social marketing programs in developing countries?

RQ2. What are the potential benefits that societies in developing

countries gained from multinational consumer goods companies' social marketing programs?

RQ3. What are the challenges to multinational consumer goods companies of investing in social marketing in developing countries?

RQ4. What are the best strategies for multinational consumer goods companies to implement social marketing programs in developing countries?

## Method / approach

Qualitative methods were deemed most appropriate for this research because they are useful when the researcher is striving to obtain deeper knowledge of a program and "a complete picture" of what happened (Boyce & Neale, 2006). Even though some critics question the reliability and validity of qualitative research methods, trustworthiness and rationality of the information are key concepts in ensuring reliability and validity of qualitative data (Seale, 1999). Additionally, this study employed triangulation which means employing more than one method to ensure that every method makes up for the weaknesses of the other (Shenton, 2004). For that reason, this study employed two methods: interviews and document analysis to verify the information that participants provided.

While semi-structured in-depth interviews are based on predetermined questions by the researcher, they allow respondents to disclose any additional information that they believe is important in a conversational manner (Longhurst, 2009). Subjects were sampled using a snowball technique in which one subject provides names of other individuals who were associated with the same campaign (Sadler, et. al., 2010). The first two links were the author's former colleagues in Henkel Dubai who had previously worked in Nestle Pakistan and Henkel Egypt during the time of the campaigns. Then they provided other people's contact details who worked there as well.

Besides interviews, this paper also employed document analysis to examine campaign materials produced for these two projects. Document analysis is a systematic process that involves reviewing content in order to gain deeper understanding of the topic (Rapley, 2007). Via email, subjects provided documents including PowerPoint presentations and Word documents with the number of consumers reached, the campaign's key performance indicators, measures of brand awareness, and social media measures.

Ultimately, interviews were transcribed by the researcher, and the documents were analyzed using a grounded theory approach (Martin & Turner, 1986) to look for the emergence of common themes and patterns pertaining to interviewees' experiences with the benefits and challenges of social marketing. Using the grounded-theory approach, the concepts and ideas are analyzed as data is collected which lead to conclusions and recommendations (Faggiolani, 2011).

## Results / Findings

Answering RQ1, the most common pattern that emerged from the responses indicated that social marketing campaigns provide nonfinancial benefits to the company that can eventually lead to financial benefits. These nonfinancial benefits that emerged from the data include increasing the company's brand equity, building consumer loyalty, and enhancing the supply chain for the company (in the case of Nestle's farmer training project.)

Answering RQ2, analysis of the interviews revealed four main benefits to society: learning simple and advanced specific skills; gaining financial benefits; changing negative behaviours and enforcing positive habits toward society and environment; and spreading awareness about relevant issues. Interviewees said that the targeted participants of social marketing campaigns can learn skills that can bring them financial benefits as they will have better abilities to get jobs or even open their own businesses. However, subjects who worked on Henkel's campaign claimed that it did not bring financial benefits to the participants but it lead to changing their negative habits by being responsible towards their community. Additionally, through "This Country is Ours", Henkel was able to raise awareness about the importance of being role models for upcoming generations.

Analysing RQ3, analysis showed three main themes of challenges. The first theme was related to the lack of clear definition of project. The second theme was related to the high expectations that people have. Companies face a major challenge with social marketing because the targeted group of people usually has high expectations for what a campaign will accomplish when multinational companies attend to a social issue. The last theme of challenges was related to lack of trust as

people may lose trust in the company if the social marketing campaign was not impactful and may not believe other messages that the company delivers in other communications.

Lastly, answering RQ4, subjects' comments revealed they believed that successful strategies are dependent on the company's brand awareness level, products' availability in the market, and the nature of the social issue being addressed.

## Discussion

Based on the social exchange theory, the study highlighted the benefits of social marketing to the company and to society. The social exchange theory refers to an exchange that benefits all the involved parties (Homans, 1961). According to Kotler (2000), the theory has five main fundamentals: (1) the exchange has to involve at least two parties; (2) each party has something valuable to offer; (3) all parties are capable of communication; (4) each party has the freedom to accept or reject the offer; and lastly (5) each party believes it is appropriate to deal with the other party.

Findings from RQ1 and RQ2 suggest that social marketing campaigns can bring benefits to the company and society if certain strategies are followed. The majority of the benefits for the company were nonfinancial benefits, such as increasing brand equity, building loyalty, and enhancing the company's supply chain, that lead to financial benefits. As identified in the social exchange theory, both parties have to offer valuable benefit(s) to each other (Maibach, 1993). While, the company (first party) gains benefits from social marketing, the public (second party) involved in the campaign also gains benefits. The four main themes of benefits to society that emerged from the findings were learning simple and advanced skills, gaining financial benefits, changing negative behaviours and enforcing positive habits toward environment, and gaining awareness about relevant issues. For instance, farmers involved in Nestle's farmer training project learned innovative farming techniques that increased the quality and quantity of milk production. When people learn new skills, they increase their capabilities and thus increase their likelihood of getting jobs or opening their own businesses. When the farmers implemented the new skills they learned from Nestle's campaign, they increased their incomes between 20% and 50% on a yearly basis. The last two benefits were related to encouraging people to adapt positive habits and gaining awareness about relevant issues. Henkel's campaign did not teach the people skills; but, it was meant to positively change their behaviours. If a social marketing campaign succeeds in embedding positive behaviours in people's daily routines, the newly adapted behaviours can impact society for a long time, as they would be inherited by younger generations. The new farming skills that farmers learned from Nestle will be passed on to the farmers' children and can influence neighbouring farmers. Similarly, Henkel's "This Country is Ours" campaign was focused on inducing positive behaviours that also could be shared. Henkel tapped into the people's love for their country and encouraged them to think that cleaning the streets showed pride in their country.

RQ3 examined the challenges consumer goods companies face in implementing social marketing. Findings pointed to three main challenges: ensuring the campaign had a clear definition and scope, managing people's expectations, and handling people's lack of trust. Respondents indicated that the campaign's objectives and scope needed to be clearly defined internally. The first challenge can lead to the second one, which is not meeting people's high expectations. This is because, when multinational companies plan a social marketing initiative, people expect that they will gain a lot from it because they know that such companies make high profits. Moreover, if the social marketing is about behavioural change, people expect to see immediate results. Lastly, if people's expectations are not met, they will lose trust in the campaign as well as the company itself.

This paper also explored strategies for implementing social marketing in developing countries; four main strategies were identified: determining brand awareness and maturity level, assessing the social issues, encouraging the public's maximum participation in the campaign, and having benefits with lasting impacts. All subjects claimed that companies should not conduct social marketing campaigns until the company's brands have reached desired levels of awareness and maturity. Otherwise, if the social marketing campaign was brought to the people by non-famous brands, the campaign may not be as impactful. The third strategy was about encouraging the public's maximum participation in the campaign. All respondents indicated that two-way communication (as indicated in the social exchange theory) is fundamental to the success of

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a social marketing campaign. For example, the respondents from Nestle indicated that Nestle conducted regular meetings for the farmers to address any concerns. Henkel's campaign also provided two-way communication through social media. Finally, the last strategy was related to implementing social marketing campaigns that have long-lasting benefits for the people. The findings indicated that in order for the people to fully use the campaign's benefits over a long time, the campaign should be replicated for at least five years.

The final RQ of this study examined ways to fund social marketing without increasing the company's marketing budget. Two main findings emerged, in which the first was the possibility of companies reallocating funding from television advertising to pay for social marketing campaigns. While some respondents were against reducing the television-advertising because it could have a negative effect on sales; other respondents believed that if the company's brands had high-levels of awareness, reducing television advertising slightly would not affect sales. There are four factors to consider before arriving at such decision: involving the company's head office, determining the brand's competitive advantages, determining the amount of television advertising reduction, and assessing the strengths of other media channels. Also, this paper recommended that the television reduction should be minimal to avoid sudden effects. Additionally, a company might reach more consumers from digital advertising than via television advertising, especially considering that the penetration of digital advertising is expected to surpass the penetration of television advertising (Friedman, 2015). The second funding strategy, which is partnering with NGOs or other partners, bolsters the importance for NGOs, and governments to collaborate to attend to social issues (Kimball, 2011). This idea did not receive much support from respondent because of the understanding that NGOs and governments may not necessarily have enough resources to provide to consumer goods companies.

## Conclusion

Using in-depth interviews and document analysis, this paper used the social exchange theory (Homans, 1961) as a framework to qualitatively explore how both a company and society can gain benefits from social marketing. By examining two social marketing campaigns, one from Nestle Pakistan and the other from Henkel Egypt, this paper provides a deeper understanding of the benefits, challenges, and strategies. This paper contributes to social marketing scholarship and practice by providing examples of two consumer goods companies' strategies for implementing and financing social marketing campaigns. Suggesting strategies to fund social marketing campaigns without requiring the company to exceed its existing yearly spend was a key practical and academic contribution that emerged from the findings.

To summarize, one of the key findings was that social marketing can generate nonfinancial benefits that could eventually lead to financial benefits. Those nonfinancial benefits that emerged from the findings are increasing the company's brand equity, building consumer loyalty, and enhancing the supply chain for the company. Additionally, this study exposed four main benefits to society of social marketing: learning simple and advanced skills; gaining financial benefits; adapting positive habits; and gaining awareness about relevant issues.

Additionally, this study contributed to the social marketing challenges presented in literature by showing that there are two types of challenges: external and internal. External challenges refer to the issues the company faced when dealing with the participants in the campaign, and internal challenges refer to the company-specific issues faced during planning and implementing the campaign. This study showed that a main external challenge consumer goods companies encounter is consumers' high expectations. In fact, this paper found two types of false expectations: high expectations of benefits (value) and/or immediate expectations of results (time).

Furthermore, this study proffered modifications to the process of the four-stage cycle of innovation model (Chakraborty, 2013). The study added to the model a step at the beginning whereby the participants in the campaign are trained on new skills or behaviours. Also, unlike the four-stage cycle of innovation model (Chakraborty, 2013), the process suggested in this paper is repetitive. This study also added to the social marketing scholarship by suggesting that the forms of communication between a company and society need to be appropriate to the nature of the campaign, as well as be culturally specific to participants. This paper recommends that only companies that already have high levels of awareness should launch social marketing campaigns. Further, this

paper contends that a company can potentially gain stronger consumer loyalty from social marketing campaigns than from commercial marketing strategies because social marketing can teach people skills or induce positive behavioral change that they will benefit from for a long time.

This study suggested strategies to fund social marketing campaigns without having the company spend more than it already does on marketing. Those strategies are cautiously shifting funds from television advertising and partnering with NGOs to partially fund social marketing. NGOs can support the company by equipping the campaign with personnel or facilities that can further assist in achieving the campaign's goals.

Future research should explore the benefits, challenges, and strategies of social marketing from the consumers' perspective. Additionally, considering this study's finding that a successful social marketing campaign does not necessarily have to tackle social issues that are directly related to the nature of the company's products, there is room for future research to explore this by analysing social marketing campaigns that were not related to the company's products.

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## Number: 16

**Intercultural comparison of social and cultural factors shaping adolescents' perceptions of graphic health warnings on cigarette packages: the case of the United Kingdom and the State of Qatar**

Conference track: Promoting global health and reducing the global impact of disease through behavioural influence

## Authors:

**Nadia Fanous (PhD student, University of Glasgow, UK), Heide Weishaar (Honorary research fellow, University of Glasgow, UK), Shona Hilton (Professor, University of Glasgow, UK), Thomas Anker (Senior lecturer, University of Glasgow, UK)**

## Abstract:

**Background:** The WHO Framework Convention on Tobacco Control (FCTC) requires graphic health warnings (GHW) to feature prominently on cigarette packs to reduce desirability of tobacco consumption and, ultimately, change smoking behaviour. The use of fear appeal in GHWs is a subject of debate among scholars as it can lead to unintended consequences, especially among adolescents.

**Aim:** This study empirically explores adolescents' perceptions of existing GHW by exploring how social and cultural factors shape adolescents' perception of GHW. We conduct our study in two different cultural contexts, the United Kingdom and a Middle Eastern Country (the State of Qatar).

**Method:** The study follows a multi-site qualitative research method. 35 Focus groups and 6 individual interviews were conducted with 141 adolescents aged (13-18 years old) in schools and youth organisations in both countries. The average age of participants was 14.94 and 14.97, in the UK and Qatar respectively.

**Preliminary findings:** The study is still a work in progress; we report the preliminary findings only in this paper. Some GHW were perceived to be effective in both countries alike. However, participants in both countries showed signs of unintended consequences such as rebelling against some of the messages. Participants in both countries showed common influencing social and cultural factors on their perceptions of the GHW such as personal experiences, family relationships and general perceptions (eg. gender role).

**Conclusion:** The study highlights the importance of understanding the sociocultural context that needs to be taken into account when tailoring health messages. The study follows an innovative approach in qualitative interviewing and establishes policy implications by contributing to a body of knowledge that focuses on tailoring health interventions to the needs of the target audience.

## Introduction and background / rationale

The World Health Organisation Framework Convention on Tobacco Control (FCTC) is a global health treaty that states recommendations to reduce tobacco use (WHO, 2003). Smoking remains a major risk behaviour for non-communicable diseases worldwide, especially that more than 80% of adults start smoking during their adolescence (CDC, 2016). Article 11 in the FCTC requires placing graphic health warning labels with large images that communicate the harms of smoking on the cigarette pack to reduce desirability of tobacco consumption and ultimately change smoking behaviour (WHO, 2003). The existing graphic health warning labels are negatively framed messages that apply fear appeal to reduce appeal of the pack among consumers. However, there is an academic debate of unintended consequences of fear appeal particularly among adolescents (eg. disengaging with the message) (Haines-Saah et al., 2016; Hammond, 2011; Hastings et al., 2004; Netemeyer et al., 2016). An underpinning assumption in the study is that the perception of graphic health warning labels should not be seen as unidirectional and predictable but rather a dynamic one between the recipient and their specific social and cultural world (Chandler, 2007; Haines-Saah et al., 2016). In that sense, we conducted our study in two different cultural contexts, the United Kingdom and the State of Qatar to illustrate an example of the same public health global policy in different stages and explore how the different cultural variables play a role in shaping meaning. The UK implemented graphic health warning labels policy in 2009 (42 pictorials divided into three sets of fourteen warning labels in each each) and rotated the warnings twice (Appendix B) (Canadian Cancer Society, 2016; UK Government, 2016). Qatar, implemented the policy in 2012, and the three existing warning labels had not been changed since then (Appendix A) (Canadian Cancer Society, 2016). Therefore, the research questions of the study are, first, to explore adolescents' perceptions of graphic health warning labels in two different cultural contexts, the UK and Qatar. Second, to explore potential alternative messages that adolescents come up with and which they perceive as persuasive to change their smoking attitudes. Finally, to explore the potential social and cultural factors that play a role in shaping the perception of graphic health warning labels among adolescents.

## Aim

The study aim was to explore how social and cultural factors shape adolescents' perception of GHW across differing cultural and national contexts in order to establish the communicative relationship between context-specific and cross-cultural public health communication in tobacco control. The study also explored adolescents' suggestions for alternative messages that they perceive as more persuasive to change their smoking attitudes.

## Method / approach

We followed a multi-site qualitative study approach by conducting focus groups and individual interviews with adolescents (13-18 years old) in the UK and Qatar. The approach provides thick description of the findings that is deeply rooted in the contextual setting (Jenkins et al., 2018). 35 Focus groups and 6 individual interviews with 141 adolescents were conducted in schools and youth organisations in both countries during the period of February 2018 to November 2018. **Data collection:** The interviews and focus groups consisted of three activities; adolescents were asked to apply the warning labels to grids, to design their own warning label and create their own mood board. The aim of the exercise was to gather ideas in a more interactive approach and enhance participation of adolescents. In the UK, 9 focus groups and 6 individual interviews with 33 adolescents were conducted. The average age of the participants was 14.94. Tables 1 and 2 show a detailed description of the sample. In Qatar, 26 Focus groups with 108 adolescents were conducted. The average age of the participants was 14.97. We provide a detailed description of the Qatar sample in tables 3 and 4. **Analysis:** The data was recorded, transcribed, and translated if necessary. The data was coded manually as a first phase of the thematic analysis. The analysis of the data is a work in progress. The paper reports on preliminary findings only. However, we aim to analyse the final results through Peircean semiotics theory, the study of signs, to help us understand the meanings adolescents construct with the existing warning labels.

## Preliminary Findings

The findings section is divided into three sub-headings that represent the main themes covered by the study.

### Persuasiveness of the existing graphic health warnings

Participants in the UK perceived existing GHWs as disgusting and very graphic as well exaggerated. However, they thought that the graphic health warning labels in Qatar were more unique, artistic and less graphic than the ones in the UK. Participants indicated that the most effective ones were the pregnant woman warning label (available in Qatar), the teeth damage warning label (available in the UK) and the damage to the lungs warning label (available in the UK).

On the other hand, participants in Qatar perceived the Qatar graphic health warning labels as irrelevant and unrealistic, especially the pregnant woman warning label (available in Qatar), as it is socially unacceptable for women to smoke. Participants in Qatar perceived the UK graphic health warning labels as more detailed and explanatory, yet scary. They also indicated that the most persuasive warning labels to them were the one relating smoking to impotence (available in the UK), the damage to the teeth warning label (available in the UK) and the damage to the lungs warning label as well (available in the UK).

However, participants in both countries, showed signs of unintended consequences of the graphic health warning labels, such as disengagement with some of the messages, as they highlight long-term consequences and saw them as unrealistic. They also mentioned coping strategies such as hiding the packs to cover the warning labels. Finally, participants have indicated signs of challenge and rebel against some of the messages, which they thought, have a paternalistic approach.

*"P3 : we just ignore it because they are just exaggerating too much yeah*

*.....*

*P5: these are long term effects so we don't really care "*

*(UK, 14 years old boys, focus group)*

### Alternative messages suggested by the participants

In the UK, participants suggested more direct and normative messages to be placed on the warning labels such as "Stop! Smoking Kills". They also favoured positively framed messages that show the benefits of not smoking or quitting, as well as empowering messages. In addition to that, participants in the UK suggested messages that focus more on the price of the pack and the money they could save if they stop smoking.

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Participants in the UK also came up with innovative ideas such as adding warning labels to the seal of the packs, adding inserts, audio packs and foul odour packs to avert adolescents from smoking.

*"P10: People don't want to look at images like that so like they're not gonna learn anything. But if they learn oh I will do better in life if I stop smoking, it will make them stop. Because I don't like people annoyed. Like they could get better in something if they stop smoking"*

*(UK, girl, smoker, 14 years old, interview)*

In Qatar, participants suggested messages that are indirect and sound like an advice. Religious messages were a common suggestion among participants in Qatar as well as messages relating smoking to manhood and the use of negative emotions. Participants in Qatar favoured the combination of fear appeal and positively framed messages as a more persuasive approach to change adolescents' attitudes towards smoking.

Participants in both countries agreed on suggesting messages that state short-term health and social consequences of smoking such as effect of smoking on looks and outer appearance as well as adding positively framed messages that communicate the benefits of quitting smoking.

## Social and Factors that could play a role in shaping perceptions of graphic health warning labels

In both countries, participants linked the graphic health warning labels to their personal experiences and told stories that agree or disagree with the existing graphic warning. Participants in the UK mainly talked about messages on how smoking could affect their relationships with their mothers whereas in Qatar, participants discussed messages on how smoking could affect the father son relationship. The issue of money was mainly raised as a motive to stop among participants in the UK.

Moreover, in Qatar, gender role differences was a visible cultural factor that played a role of what could be considered as socially acceptable and relatable.

*"P13: the pregnant woman one is not that effective. Especially among the Arab societies this does not really apply, In Arabic societies it is very rare to see a woman smoking, once every few months I see a woman smoking"*

*P14: whereas you see a man smoking, everyday"*

*(Qatar, Boys, 15 years old, focus group)*

*"P15: I think the pregnancy one is really like it is good to show like what actually happens"*

*(UK, girl, 18 years old, smoker, interview).*

## Figures and tables

**Table 1. Sample Description- UK**

Smoking Status/Gender	Male	Female	Total
Current Smoker (n)	2	6	8
Used to Smoke (n)	1	2	3
Tried smoking (n)	3	1	4
Never smoked (n)	7	11	18
Total (n)	13	20	33

**Table 2. Affluence Distribution- UK**

Affluence	Low	Middle	High
Number of Participants	12	14	7

**Table 3. Sample Description- Qatar**

Smoking Status/Gender	Male	Female	Total
Current Smoker (n)	12	2	14
Used to Smoke (n)	7	1	8
Tried smoking (n)	16	7	23
Never smoked (n)	38	25	63
Total (n)	73	35	108

**Table 4. Affluence Distribution- Qatar**

Affluence	Low	Middle	High
Number of Participants	4	39	65

## Discussion

Some graphic health warning labels were perceived to be effective in both countries alike such as the warning labels with the image of a healthy lung versus a damaged lung and that of damaged teeth and this could be because the effect of smoking on the teeth and lungs is well known. However, participants in both countries showed unintended consequences such as disengagement with the message or rebel against some of the messages. Participants also showed that messages that communicate short-term effects of smoking on their health, social and mental wellbeing were more important than the messages that highlighted long-term health effects. This aligns with findings from several studies on the use of fear appeal in other areas that suggest three alarming adverse effects: (a) adolescents react negatively to feelings of being paternalised, potentially fuelling desires to rebel against health messages; (b) the depiction of long term health consequences, which some individuals specifically adolescents cannot relate to, such as terminal cancers and gangrene and can provoke feelings of disengagement with health messages; (c) fear appeals can create feelings of guilt and self-blame, which in turn impede self-efficacy beliefs that are important predictors of quit attempts (Guttman and Salmon, 2004; Hastings et al, 2004; Baldwin et al., 2006; Thompson et al., 2009; Bell et al., 2010; Peters et al., 2013).

Participants in the UK favoured a more direct approach in phrasing the statements and a more positively framed one, which communicated the benefits of quitting smoking. Whereas in Qatar, participants favoured an indirect phrasing of the messages that "sounds like an advise" and a combination of fear appeal and positive messages. This also aligns with literature on intercultural communication where countries of low context culture such as European countries favour a more direct way of communication whereas countries in high context cultures such as Arab countries might rely on hidden or implied meanings and assumptions (Hall, 1959; Neuliep, 2017). The differences in participants' perceptions uncovered underlying socio-cultural values that illustrate some of the social norms of the target audience (eg. Religious messages, aware of the gender differences). Therefore, we might need to tailor the messages to the cultural context even though the factors that influence perception might be similar, yet the cultural context is different which means GHW are interpreted differently. Limitations: The sample in Qatar had a high number of male participants and that was due to difficulty in recruiting females because smoking is seen as socially unacceptable for women. Also, participants in Qatar were mainly of high affluence which was expected as Qatar is one of the countries with the highest GDP worldwide. Future research could test the suggested themes for alternative graphic health warning labels on adolescents in similar contexts.

## Conclusions

The study provides policy recommendations to tailor graphic health warning labels as well as have implications to the health communications field. Tailoring graphic health warning labels to adolescents is important to motivate change in their smoking attitudes. This could be achieved by, adding messages that highlight the short term health and social consequences of smoking, and by incorporating positively framed messages that show the benefits of not smoking or quitting as well as to explore the cultural contexts further to make the messages more culturally sensitive. Finally, the study establishes implication for health communication that illustrates that understanding the individual, social and cultural factors of the target audience is important to tailor health messages and health interventions and make them more effective in changing attitudes.

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## Appendix

### A- Appendix A: Graphic Health warning labels in the Qatar



Passive smoking affects fetus and leads to growth retardation and premature labor



Smoking increases risk of more than 25 diseases including cancer and cardiovascular disease



Smoking causes early death

### B- Appendix B: Graphic Health warning labels in the UK (an example of one set of the warning labels)



Number: 18

Title of the paper: **Translating policy to practice: Theory-based formative research to improve EC OTC access and messaging in Italy**

Conference track: Mental health and wellbeing

Authors:

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Abstract

**Background:** Italy's 2015 emergency contraception (EC) policy change allowed EC availability over-the-counter for individuals 18 years and older; however, women living in Italy continue to face knowledge, awareness, and access barriers. Conscientious objection, where providers and pharmacists refuse to prescribe or dispense EC due to personal beliefs, further complicates access and dissemination.

**Objective:** The purpose of the study is to understand EC knowledge, attitudes, and behaviours among women living in Italy. A secondary purpose is to explore the impact of the 2015 EC policy to develop messaging opportunities and increase community access.

**Methods:** Thirty in-person interviews were conducted with women living in or around Florence, aged 18 to 50 years, and using the Italian healthcare system at the time of study enrolment. Researchers used an expanded grounded theory approach to understand women's EC experiences. Diffusion of innovations served as a conceptual lens.

**Findings:** Women described low observability of the 2015 policy, expressing surprise regarding increased EC availability. Participants suggested increased messaging in strategic locations to overcome this barrier. While some felt EC was more positive than unintended pregnancy, others expressed concerns about irresponsibility and EC safety. Finally, conscientious objection impacted healthcare access, despite participant desire for autonomous EC decision-making. Findings

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offer practical recommendations to guide EC communication strategies to improve attitudes and increase knowledge and uptake of over-the-counter EC.

## Introduction and background / rationale

In 2015, Italy changed its emergency contraception (EC) policy, allowing over-the-counter (OTC) EC purchasing without a prescription for women 18 years and older (ECEC, 2015). Increased EC access can improve women's ability to achieve their family planning goals and decrease delays in intervals of unprotected sex and EC uptake, improving EC efficacy. This reflects advances in other countries, which allow EC OTC for adults and adolescents to reduce barriers to access and assist in unintended pregnancy prevention (Gee et al., 2007; Moreau et al., 2006; Raymond et al., 2004; Secura et al., 2011; Trussell et al., 2013). However, Italy has one of the lowest rates of EC use in Europe (2.7%), despite desire for improved access (Montanari Vergallo et al., 2017). Though the policy change decreases access barriers, prior research demonstrates Italian women are unaware of this contraceptive option (Bastianelli et al., 2016).

One barrier to EC uptake specific to Italy is conscientious objection (CO), which refers to the ability to refuse care if it conflicts with personal or moral beliefs (Fiala and Arthur, 2014; Minerva, 2015; Montanari Vergallo et al., 2017). Approximately 80% of gynecologists in Lazio, Sicily, and Basilicata practice CO (Cagnacci et al., 2014).

Women retain EC use and access misconceptions, despite changing policy landscapes. Therefore, to fill these gaps, the primary purpose of the current study is to understand EC knowledge, attitudes, and behaviors among women living in Italy. A secondary purpose was to explore the impact and knowledge of the recent policy implementation allowing EC OTC. Findings offer practical opportunities to increase Italian women's knowledge of and access to EC via formative, audience-based messaging strategy.

Diffusion of innovations (DOI) provided the conceptual framework for the study. DOI posits innovations diffuse through social systems over time through its members (Rogers, 1995). DOI provides a framework for understanding adoption motivation and best practice to encourage EC policy diffusion among the Italian population (Rogers, 2003).

**Aim of the session:** The aim of the study was to understand Italian women's EC experiences and policy knowledge to build theory-driven messaging reflective of this priority group's needs to improve awareness and access.

**RQ1:** How do Italian women living in Florence feel about EC? Using EC?

**RQ2:** What, if any, EC policy knowledge do Italian women living in Florence Italy hold?

**RQ3:** What barriers do Italian women in Florence face accessing EC?

## Method / Approach

Researchers conducted 30 English-language interviews with women of reproductive age (18-50 years) who lived in or near Florence, Italy, used the Italian healthcare system, and were proficient in conversational English. The interviews were held from May to June 2018 in Florence, Italy. English- and Italian-language flyers were distributed throughout the city to recruit participants. Researchers also completed online, via social media, and in-person recruitment. All participants completed an anonymous demographic form following each interview. The research study was approved by the university's institutional review board.

Thirty reproductive-aged women (M= 35.0±7.6 years; range= 22 – 50 years) completed interviews. Most women (n= 29; 96.7%) lived in Florence and were from Italy (n= 18; 60.0%); however, 12 (40.0%) were born in countries other than Italy. Most women had completed or initiated a bachelor's degree (n= 11; 36.7%) or graduate-level degree (n= 18; 60.0%). Participants were single (n= 11; 36.7%), in a relationship (n= 9; 30.0%), or married/had been married (n= 10; 33.3%). Some women had children (n= 8; 26.7%) and one participant was pregnant. Nearly all women self-identified as heterosexual (n= 29; 96.7%), while one woman (3.3%) self-identified as bisexual. Ten women (33.3%) primarily used the public healthcare system, 9 (30.0%) primarily used the private healthcare system, and 11 (36.7%) utilized both the public and private systems.

Interviews were conducted at convenient times and locations for participants.

Researchers obtained written informed consent, including consent for audio-recording, prior to beginning each interview. Interviews lasted approximately one hour and participants received a 25-euro gift card as compensation for their time and participation. The interviews were

recorded using the SoundNote iPad application. Each interview began with questions about participants' daily lives to increase rapport and disclosure (Berg and Lune, 2012). As the interview progressed, questions explored EC and EC policy. Questions and probes inquired into EC use and policy knowledge (see Table 1). Interviews continued until data reached theoretical saturation and study concepts were fully developed.

Grounded theory offered data analysis techniques, privileging participant experiences (Corbin and Strauss, 2008). Expanded grounded theory allowed for incorporation of existing theory; therefore, DOI provided a framework for initiating data analysis (Rogers, 2003). Researchers completed line by line open and axial coding. A constant comparative approach between and within coded interviews allowed researchers to identify emergent themes (Corbin and Strauss, 2008).

## Results / Findings

Findings suggest EC OTC requires increased visibility to ensure women are aware of their legal right to access EC without a prescription.

"To get emergency pill you have to go to your doctor, then he gives you a prescription and then you go to the pharmacy and then you take these pills so it's like you have to pass through the doctors. Or, because it is something that should be done quick, if it is during the weekend, and your doctor is not available then you can go the first aid and the first aid can give you the pill, answer a few questions and that's it. It's considered as an emergency."

"You can walk into the pharmacy and get one? That's pretty radical for a Catholic country,"

Participants suggested messaging in provider offices and pharmacies to demonstrate EC OTC availability.

"I didn't know that now you can buy OTC for example so maybe just putting more flyers around and even at the doctor's office maybe having flyers about that and the gynecologist could inform you."

Some also suggested segmentation to reach different age groups, suggesting younger and older women may require different strategies, messaging channels, and locations.

"I hope that in the case of younger woman, this was something that was communicated better. Maybe just being in different places [that] they are and I'm not."

Participants who knew about EC OTC described a vastly simplified process for obtaining EC than those unaware of the policy change.

"The pharmacy, they ask that you are more than 18 years, so you need to present your ID. And they give you the EC. It is not difficult if you are more than 18."

Yet, many participants equated EC use with irresponsibility, noting increased access could encourage riskier sexual behaviour. Participants perceived EC use as less responsible than daily hormonal contraception or condoms.

"It's a big opportunity for women...I think it's better to do something the day after, [than] after one month or two when you really have kind of an intervention that is definitely more important and stressful...In case you cannot really avoid what happened, is absolutely something that is favourable for women."

"I don't think that's good for women or girls...there's responsible choices that you have to do. So, if you decide to have sex you should think [ahead] yes. What you're doing and what would be the consequences of your actions."

However, findings suggest EC safety concerns, even among those who held positive attitudes and saw the relative advantage of accessible EC. In particular, women were concerned about negative hormonal effects stemming from one-time or repeat EC use.

"It's not healthy to take it. It's a lot of hormones...it's not good for the health, so, it's an emergency,"

Most women desired EC uptake as an option but noted CO complicated autonomous decision-making. This may prevent women from accessing EC when needed by creating hurdles to timely EC uptake, despite increased access granted by prescription requirement removal. Some participants described providers who personally did not prescribe or dispense EC, but who would provide next steps to obtain EC elsewhere.

"...And your doctor won't prescribe for you the EC because they don't believe in it. Which really puts you in a hard place because they're denying...they're exercising their right but at the same time denying you your right."

## Figures and tables

**Table 1: Example Interview Questions**

<b>EC Use</b>	Have you or someone you know ever used emergency contraception?
<b>EC Knowledge and Beliefs</b>	Do you have any concerns about using emergency contraception? If yes, what are these?
<b>Obtaining EC</b>	Describe how a girl or women would go about obtaining emergency contraception. Where would they go to receive it?

## Discussion

This study provided theoretically driven insight into the messaging and access strategies Italian women preferred, including opportunities to address concerns and barriers. The formative audience research showed messaging needed to illustrate: EC availability OTC, EC OTC is easy and convenient, EC is a responsible choice for women to counteract negative perceptions of EC users, EC OTC is safe to use, and EC is an empowering option despite CO experiences serving as barriers to timely access.

The current study was part of a larger women's health research project; therefore, not all participants had experience with EC. Conducting interviews in English limited the opportunity to hear from participants who felt incompetent in conversational English. Interviews only took place in Florence, which could limit generalizability and applicability to other regions of Italy, as demographic and regional differences exist. Despite these limitations, we believe our study adds theoretical and practical insight to reduce barriers and increase EC access in Italy.

During recruitment, we suggest using a translator to secure participants to ease any language barriers with hanging recruitment flyers and providing background information for the study.

For researchers interested in conducting similar research, we suggest working with community partners, as these individuals were incredibly helpful in recruitment procedures. They were also trusted members of the Florence Community and provided insight into the EC landscape in Florence. We also suggest social media recruitment strategies via various women's groups pages and Florence community pages. This allowed for increased visibility and access to participating in our study.

## Conclusions

Increasing EC policy diffusion and uptake of EC OTC necessitates improved observability, through messaging channels and women already obtaining EC without a prescription, as prior literature demonstrates the importance of others when determining whether to adopt a novel service (Valente and Saba, 2001). Because DOI posits diffusion occurs through members of the social system, understanding adopter needs can improve dissemination of EC policy to better reflect priorities and goals (Rabin and Brownson, 2018; Rogers, 2003). Prior literature suggests identifying community champions and leaders who may assist in better diffusion of EC policy (Beck and Marshall, 1992; Broughton et al., 2017), such as key practitioners or clinic directors who can ensure women are aware of their right to access EC OTC.

DOI complexity refers to relative ease of innovation uptake into existing routine (Rogers, 2003). EC OTC improves accessibility, including reduced visits to after-hours clinics or emergency departments on weekends when provider offices are closed, and, therefore, streamlines EC access routines. Messages highlighting decreased steps to obtain EC may illustrate this DOI construct and build upon women's positive experiences obtaining EC without a prescription to increase uptake and dissemination through their social networks.

Overcoming EC stigma may require a marketing approach highlighting EC as one tool to achieve reproductive life planning. Communication strategies should also demonstrate EC safety to address these concerns and tailor culturally-relevant information to this audience's needs (Colarossi et al., 2010), including: low risk of long-term negative health consequences, simplified demonstration of how EC works, and language such as preventing pregnancy from ever occurring. This may assist in adjusting perceptions of EC as abortion-inducing and frame it similarly to other types of contraceptive methods.

Findings extend EC policy change experiences and perceptions to the Italian context, illustrating key opportunities to understand how new reproductive health policy impacts women's knowledge and attitudes. Italy provides a complex cultural environment to explore perspectives and access to EC. Results offer practical recommendations to guide EC messaging, increase EC access, and improve EC policy dissemination in

Italy. This will ensure women maintain autonomy in reproductive health decisions and achieve family planning goals.

Future research could investigate EC access in other regions to understand similarities and differences in perspectives and uptake. Additionally, future research could identify and map EC-friendly providers as well as community champions and resources to increase OTC access to EC. Further, future research should investigate access channels and messaging concepts that appeal to women and could be used to increase EC OTC policy change observability.

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**Number: 22**

## **Families living with type 1 diabetes – it's not "a piece of cake"**

Conference track: Promoting global health and reducing the global impact of disease through behavioural influence

### **Authors:**

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### **Abstract**

Globally over one million youths are living with type 1 diabetes. This non-preventive health condition significantly impacts the family's quality of life. This topic is uniquely examined through the use of qualitative methods of whole families to learn from each family member's perspective to understand the challenges and tensions associated with living with type 1 diabetes. The data is used as a starting point to suggest social marketing interventions to reduce the burden of care and to improve family quality of life. Families revealed that living with type 1 diabetes was not "a piece of cake" – there are complications and tensions that impact the life of all family members and undermine family functioning. The dominant themes faced by families not meeting the recommended type 1 diabetes health targets were centred on being time poor, lack of routines and the relentlessness of type 1 diabetes.

This is a pertinent topic for social marketers because type 1 diabetes is a complex and demanding condition that places a substantial burden on families and not just the individual with the disease. The lens of social marketing can shed a new light on the tensions facing families living with type 1 diabetes.

### **Introduction and background / rationale**

Type 1 diabetes is one of the most common chronic childhood conditions and the diagnosis rate is increasing worldwide. Globally over one million youths (IDF 2017) live with type 1 diabetes; the majority in Europe (26%), followed by North America and Caribbean (20%), Middle East and North Africa (20%) and South-East Asia (13%). Over 70% of children and adolescents (aged 19 years or under) are not meeting the recommended glycaemic control targets (Miller et al. 2015; Phelan et al. 2017).

The challenge of being well and meeting targets is not just a responsibility of the individual - the whole family has a role to play. Type 1 diabetes is often described as a family condition because the entire family is affected by the condition (Williams et al. 2009). It impacts family interactions, communication processes, parenting styles, resources and other factors (Anderson et al. 1997; Freeborn et al. 2013; Stoker Greene et al. 2010; Williams et al. 2009)

Family identity is important because it impacts our consumption, interests, interpersonal relationships and how we negotiate outcomes within a situation. Bennett et al. (1988, p. 212) define "family identity as the family's subjective sense of its own continuity over time, its present situation and its character. Family identity reflects our attitudes and assumptions and what constitutes a "system of shared beliefs" (Bennett et al. 1988). This paper presents the overall themes across the case studies on the ingredients that were present in families where the youth's HbA1c was in target and the obstacles facing the families whose youths were not achieving the medical health target.

The phrase "a piece of cake" means something that's simple or easy to accomplish. If doing a task is a piece of cake - it's so easy that you won't have to think about it. Living with type 1 diabetes is not a piece of cake for many families. It causes them significant hardship, inconvenience, isolation and anxiety (Freeborn et al. 2013; Helgeson et al. 2012; Rasmussen et al. 2008; Rechenberg et al. 2017)

### **Aim of the session**

The aim of this research is to understand the impacts to family identity when living with a child with type 1 diabetes. The objective is to improve outcomes for families and suggest social marketing intervention opportunities to support families to live well with this chronic health condition. To put it another way – what are the ingredients and methods required to make family life with type 1 diabetes a 'piece of cake'.

### **Method / approach**

The study used qualitative methods to elicit detailed information from families living with type 1 diabetes regarding their self-management behaviour and the impacts to their life. The approach was a multiple case study approach (Yin 2014) to provide a more comprehensive and robust understanding (Bogdan and Biklen 2007; Herriott and Firestone 1983) of the phenomena of families living with type 1 diabetes.

The data collected focused on the family's understanding of the condition and explanations of their behaviour to be used as a starting point in designing social marketing interventions to improve the quality of self-management amongst this group.

Six families were recruited in Victoria, Australia through advertising on the Diabetes Victoria website and on social media. Each family was considered a case study. All family members over the age of 12 years were invited to be part of the interviews and interviews took place (where possible) at the family's home. In total 24 people were interviewed. Each participant received a \$25 gift card for participating.

In three families, the youth living with type 1 diabetes was meeting or achieving less than the recommended target HbA1c for paediatric patients which is less than 7.5% (58 mmol/mol) (IDF 2011) and in three families the youths' with type 1 diabetes exceeded this target.

All interviews were audio recorded, transcribed and coded for common themes which were discussed at research meetings. During the in-depth interviews, participants were asked to describe the diagnosis experience, how they live with type 1 diabetes, what behaviours the family has around type 1 diabetes management and recommendations would they give to a newly diagnosed family.

### **Results / Findings**

The key ingredients for the families where type 1 diabetes was well integrated into their family identity and youths were doing well were focused on three dominant themes; (1) they were highly organised families with strong routines, (2) had high health literacy and (3) focused on keeping a positive mind-set.

Highly organised families with strong routines: In these families the mother championed the health of the family and had the opportunity to be a primary homemaker having either stopped working or significantly reducing her hours to manage the needs of the family and establish good routines and systems for the family as well as to ensure that nutritious meals were prepared for the family. One mother said:

*"I take on the mental challenge of the house, so the thinking side of it is sorted by me, and then there's the doing side.... I do all the mental heavy-lifting in the house."* (F1 - mother)

These homemakers were all structured and well organised people. They talked about good communication skills within the family.

Health Literacy: The families strongly believed that information was important and that it was paramount to empower yourself with knowledge on diabetes care and nutrition. These families felt empowered by self-education. Another mother explained:

*"I've read published papers and books. I think I've read just about every diet/diabetes book that has come out in the last 10 years... I've got a bookshelf full of stuff."* (F2 - mother)

Positive Mind-set: Each family highlighted the importance of having a positive mind-set and the need not to dwell on the negative. Comments such as "there are worse things" or "no point getting upset" were often quoted. One youth with type 1 diabetes (T1D) said:

*"I try not to dwell on the negatives, and just look at the things that I can do... I like to listen to a lot of music, so that it really helps or talk to my friends about it."* (F2- youth with T1D)

Families with youths not meeting their health targets faced three recurring challenges; (1) being time poor, (2) less routines and (3) struggled more with the relentlessness of type 1 diabetes so that it became a mental health issue. We will go through each of these challenges.

Time poor: In these families both parents worked or they were single parent families. Due to the demands of juggling work, responsibilities and home tasks they didn't often have time to proactively manage the demands of a chronic illness and often felt compromised. There was lack of time for oneself and strain on relationships with some parents not remembering the last time they had gone out together as a couple. One father explained how their family functions:

*"At the moment, she works normally during the day, and I work primarily at night ... so we can share the care of the kids. I pick the kids up from school, and I do all the home stuff like dinner, bath,*

*basketball training, and all that kind of stuff. And then, she comes home, and then I go to work.” (F3 – father)*

These parents are doing the best they can for their family and felt a lot of judgement from other people and health care practitioners. Some of these families had good systems in place for ordering diabetes supplies however as they were time poor there were often problems that arose which consumed more precious time.

**Less routines:** The pressure of being time poor impacted the adherence to routines and these families tended to have less structure and routines in place. These parents tended to talk more about having to nag their youths to check their blood glucose levels. One mother revealed:

*“We probably needed to set better routines at the start. That's what we didn't do, and we didn't do that well.” F4 - mother*

**Relentless of type 1 diabetes becomes a mental health issue:** Families shared the feelings of stress, helplessness and isolation they experience when living with type 1 diabetes. These feelings make people more susceptible for mental health issues. People living with type 1 diabetes have a higher tendency to mental health issues (Bernstein et al. 2012). One mother articulated the stress she feels looking after her son's type 1 diabetes:

*“No one tells you what to do. It's just hit or miss. And it's parenting to the max. With having to constantly work out his currency and how to deal with it [type 1 diabetes] day by day and the biggest thing for me is all I have is in the back of my head is what if he doesn't get his HbA1c down and in his late teens or early twenties and he loses his eyesight.” (F5 – mother)*

One youth when asked why she didn't look after diabetes revealed:

*“It's so hard to remember everything and it's too hard just to do everything”. (F3 – youth with T1D)*

## Discussion

Social marketing inventions that embrace the positive aspects of the families meeting their health targets need to be considered. Recommendations are focused on (1) routines, (2) health literacy and (3) a positive mind-set.

**Routines:** Routines are the rhythm of families and the household and are typically repeated over and over (Fiese 2007). Family routines offer the opportunity to improve the family health and mindset (Wood et al. 2002) especially in relation to type 1 diabetes. By developing a set of routines tailored to the family's identity it has a higher chance of being adopted. A suggestion of routines around meal times or the morning routine and how type 1 diabetes could be incorporated into the process could be explored with the health care professional or by the family. These routines should be regularly assessed as to whether they are meeting the needs of the family as the phrase 'different ages and different stages' is often referred to in diabetes care. An intervention that works at one point in time may not work six months down the track.

**Health Literacy:** Health literacy is very important however families are time poor. An intervention to combat this would be to develop one page flyers on frequently asked topics. These flyers would need to be visually appealing and communicate the key messages with infographics. These flyers should only communicate the pertinent information as when families have too much information that they feel overwhelmed. For the family that likes more information a “More information” section could be included with more resources. The flyers could include a few routines that could be tried at home as well. For instance – a Handy tips flyer on how to get the most out of your Continuous Glucose Monitor with tips on calibrating and placement of the body.

**Positive mind-set:** Mindset and framing are very important (Anghelcev and Sar 2014; Entman 1993). The adoption of routines and habits for diabetes care should reduce stress and increase the opportunity for the family to explore cultivating a positive mind-set. This is especially true in the case of language and the narratives around type 1 diabetes (Dunning et al. 2017). Parents often feel stress, helplessness and isolation (Freeborn et al. 2013; Marshall et al. 2009; Smith et al. 2013; Williams et al. 2009) so parents should focus on the child not the condition and build family identity. Hood et al. (2006, p. 1390) asserts that “the level of depressive symptoms in children and adolescents with type 1 diabetes is nearly double that of the highest estimate of depression in youth in general”. Recommended interventions could be to consider family practices around gratitude and activities that all family members can participate or seeking professional assistance through cognitive behaviour therapy (Menting et al. 2018).

A further recommendation is that the interventions be co-created with families and healthcare practitioners with a larger and more diverse sample size.

## Conclusions

Type 1 diabetes is a life-long condition that impacts everyone in the family. The aim of this research is to understand the impacts to family identity when living with a child with type 1 diabetes to improve outcomes for families and suggest social marketing intervention opportunities to support families.

The study uniquely used qualitative methods to elicit detailed information from family members living with type 1 diabetes regarding the impacts to their life. Family identity is important because it impacts our consumption, interests, interpersonal relationships and how we negotiate outcomes within a situation.

Families where type 1 diabetes was well integrated into their family identity and youths were doing well were focused on three dominant themes; they were highly organised families with strong routines, had high health literacy and focused on keeping a positive mind-set.

The recommended recipe to help families live better with type 1 diabetes encourages families to integrate type 1 diabetes into the family's identity and focus on ensuring families are supported through routines, health literacy and a positive mind-set. It is recommended that this study is expanded to a larger population and social marketing interventions are co-developed with families and healthcare practitioners to meet the needs of families. We want families and especially youths living with diabetes to have their insulin and 'eat cake' too.

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social marketers in designing social marketing campaign to promote healthy mobile device engagement behaviours.

**Keywords:** Consumer engagement, Cognitive engagement, Affective engagement, New media, Mobile device, Children's wellbeing

## Introduction

Consumer engagement is central to the success of many marketing activities. Studies found that consumer engagement increases advertising effectiveness (Calder et al., 2009), promotes greater loyalty to focal brand (Brodie et al., 2013; Dwivedi, 2015), and enhances a firm's capability in product innovation (Moreau, 2011; Sawhney et al., 2005). Therefore, building, managing, and measuring consumer engagement is fundamental to the success of companies.

Consumers are spending an increasing amount of time using 'new media', specifically mobile devices (Nielsen.com, 2018; Berthene, 2017). A recent study states that the average of global mobile device usage has increased from 0.3 hours per day in 2008 to 3.3 hours per day in 2017 (Marvin, 2018). Study also reveals that smartphone, laptop and tablet accounted for 70% of global consumers' mobile time (Martin, 2018; Berthene, 2017). The utilisation of mobile device has altered the interaction and engagement between the consumer and brand (Viswanathan et al., 2017; Calder and Malthouse, 2015; Kabadayi and Price, 2014). Mobile device is characterised by interactivity, virtuality, and enable many-to-many communications (Manovich and Manovich, 2002; Logan, 2010; Lister, 2009), promoting consumer become more proactive in their interaction and engagement with the brand (Dolan et al., 2016). Hence, the utilisation of mobile device offers the potential to foster consumer engagement and influence consumer purchases (Malthouse et al., 2016).

## Aim of the session

As more and more companies incorporate mobile platforms in their marketing activities, firms have a heightened interest in factors that fostering consumer engagement through mobile device. There has been an increasing interest in understanding consumer activity and engagement through mobile device in marketing research (Calder and Malthouse, 2015; Viswanathan et al., 2017). These studies have primarily focused on the benefits of fostering consumer engagement through mobile devices for the company. On the other hand, social marketers have focused on changing consumer excessive mobile device consumption (Mick et al., 2012). In this research, we focus on the potential dark side of mobile device engagement in a consumer's social life, specifically the impact of a parent's mobile device engagement while spending time with their child(ren) on the wellbeing of children.

Research has highlighted the potential for interruptions in interpersonal interactions or time spent together because of mobile device usage (McDaniel and Radesky, 2018). In parenting context, mobile device has been associated with a poorer coparenting quality (McDaniel et al., 2018), fewer parent-child interactions (Radesky et al., 2014), lower parents' responsivity to their child(ren) (Hiniker et al., 2015; Radesky et al., 2014) and parents' harsh behavior toward their child(ren) (Radesky et al., 2014). In addition, in the worst case, mobile device has been associated with the child injuries (Palsson, 2017).

Research in child development emphasises the importance of parent-child interaction to cognitive, social, and emotional wellbeing of children (Sameroff, 2009; Dodici et al., 2003; Cole et al., 2004), such as building social interaction competence and establishing capability of emotional regulation. Psychological wellbeing includes the positive and emotional status of the child, such as depression (Moore et al., 2014). Social wellbeing refers to children's ability to get along in social relationships (Moore et al., 2014), such as ability to respond emotionally to other people. Meanwhile, cognitive and educational refers to ability to learn at school and academic achievement (Moore et al., 2014). Because of the potential for mobile device engagement to alter parents' responsiveness and behaviour toward their child(ren), which is an important predictor of positive wellbeing of the child, this study hypothesized that the higher a parent's cognitive mobile engagement would be associated with lower children cognitive wellbeing (H1a), psychological wellbeing (H1b), social wellbeing (H1c); and the higher affective a parent's mobile engagement would be associated with lower children cognitive wellbeing (H2a), psychological wellbeing (H2b) and social wellbeing (H2c).

## Method / approach

The study was conducted in six primary schools in an urban-rural area of Central Java province, Indonesia. Target participants were children grade four to six (aged 9 – 14) and their respective parents. Participation in the

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**Number: 27**

### **A Parent's Mobile Device Engagement and The Wellbeing of Children: What's the connection?**

Conference track: Critical Social Marketing (2)

#### **Authors:**

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#### **Abstract**

While the commercial benefits of consumer engagement through 'new media' has been gleaned in marketing literature, limited research has examined how 'new media' engagement affects consumers' life and family. Therefore, the objective of this study is to investigate the relationship between consumers' 'new media' engagement and consumers' wellbeing in the family setting. Specifically, this paper examines a parents' mobile device engagement and the subsequent effect on the wellbeing of their child(ren). A dyadic survey of 265 primary caregivers and their children (aged 9-12) from Indonesia provide data for empirical testing. The results illustrated the divergent perspectives of parents and their children in relation to a parent's mobile device engagement. Parents perceived themselves to be only cognitively engaged with their mobile device whilst spending time with their child(ren). While the children perceived their parent to be both cognitively and affectively engaged. Parents acknowledged that high engagement with mobile device may negatively impact their children cognitive and social wellbeing. From the children perspective, a parent's cognitive mobile device engagement had significant negative impact on their social wellbeing. While a parent's affective mobile device engagement negatively influenced their psychological wellbeing. The findings of this study emphasise the importance of investigating the impact of consumers' mobile device engagement in family setting from the perspective of both parent and children. The results provide insights for

study was voluntary, with 420 students and 341 parents (primary caregivers) completing the questionnaire. There were separate survey scripts for children and parents, with language and question complexity tailored to the abilities of each group. Following sample matching, data cleaning and cross checks, a final sample of 265 dyads were included in the analysis. Measures used in this study were drawn from existing literature, adapted to the research context and measured on a 6-point scale (1=strongly disagree, 6=strongly agree). To test the hypothesised relationship, partial least-square structural equation modelling (PLS-SEM) was employed. PLS-SEM was deemed an appropriate analysis technique as this study comprised of formative and reflective measurements (Hair et al., 2016).

**Results / Findings**

The descriptive statistics are summarised in Table 1. Most primary caregivers were older parents (38 - >60 years old), 63.3% were mothers, and 43.1% had university degree. On average, parents reported engaging with their smartphone 5.2 hours per day, and almost 50% of participating parents reported their engagement with smartphone while spending time with their child(ren). Forty-seven of the children in the sample were from the only child family. One hundred fourteen children were from family who still live with their extended families.

**Table 1. Demographic profile of participants**

Participants characteristics	Mean (95%CI) or %	Participants characteristics	Mean (95%CI) or %
<i>Parent sample</i>		<i>Child sample</i>	
Age (years 38->60, %)	56.9	Age (years)	10.12
Type of parent (%)		Sex (% female)	59.6
Mother	63.3	Live with extended family (%yes)	57.3
Father	34.8	Siblings (%yes)	82.4
Grandparent	0.4	Child average daily new media (h/day)	
Other (e.g., uncle, aunt)	1.5	Smartphone	1.9
Parent average daily new media (h/day)		Tablets	0.9
Smartphone	5.2	Laptop	0.6
Tablets	0.5	Parent's new media while spending time with children (%)	
Laptop	1.7	Smartphone (at least 4 times)	56.8
Parent's new media while spending time with children (%)		Tablets(at least 4 times)	14.1
Smartphone (at least 4 times)	49	Laptop (at least 4 times)	14.1
Tablets(at least 4 times)	4.7		
Laptop (at least 4 times)	6.3		

Source: Primary data

Prior to hypothesis testing, the measurement model was tested in terms of its reliability, convergent validity, and consistency. Item reliability is confirmed with individual items in each construct, reporting acceptable standardized loading (>0.7) and Cronbach's' alpha (>0.6) (Nunnally, 1978; Hair et al., 2016). No significant cross loading between items were identified. All construct had values of composite reliability indicator greater than .70 and explained more than 50% of variance extracted (Henseler et al., 2015; Fornell and Larcker, 1981); therefore, construct reliability and validity were established.

Table 2 summarizes the hypothesis test results. For parents' group, cognitive mobile device engagement had significant negative effect on all dimensions of children's wellbeing (cognitive, psychological and social). Meanwhile, from children perspective, parents' cognitive mobile device engagement had significant negative effect on their social wellbeing only. Furthermore, children perceived that parents' affective mobile device engagement on their psychological wellbeing. Interestingly, the negative impact of parents' mobile device engagement on children's wellbeing was low from both parents and children perspectives.

**Table 2. Structural model results**

MODEL 1	Effect of parent mobile device engagement to wellbeing (Parent Sample)	$\beta$	t-value	Sig. level
	H1a Cognitive engagement → Children's cognitive wellbeing	-0.168	2.244	**
	H1b Cognitive engagement → Children's psychological wellbeing	-0.334	5.301	***
	H1c Cognitive engagement → Children's social wellbeing	-0.174	2.838	***
	H2a Affective engagement → Children's cognitive wellbeing	0.093	1.001	ns
	H2b Affective engagement → Children's psychological wellbeing	0.008	0.120	ns
	H2c Affective engagement → Children's social wellbeing	0.088	1.311	ns
		R <sup>2</sup>	Q <sup>2</sup>	
	Cognitive wellbeing	0.023	0.009	
	Psychological wellbeing	0.109	0.053	
	Social wellbeing	0.024	0.015	
MODEL 2	Effect of parent mobile device engagement to wellbeing (Children Sample)	$\beta$	t-value	Sig. level
	H1a Cognitive engagement → Children's cognitive wellbeing	-0.116	1.105	ns
	H1b Cognitive engagement → Children's psychological wellbeing	0.127	1.487	ns
	H1c Cognitive engagement → Children's social wellbeing	-0.153	2.001	**
	H2a Affective engagement → Children's cognitive wellbeing	0.010	0.014	ns
	H2b Affective engagement → Children's psychological wellbeing	-0.173	2.412	**
	H2c Affective engagement → Children's social wellbeing	-0.031	0.436	ns
		R <sup>2</sup>	Q <sup>2</sup>	
	Cognitive wellbeing	0.013	0.000	
	Psychological wellbeing	0.024	0.005	
	Social wellbeing	0.024	0.011	

\*\*p<0.05 \*\*\*p<0.01

**Discussion**

The results in this study imply that parents are generally aware that their attention is absorbed in mobile device while spending time with their child(ren). Parents are more concerned with their cognitive engagement and its impact on children's wellbeing. Meanwhile, parents do not perceive that their affective engagement with mobile devices may impact on the wellbeing of their child(ren). A possible explanation for this finding is that a majority of parents still believe that they engage with mobile device to provide flexibility and reassurance in carrying out their parental duties, not for personal fun activities (Devitt and Roker, 2009; Dworkin et al., 2012; Wajzman et al., 2008; Christensen, 2009).

Furthermore, parents believe that their cognitive mobile device engagement while spending time with children and their behaviour toward children during their mobile device engagement lead to adverse effects on children's wellbeing. Radesky et al. (2014) found that a large proportion of caregivers in their study were highly absorbed with their mobile device and showed various reaction to the child during their mobile device engagement. Parents who are highly absorbed in their mobile device frequently reacted harshly (e.g., with scolding tone and physical response) which hurting their children's feelings. Therefore, it is not surprisingly that parents' cognitive mobile device engagement has the strongest negative impact on children's psychological wellbeing.

On the other hand, children perceived that parents can engage with mobile device cognitively and affectively when parents are spending time with children. Children reported that their psychological wellbeing is more affected by parents' affective mobile device engagement than cognitive engagement. Meanwhile, parents' cognitive engagement with mobile device negatively impacts on their social wellbeing. These findings support the notion that parents' who are absorbed in their device tend to ignore their child(ren) and do not have conversation with their child(ren) (Radesky et al., 2014; Hiniker et al., 2015).

**Conclusions**

The findings of this study offer implications for social marketer by illustrating both the parents and children perception of the dark side of consumer engagement with mobile device. Parents' mobile device engagement has adverse effect on the psychological and social wellbeing of children from both a parent and the child perspective. Thus, campaigns need to include both aspect of children wellbeing in order to change parents' behaviour during their mobile device engagement while spending time with children. A limitation of this study is its cross-sectional nature and subjective measurements of mobile device engagement. Future research should use longitudinal research design and tracking apps to measure mobile device engagement. Moreover, future research should also identify the agreement between family member regarding mobile device engagement.

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**Number: 32**

**Systems Social Marketing and Macro-Social Marketing; A Systematic Review and Methodological Critique of the Literature and Interventions**

Conference track

1. Using systems thinking to solve complex societal problems and influence social policy
2. Advancing theory, research in social marketing and behavioural influence

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**Abstract**

Social marketing in a systems setting and social marketing at a macro level is trending in the field among academics and practitioners alike (Biroscak et al., 2014; Domegan et al., 2016; Kennedy, 2016; Truong et al., 2018; Zurcher et al., 2018). The emergence and use of systems social marketing (SSM) and macro-social marketing (MSM) is an acknowledgment that the discipline is moving beyond its conventional micro or singular behaviour change intervention foundations towards more a holistic, systems based and systemic change mode of operandi for complex, sustainable problems such as the United Nation's (UN) 17 Sustainable Development Goals (SDGs) or World Health Organisation's (WHO) One Health challenges. The UN SDGs and WHO One Health problems are complex and dynamic behavioural issues with multiple causes and effects, spanning macro-meso-micro levels involving a rich diversity of stakeholders from citizens to policy makers in local-to-national-to-global contexts, requiring not just behaviour change, but social transformation.

The shift to a holistic change platform is not unique to either systems social marketing or macro-social marketing. Conceptually, the SSM and MSM movement towards more systemic thinking and methodologies represents the convergence and integration of their two parent disciplines, systems science and marketing (Brychkov and Domegan, 2017). The steady expansion and broadening theoretical tenants of the parent disciplines is mirrored in the sister discipline, macromarketing [see macromarketing special editions *Marketing Systems* (2019) and *Macro-Social Marketing* (2018)]. Neither is systemic broadening confined to marketing; it is evident in complimentary and adjacent domains such as behavioural economics, health psychology, environmental conservation, sociology (strategic action fields) and complexity. The systemic broadening, conceptual and empirical, spans multiple levels of behaviour and analysis: micro (individual-level), meso (dyadic and communities and networks), and macro (governments, policy and societies).

With explanatory integration gathering momentum in complimentary social sciences, social marketing often uses systems social marketing and macro-social marketing interchangeably. However, much remains nebulous about and between systems social marketing and macro-social marketing in theory and practice (Truong et al., 2018). What is the distinct subject matter of SSM and MSM? What phenomena serve as the focal point for change research and interventions? Are the underlying uniformities or regularities of SSM and MSCM the same? What are the basic methodological issues relevant to SSM and MSM? Truong et al. (2018) provide a critical analysis of existing publications (2000-2018) on systems social marketing (SSM), macro-social marketing (MSM) and other system-based approaches in social marketing. They conclude with a call for more dialogue and debate "within the social marketing field and beyond... about the role of SSM in addressing complex social issues and driving social change" (Truong et al., 2018, n. pag).

**Aim of the session**

Our paper answers Truong et al.'s call and sets two objectives to contribute to:

- 1) conceptualizing SSM and MSM, by providing their working definitions, further uncovering their features, as well as seeking analogies and differences between them; and
- 2) broadening the scope of a systematic review and methodological critique of the SSM-related literature and interventions.

## Focus of the session

This session addresses a gap arising from a “loose” theoretical image of systems-based approaches in social marketing. It tightens the level of SSM and MSM theorization to advance social marketing theory through a systematic literature review of same. It also identifies some basic trends which demonstrate the progress of systems thinking in social marketing. We conclude by addressing some SSM issues, raised by Truong et al. (2018).

## Method / approach

In line with systematic literature reviews within social marketing (Cairns and Rundle-Thiele, 2014; Kubacki et al., 2015), this paper details the study background, objectives of the study, a systematic literature search based on exclusion criteria and a systematic synthesis of the findings of selected studies. Drawing a very broad palette of system thinking ideas and movements within the discipline of social marketing, six independent researchers determined keywords, eligibility criteria and screening studies for inclusion. The selected studies were synthesised qualitatively using content analysis. After application of the inclusion/exclusion criteria, additional records were identified through backward and forward searching which included searching the reference list of the final articles, searching the authors’ names, websites, intervention name, “Publish or Perish” and Google Scholar. Databases searched included EBSCO, Emerald, Medline, ProQuest, PsycINFO, Science Direct, Taylor and Francis, Web of Science and INSPEC. Keywords included the following: system, systemic, systems science, systems thinking, systems theory, General Systems Theory, behaviour change, social change, participatory, collaborative and holistic.

## Definitions and conceptualization of systems-based approaches, SSM and MSM, in social marketing

SSM is an orientation not a theory (Truong et al., 2018). Given the theoretical looseness of SSM and MSM, SSM is used as an umbrella abbreviation for a cohort of system science-based approaches in social marketing. For instance, one can include in this cohort the following: macro-social marketing (MSM), community-based prevention marketing (CBPM), community-based social marketing (CBSM), community-led assets-based social marketing, adapted Behavioural Ecological Model (BEM) or systems social marketing (SSM) itself. Quite extensive conceptualization efforts were undertaken in relation to MSM (Kennedy, 2016), CBPM (Bryant et al., 2014), CBSM (Biroscak et al., 2014), BEM (Bronfenbrenner, 1979; Brennan et al., 2016) or community-led assets-based social marketing (Stead et al., 2012). As for SSM, it still requires a working definition, and some demarcation lines need to be drawn to delineate its boundaries and single out it from other approaches. This is especially useful in the case of MSM and SSM juxtaposition. CBSM, CBPM and community-led assets-based social marketing operate at the level of communities and use a fairly distinct methodology.

Truong et al. (2018) provide a valid list of features demonstrated by systemic social marketing approaches. The adoption of a systems thinking as a philosophical position (Feature 1 of system-based social marketing approaches) is a valid assumption. Systems thinking occupies a pivotal role in MSM, SSM or BEM, but this is not a philosophical position. It is a philosophical view of constructivism that “is undoubtedly the predominant view in contemporary systems science” (Klir, 1991, p. 13) as according to constructivism, “systems do not exist in the real world independent of the human mind” (Klir, 1991, p. 12). Saunders et al. (2008, p. 111) explain constructivist philosophy in the following way:

“...it is necessary to explore the subjective meanings motivating the actions of social actors in order for the researcher to be able to understand these actions. Social actors, such as the customers... may place many different interpretations on the situations in which they find themselves.... These different interpretations are likely to affect their actions and the nature of their social interaction with others...it is your role as the researcher to seek to understand the subjective reality of the customers in order to be able to make sense of and understand their motives, actions and intentions in a way that is meaningful.”

This makes constructivism especially appropriate for social marketing interventions and systems as well. Understanding the subjective reality

is closely related to systems, which are also socially constructed. This is also related to a key method of system thinking – dynamic modelling. As such, the congruity of systems thinking to social marketing has a deep ontological sense, and the logical and natural step is their integration. To this extent, the reliance on systems thinking by SSM and MSM does not only derive from the complexity of the world or issue intricacy, but has an intrinsic philosophical sense of how we view the reality and the place of social marketing interventions in it. We posit that SSM does not need to be a theory when it relies on systems science, which can be viewed as an ‘orientation’ itself. As Klir (1991, p. 7) states “systems science knowledge and methodology are directly applicable in virtually all disciplines of classical science”, while “the cross-disciplinary orientation of systems science has a unifying influence”, thus combating increasing fragmentation of thought “into countless narrow specializations, by offering unifying principles”, like multifinality, equifinality and multidimensionality.

Flood and Carson (1993) stressed the connections between systems science and real world application and problem management, which links systems science directly with social marketing. Apart from that, the omnipresence of systems science was confirmed by Beishon (1980), who: (a) uncovered systems science origins in experimental sciences and cybernetics; (b) revealed the relations of General Systems Theory with sociology, philosophy, economics, physiology, mathematics, biology; and (c) highlighted numerous systems approaches, like applied system studies, social systems, biomedical systems, operational management science, systems analysis, and system dynamics. Therefore, multi-method and orientation character of SSM directly follows from its deep and profound association with systems science, both on methodological and theoretical levels.

## Broadening the scope of a systematic review and methodological critique of SSM and MSM

We originate a definition for MSM, mainly on the basis of the work by Kennedy (2016), though early definitional efforts were made by Domegan (2008) and Wymer (2011). Truong et al. (2018, n. pag) position MSM as “the use of social marketing at up, mid and downstream levels to induce holistic systemic change.” We expand this to the following:

Macro-social marketing is an approach which integrates social marketing, institutional theory, systems thinking and other theoretical contributions to seek system-wide change through altering problem-perpetuating institutional norms of all actors in the system.

Altering institutional norms and social institutions, originating from cultural and social (marketing) systems and interacting with strategic actions fields and social mechanisms, is viewed as a central task of MSM and social change (Kennedy, 2016). The definition primarily refers to various macromarketing systemic theories, including Dixon’s work on marketing systems (Dixon, 1984) and Layton’s Mechanism, Action, Structure (MAS) framework of theory (Layton, 2015), especially in recognising the role of systems, social institutions, social mechanisms and strategic action fields (Kennedy, 2016).

Referring to systems social marketing (SSM) or systems-thinking social marketing, we acknowledge its very close proximity to MSM as both originate due to similar concerns (which we address below) and rely on closely-related theoretical sources. However, there are important distinctions between the two. We define as:

Systems social marketing is an approach which integrates social marketing, Mechanism, Action, Structure (MAS) theory, and generic system methodologies to seek system-wide change through addressing the dynamics of all elements of a social marketing system.

Generic system methodologies imply the application of what Pagani and Otto (2013) define as quantitative system dynamics modelling (Forrester, 1994; Sterman, 2000) and qualitative systems thinking (Checkland, 1981; Senge, 1994), including participatory techniques like group model building (Berard, 2010) and Interactive Management (Warfield, 2006). Likewise, the use of social marketing means the employment of both benchmark social marketing principles and very specific methodologies, like protocols for stakeholder participation (McHugh et al., 2018).

The concept of a social marketing system, used in the definition and addressed by Domegan and Layton (2015), corresponds to Layton’s MAS-based conceptualization of a marketing system, but is adapted for the domain of social marketing. Relying on MAS’s notion of a marketing system, as well as on the operationalization of this concept via a set of attributes (Wooliscroft and Ganglmair-Wooliscroft, 2018), a social marketing system can be defined via the following attributes:

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- 1) Social marketing system is a proposed or ongoing, specially designed system-wide intervention or offer, embedded in social matrix.
- 2) Its prime objective is to co-create continued value for system participants (both target groups and social marketers) via direct and indirect voluntary exchanges and the evolution of behaviours, beliefs and social practices.
- 3) Its participants represent a heterogeneous network (operating at strategic action fields) of individuals, groups and entities, who jointly participate in co-creation of value.
- 4) It is based on the recognition of inherent system's causal dynamics of social mechanisms, interlinked actors and other structural elements, central to the intervention.
- 5) Both target groups and social marketers are recipients of value co-generated in response to some problem.

Based on the above definitions and set of attributes, MSM and SSM are not the same. SSM's focus to address the dynamics of all elements of a social marketing system along the issue-related causality chains and its use of specific system science methodologies (system dynamics and group model building), coupled with distinct social marketing approaches, make up the essence of SSM. We consider that this combination also opens up unique possibilities for categorization and quantification of issue-related feedback relationships via system dynamics (Sterman, 2018). We find macro-social marketing favours detailed complexity while systems social marketing leans to dynamic complexity with an appropriate detailed complexity in mind. The former implements highly complex linear causation multi-level institutional interventions, while the latter rests on systemic causation seeking to listen to, learn of and leverage the dynamics of collective stakeholders and structural issues.

There are a number of trends, which demonstrate the progress of systems thinking in social marketing. These trends are fully applicable to SSM.

## **Trend 1: Social marketing interventions seek broader, more social, policy-oriented & long-lasting change.**

This trend became popular in social marketing writings in the early 2000s (Chair Beverly Schwartz, 2000; Interview with Beverly Schwartz, 2005; Smith, 2000, 2002; Wallack, 2002). Smith (2000) contributed to this discourse when he wrote about a false dichotomy between individual behaviour change and social context, which were regarded by some as "opposing logic models" (p. 7). By this, he opposed the efforts to polarize the discussions about individual versus social context (Smith, 2000). Such an approach was truly systemic and in full conformity with multi-dimensionality principle of systems science. SSM also shares identical position, viewing social and individualistic changes as equally important and parts of a continuum of multi-faceted system-based interventions. Systems thinking fully manifests in the following words by Smith (2000, p. 8): "We need a simple logic model flexible enough to accommodate a wide variety of influences on individual behavior, not a framework that says there is individual and social behaviour."

Similar ideas were expressed by Donovan (2000), who advocated broader social change by influencing policy and governments in order to deal with population causes. He talked about "changes in the very structure of society" (Donovan, 2000, p. 56, emphasis added). The structural changes imply systemic changes, as structure defines the way in which elements in the system are related (Flood and Carson, 1993). Likewise, Lagarde et al. (2005) used an example of systems-based WEPIA water conservation initiative in Jordan as a successful effort going beyond individual behaviour change to examine systems and system dynamics, when project organizers soon discovered the futility of concentrating on purely individual changes. Young (2000, p. 53) talked about "not only changes within individuals but changes within systems – organizations, communities, cohorts, population segments, social networks, etc."

As for policy orientation, according to Bye (2000, p. 58), "The marketing model does not provide us with a public policy change methodology, yet there are often policy changes needed to impact the problems we are addressing." SSM has the capacity to suggest such a methodology in order to handle this gap by directly involving all key stakeholders, including policymakers, in system modelling activities and later in policy formulation. However, the modelling efforts and later policy implementation do not guarantee interventional successes, but at least represent a start of the necessary dialogue between all stakeholders.

Another perspective for the broadening social change discourse is offered by the service-dominant logic paradigm (Vargo and Lusch, 2004), an integrated science of service and the service systems concept (Maglio et al., 2008, p. 395), regarded "as a configuration of people, technologies, and other resources that interact with other service systems to create mutual value." These are all based on general systems theory.

In moving to more recent times, one can observe how the above conceptual ideas on social marketing transitions to systems thinking found manifestation in specific projects like the one by Borden et al. (2018), describing a social marketing campaign targeted at organic food composting behaviour in US universities. It demonstrated a success only after transitioning to a more system-based approach occurred. Another recent initiative, which was aimed at supporting healthy eating and active living, was Food & Fitness (F&F) Initiative; it required large-scale systems change at many levels (Zurcher et al., 2018).

## **Trend 2: Social marketing uses participatory & collaborative research, with multiple and societal stakeholders.**

The broadened focus of social marketing interventions is congruent with the need in collaborative and multi-stakeholder research. Bye (2000) strongly advocated "the need to mobilize multiple stakeholders for collaborative action" (p. 58) and "the need to involve target markets/audience in the process of change" (p. 59), pointing to the lack of relevant participatory marketing techniques. He stresses the indispensable character of such methodology in the light of the fact that typical problems require joined activities of "multiple sectors, interests, and institutions" (Bye, 2000, p. 58). This is also vital for building group cohesion, problem-solving orientation and achieving consensus, which adheres to the strategy of knowing, involving and empowering key stakeholders via different methodologies (Berard, 2010, McHugh et al., 2018).

Within this feature, social marketing has long been demonstrating the focus, with a different degree of success, on building relationships, networks of champions, partnerships, coalitions, strategic alliances and inter-sectoral collaborations (Hastings, 2003; Lagarde et al., 2005; Slater et al., 2000; Sowers et al., 2007). The above-alluded WEPIA project used a "whole system in a room" methodology, derived from knowing the system and its stakeholders, as well as seeing "big picture" (Lagarde et al., 2005). It is analogous to SSM's techniques when a consensus is reached, among stakeholders, on various facets of the system. Lefebvre (2007) discussed the use of new technologies, like collective intelligence and social media ecosystem, for turning consumers into participants rather than target audiences, as well as for facilitating collaborations and interactions among others.

## **Trend 3: Social marketing needs more holistic and systemic methodologies.**

Among other things, "systems thinking capabilities include... using a broad array of tools to design high-leverage interventions for achieving system transformation (Zurcher et al., 2018, p. 15S, emphasis added). While developing strategic approach to social marketing, French and Blair-Stevens (2006) marked the underdevelopment of methodologies and tools for learning systems. The same issue of social marketing has been reported in an interview with Schwartz (2005, p. 74, emphasis in original):

"Also, I think we have to realize that social marketing is not the only way to bring about change. Perhaps we should combine it with other change strategies or apply it in different ways. I guess I'm a little bit down about social marketing as a way to change systems and patterns. It has potential, but I just don't feel that oomph behind it anymore."

We consider SSM a valid route for expanding the social marketing armamentarium owing to the wide range of system dynamics and group modelling building techniques it can accommodate (Sterman, 2018).

## **Issues associated with systems-based approaches**

We agree with Truong et al. (2018) that the complexity of the systems contexts is a barrier for SSM application. The interplay of various contexts and factors in affecting the system's behaviour in an unpredicted way is a known feature of systems. All systems are "messy", whether it is an organization, a firm, a society, social life or nature and no system can be known completely (Sterman, 2000). This messiness is a corollary of the second and third thermodynamics laws, as well as the system's intrinsic characteristics. Therefore, it is a natural and inevitable feature of systems to demonstrate certain amount of nascence, which leads to

issues in understanding how systems behave and to implementation issues of any social marketing activity, intervention or program, irrespective of a used model, theory or methodology. Systems are ever-present dynamic fields, active participants, companions and consequences, around and in which social marketing interventions originate and operate. Perhaps a science “whose objects of study are systems” (Klir, 1991, p. 5), i.e. systems science, can help better in understanding UN SDGs and WHO One health contexts and their dynamics, as well as can demonstrate the readiness to integrate with other sciences and combat thought fragmentation.

Issues with stakeholder voice and participation, discussed by Truong et al. (2018), are paramount. Most wicked problems we face today are closely associated with, if not a direct consequence of, disempowerment and voicelessness of various actors in the system. Multiple actors and stakeholder groups are simply cut off from decision-making mechanisms and are unable to influence change. As such, we fully agree with Truong et al. (2018), when they write about the problematic character of such notions as “participation”, “empowerment” and “value co-creation”. To this extent, SSM, coupled with group model building methodology, might be a starting point for hearing at least some of the voices in the system and teaching them to understand the world as a system. Focus groups, ethnographic studies, social media and Internet, customer journey maps, observation, predictive analytics and many other methods and tools can help on this course with systems science as a natural integrator.

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**Number: 39**

## **Educating Today's Students to be Tomorrow's Social Marketing Leaders**

Conference track: Interdisciplinary and cross sector action to influence behaviour for social good

**Author:**

**Karen H. Smith**

### **Abstract**

Because a number of programs in business schools and public health have added courses in social marketing, and because service learning has been shown to be highly effective in student learning, this research investigated the impact of a social marketing course with a service learning project. Unlike most social marketing courses, students in this course not only develop a social marketing plan, they also implement the plan. The course is described in detail, including an example case. Positive outcomes were found for both students and clients.

### **Introduction and Background**

According to Kelly (2009; 2013), there are approximately 40 universities around the world with social marketing courses. Most require a social marketing plan, but no courses to my knowledge require implementation of that plan. For example, Griffith University was an early entrant, offering its first social marketing course in 1994 (Dann and Graham 1998). At Griffith, the course "focuses on the difficulties and special issues concerned with the application of marketing in this context" (p. 19); uses lectures, case studies, and tutorials; and is assessed primarily via a group case study project and web page.

Using a service learning framework, the present study describes a social marketing service learning course and evaluates its impact on student outcomes. Experiential learning (Kolb, 1984) has been shown to improve student learning through concrete learning, reflective observation, abstract conceptualization and active experimentation. Service learning (Jacoby and Associates, 1996) combines experience with community outreach by providing students with opportunities to conduct projects on behalf of community partners, such as business and non-profit organizations. Service learning relies not only on self-reflection, but also on reciprocity between students and community partners. Research shows that service learning leads to greater mastery of content, ability to relate material to the real world, moral development, and social responsibility (Eyler et al., 2001).

Prior research suggests that social marketing service learning courses could increase students' interest in social causes and social marketing, as well as provide them with valuable experience benefiting their careers. For example, teaching students that the dominant social paradigm of Western culture has resulted in overconsumption and degradation of the environment resulted in more favourable attitudes toward the environment among students (Kilbourne and Carlson 2008). Using experiential and service learning projects related to social issues in courses enhanced student understanding of macromarketing and the societal marketing concept (Radford, Hunt, and Andrus, 2015). Team-

based learning, with its emphasis on group discussions and applications, helped public health students develop social marketing skills that will better prepare them for their careers as well as health credentialing exams (Thackeray and Wheeler, 2006). Doctoral students whose dissertations were in social marketing have much success in finding jobs (Truong 2017), although few hold positions that are specifically related to social marketing. According to Truong's survey of 117 doctoral graduates with social marketing dissertations, most worked in higher education, followed by government, non-profits, and even for-profit companies. However, most graduates worked in just four countries: U.S., U.K. Australia, and Canada, suggesting that international mobility is low. Results of these studies suggest a number of positive outcomes from such a course.

Therefore, the aim of this research paper is to describe a social marketing course with a service learning implementation component and assess student and client outcomes from the course. Objectives of the present study are to assess whether the course:

1. increases student understanding of social marketing
2. Increases student interest in pursuing a career in social marketing
3. provides students with a valuable learning experience
4. provides useful ideas that can be carried forward by the non-profit clients

### **Course Design**

The course was first introduced in spring 2009, and it has been offered at least once per year since that time. Over ten years, 484 students and 47 different non-profits (some multiple times) have participated in the course. The course has evolved over the ten years and began with just a marketing plan. However, after the first year it was clear that both students and clients desired more. In the second year, teams had to implement at least one tactic from their marketing plan. By the third year, teams had to implement their complete plan, which forced them to think strategically in order to be able to carry out their plan within a short window (about two weeks). Over time, the class became more structured to keep students on track. Daily homework based on the reading assignments was added the second year to get the undergraduate students to read. This homework was not simply multiple-choice quizzes, but had open-ended short answer questions. Application questions were added to the homework so that they could apply course concepts to their client and cause; an additional benefit was that their responses could actually be included in their projects. In 2016, the course was rebranded from "Social Marketing" to "Marketing for Social Change" to distinguish it from social media marketing in order to set appropriate expectations of students.

Each semester, the instructor recruits six non-profits to serve as clients for student teams of six to eight members. Each student team works with a different non-profit client to develop and implement and social marketing campaign to fulfil the client's objective. Objectives are developed jointly by the client and instructor. Rather than exams, assessment comes from homework assignments (25% of course grade), the project (60%), reflective essays (10%), and a final questionnaire (5%). As mentioned above, the daily homework assignments are open-ended with lecture questions and application questions.

Each class day is divided into two parts: lecture on textbook concepts and direct applications of concepts to student projects. Homework assignments are completed individually, but are combined by the teams through 15 minutes of brainstorming at the beginning of class. This enables their joint work to flow into their class discussions as well as their project assignments. The Project is broken into ten separate assignments that are staggered across the semester: Client Monthly Emails; Initial Client Handout; Background, Past Campaigns, Purpose, and Focus; Qualtrics Survey, Target Market Profile and Audience Insights; Goals and Evaluation; Social Market Plan; Implementation; Project Report; and Presentation to client. This process requires a considerable amount of grading by the instructor, but also results in high quality implementations, project reports, and oral presentations. Because the course is a service learning course, two reflective essays are required of each student where students write about how they were affected by working with a real client on a real campaign. Finally, a feedback questionnaire is completed by each student, and team discussions of their responses take place during the final exam period. The instructor uses this valuable feedback to make changes to the course. For example, students last year did not fully realize that their homework flowed directly into their projects so they did not put in as

much effort as they might. Therefore, this year expectations were set the first day of class that (1) if enough effort was put into the homework, then there would be less work required for the project and (2) by answering the application questions individually, the teams would be able to harvest the best research and strategies for their campaign.

Student teams are provided a minimum budget of \$100 by their clients for campaign expenses. In general, research is gathered in February, the marketing plan is developed in March, and the implementation occurs in April. At the end of the semester, the non-profit clients are asked to complete a survey about their team with scales assessing communication, time and effort spent by team, and whether useful ideas were generated, as well as open-ended questions asking for specific helpful ideas generated by the team and how they were affected by the experience with students. The syllabus and project handout are available upon request.

The PowerPoint slides below from one of the campaigns in spring 2018 illustrates student research, planning, implementation, and campaign evaluation for an animal shelter. The client described their experience as:

“The experience with the students changed my organization by showing us that sometimes we need a silly photo to help us market a ‘long stay’ dog or cat. They also helped us grow our foster program by helping to educate that fostering can be a trail to adoption to see what you are ready for. Because of the time and effort they put in researching social media platforms, we have begun utilizing LIVE Facebook videos and stories on Instagram and Facebook.”

## Case study: “PAWS on the Patio” campaign on animal adoption for a local animal shelter, 2018

**Positioning Statement**  
We wanted college students to see that adopting from shelters and taking proper care of them can give their pet a second chance at life by finding their forever home.

**Research**  

- 2-3 hours outside of class studying per class
- Full time students: 12 to 18 hours
- Part time students: Up to 11 hours
- Undergraduate: 40% work
- Graduate: 75% work
- The yearly cost of owning a pet ranges from \$300 to \$2,500 or more
- Average lifespan is 12 years
- Between about \$4,600 and \$30,000 over its lifetime

**Target Market**  

- 58% female and 42% male
- Average age: 22 years old
- Average annual income: \$14,400
- 83% own pets
- Emphasizing lifetime commitment

**Purpose:**  
Our purpose is to inform potential adopters about the reality of providing for a pet by educating them about the training and care needed to make sure every animal is adopted into their forever home.

**Focus:**  
We want the target audience to examine their time and determine if adopting a pet would fit their lifestyle.

**Product**  
Photo Booth, Pledge

**Price**  

- Monetary:** The price to adopt from PAWS: \$100 for dogs and \$100 for cats; Buying essentials, veterinarian visits; Training, if not adopted from PAWS
- Non-Monetary:** Time: Raising pet; Training pet

**Social Media Reach**  

Platform	Facebook	Instagram	Twitter	Snapchat
Likes	18	48	3	
Retweets	6		3	
Shares	3			
Views		76		
Engagement				260
Visitors				4

**Place**  
Local eatery with a patio and dog friendly  
April 7th, 2018

**Results from Assessment**  

- Do you feel you have the time and resources to own a pet? (Pre: 12%, Post: 48%)
- Do you feel you need improved training and adoption information at shelters? (Pre: 12%, Post: 48%)
- Do you think learning would help you decide if you would like to adopt a pet? (Pre: 12%, Post: 48%)

**Results From Event**  
2 dogs were adopted !!!!!!!

**Takeaways**  

- Marketing for Social Change is not only about promoting the company, but using passion and helping the community
- We never realized how many college students actually take animals back to shelters
- A lot of hard work goes behind planning events

## Method

Data were collected from students via Qualtrics in two self-report surveys: at the beginning of course (pre-survey) and at the end (Post-survey). Responses from the final questionnaire were also examined. Surveys were conducted in spring 2017 and spring 2018 semesters. The sample included junior and seniors who were mostly marketing majors at a large public university. The sample size was 133 completed surveys of which 75 were pre-survey responses and 58 were post-survey responses. Due to anonymity, matched samples could not be accomplished. Statistical analysis included crosstabs and analysis of variance to test for differences between pre- and post-survey responses. End of course surveys of the clients were used to assess client outcomes.

## Results

Objective 1, to increase students' understanding of social marketing was met. Familiarity with social marketing increased from 23% to 95% (chi-square = 68.697, p = .000) and correct identification of the objective of social marketing rose from 51% to 78% (chi-square = 10.392, p = .016). See Figures 1 and 2.

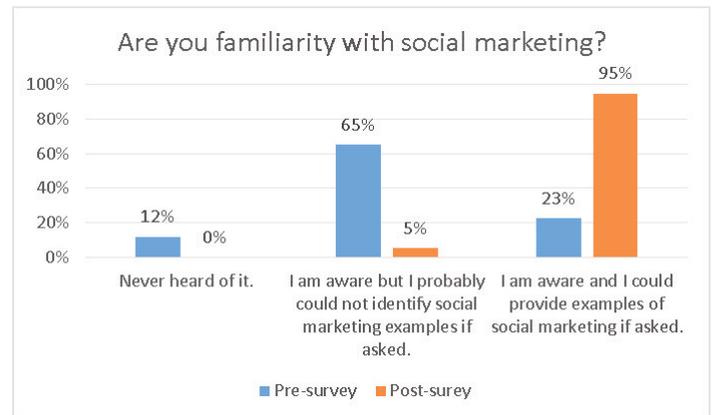


Figure 1

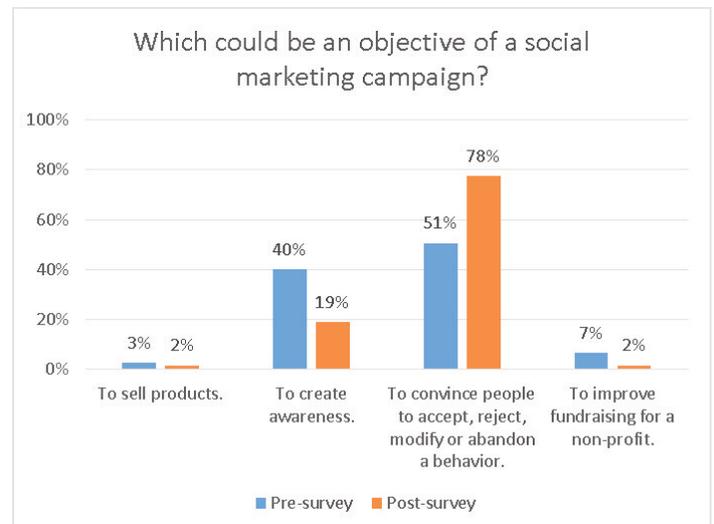
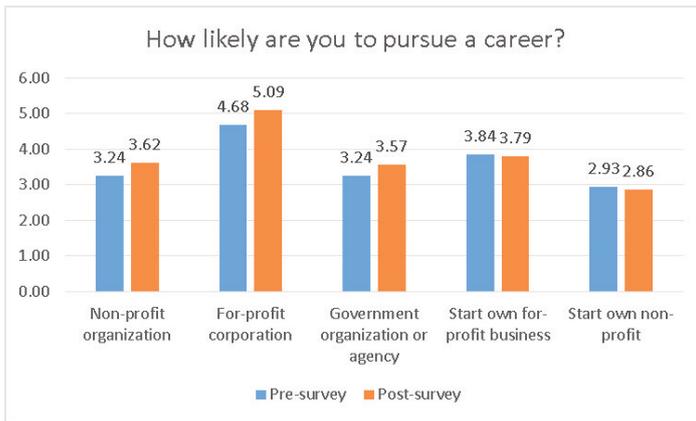


Figure 2

However, objective 2, to increase student interest in pursuing a career in social marketing, was not met. Although the mean likelihood of pursuing a career with a non-profit organization increased from 3.24 on a 6-point scale to 3.62, the difference was not significant (F = 4.470, p = .140). The mean for likelihood of starting a non-profit declined. See Figure 3.

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**Figure 3**

Objective 3, to provide students with a valuable learning experience, was met. Responses from the final open-ended questionnaire showed that the vast majority of comments were positive and students learned valuable skills such as research, communication, organization, event planning, budgeting, and marketing strategies. Examples are shown below.

"It was stressful at times, but more so exciting, since I can talk about this experience to future employers. Only problem we had with our client was due to lack of communication on our end. We overcame this by not giving any excuses, and only providing her with solutions."

"This class was the first course I've taken here at the university that provided me with real-life experience. Working together with a client provided a sense of urgency and meaning, just like any real-world operation. [Our professor] is right there with you to provide insight and guidance every step of the way, while still challenging your creativity."

Objective 4, to provide useful ideas that can be carried forward by the non-profit clients, was met. Surveys from clients administered after oral presentations showed that the average team score was 82.5%, the average score on usefulness of ideas was 88%, and the majority of comments were positive.

## Conclusions and Recommendations

- Set student expectations: Communicate with academic advisors and distribute information to students prior to course registration that the class has a heavy workload. Explain course structure and requirements on the first class day.
- Vet the clients carefully and obtain a commitment: Some clients are difficult to work with or disappear during the semester.
- Grade based on effort rather than results. Given that students have two weeks to implement their strategies, it is difficult to have strong results. Even though they must implement their plans, the emphasis is on market research and designing strategies that address audience insights from the research.

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**Number: 40**

**Let's stop reinventing the wheel: How existing segmentation strategies can be overlaid on to new consumer data**

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**Introduction and background / rationale**

Existing segmentation models are created with the intent of future adoption and adaption, yet more often than not, entities recreated what already exists. As outlined by Smith (1956, p. 5) "The [product] differentiator seeks to secure a layer of the market cake, whereas one who employs market segmentation strives to secure one or more wedge-shaped pieces." Unlike a cake though, each wedge should be different between slices and internally consistent within each piece. This research utilises previously developed household persona segments where household types were personified as animal groups that represent analogous psychological and behavioural traits such as consumer values and decision making styles (See (Russell-Bennett et al., 2017). Consumer values characterise what is important in one's life, and can prioritise individual judgments, opinions, and even some behaviours (Schwartz, 2012). The six segments are detailed below:

Description	Defining Criteria
 In my household we work together for common goals. We know what we are doing and have rules to guide us. Tariff reform technology assists us with our way of doing things.	
 In my household we each have expert roles in finding information to make household decisions. While one person tends to be in charge, we are flexible enough to adapt. We like to use tariff reform technology we trust and can control.	
 In my household we take turns in leading the decision-making. We wait for a problem to occur before making changes because we are busy. Tariff reform technology assists us to ensure harmony.	
 In my household we don't have a lot of rules. We share decision-making and everyone gets a say. We like tariff reform technology to be fun and to support our flexibility.	
 In my household we are all engaged and we like to figure things out for ourselves. We don't actively seek information unless a problem arises, and we trust in our ability to control tariff reform technology.	
 In my household we are all independent and we like to figure things out for ourselves. We actively seek information before a problem arises; and we trust in our ability to control tariff reform technology.	

Trying to assign a case into a segment with raw scores is difficult. As some scores might be similar to one segment on one criteria, but closer to another segment on a different criteria. For instance, in the current segmentation Geese and Bees only differ on two defining criteria: goals (consensual or conflicting) and structure (Bureaucratic or organic); whereas ants and Lions differ on all the defining criteria. As such, a way to compare all criteria and assign the household to the best matching group is desirable. One way of overcoming these problems is the use of Mixture modelling (MM).

MM uses existing data to train a model to predict persona assignment on newly collected data (Muthén, 2004). Essentially, a reproduction of the segmentation model is fed data, this learns how households were assigned in the past, and uses these learnings to optimise the assignment of new households to existing personas. Unlike traditional cluster analysis, which assigns cases to one unique cluster (e.g. two-step cluster analysis), mixture modelling adopts a predictive approach that assigns posterior predictive values (PPV) of each persona to every case,

thereby calculating how closely a household matches every persona. For instance, if a case matches only one persona then all the other personas' PPV will score zero. The highest PPV in a case's set of personas can then be used to uniquely assign one persona, or thresholds can be set to only allow PPVs above a certain level to be used in future analysis (Durango-Cohen & Balasubramanian, 2014).

## Aim of the session

The aim of this session is to discuss an existing segmentation project and how newly collected data can be feed into a mixture modelling to assign segments that fit with existing segment attributes. The updated dataset can then be checked against the existing segment data to determine the degree of alignment between the attributes of interest.

## Method / approach

The purpose of mixture modelling is to find substantively meaningful groups of people that are similar in their responses to measured variables or growth trajectories (Muthén, 2004). It has been used to explore whether diagnosed subtypes exist with respect to different symptoms (Bucholz, Hesselbrock, Heath, Kramer, & Schuckit, 2000), identify particular drinking trajectories that were more likely to later develop into problematic drinking patterns (Greenbaum, Del Boca, Darkes, Wang, & Goldman, 2005), and also uncovering multiple retiree subgroups corresponding to different psychological well-being change patterns (Wang, 2007). Fitting these models requires the use of the same items and same number of cluster groups developed in the original model. Survey data was collected from 515 households in Victoria, Australia. This survey measured various demographic and psychographic items, but notably collected data on the same items that were used to define the initial cluster analysis. The measures were based on previously validated scales, these questions related to household structure (bureaucratic versus organic), decision making (top-down versus shared), goal orientation (consensual versus conflicting) (Ferrell & Skinner, 1988), and expertise. The number of clusters was set to be the same as the original at six different groups. Similar to structural equation modelling, a path model based on the four items was drawn in the statistical software AMOS (v25). Each measure was correlated with one another, thus creating a fully saturated model. It should be noted that "there is a variation of mixture modelling called latent structure analysis in which observed variables are required to be independent within each group" (Arbuckle, 2013, p. 537). Bayesian estimation was then run to give PPVs for each individual case and persona. The process is run until the model reaches convergence according to the Gelman-Rubin criterion (Gelman, Carlin, Stern, & Rubin, 2004).

## Results / Findings

The model reached convergence suggesting that the most precise posterior summaries have been made and that further analysis would not yield better results. For each of the six groups, the covariances, means, standard deviations, and standard errors are output, as well as the proportion of the sample belonging to each group. The means and proportions for each segment is displayed below:

Defining Criteria	Ants	Bee	Geese	Wallabies	Cats	Lions
Goals	2.24	2.17	3.63	5.37	1.69	1.72
Decisions-making	1.86	3.35	4.58	2.89	5.66	5.89
Structure	2.89	5.76	3.78	5.18	4.18	2.42
Expertise	5.28	5.10	4.93	4.70	4.19	5.67
Proportion	10%	40%	28%	13%	4%	5%

The mean scores of the defining criteria for each segment are cross-referenced to determine if the new data and old data deviate from each other. The purpose of comparing the datasets is to determine if the personas' attributes identified are the same. A comparison of the scores are made based on their categorisation into low, medium and high classes. These are displayed in the table below. From the 18 points of comparison, 16 matched the previously defined segments and only two were slightly different. The differences line with Ants' goals which were low in the new data but medium in the original data, and with Geese who had high decision-making in the new data but was medium in the original data.

Persona	Data	Goals	Decision-making	Structure
Ant	Original	MED	LOW	LOW
	New	LOW*	LOW	LOW
Bee	Original	LOW	MED	HIGH
	New	LOW	MED	HIGH
Geese	Original	MED	MED	MED
	New	MED	HIGH*	MED
Wallaby	Original	HIGH	LOW	HIGH
	New	HIGH	LOW	HIGH
Cat	Original	LOW	HIGH	MED
	New	LOW	HIGH	MED
Lion	Original	LOW	HIGH	LOW
	New	LOW	HIGH	LOW

Note: \* = where differences occurred

## Discussion/Conclusions

Using quantitative methods this research compared different datasets on the same segmentation model and found minimal differences between the defining criteria used as bases of segmentation. The mean defining criteria scores and covariance among those scores for each segment enabled cases in the new dataset to find approximate segments as defined by their PPVs. While creating innovative segmentation models can be necessary for more optimal use of resources, instead of reinventing the wheel, some entities might be better off by using existing segmentation models and overlaying their own data onto them. Additionally, this method demonstrated that the current segmentation model only needed four items to run and given the calls for more parsimonious segmentation models (Dolnicar, Grün, & Leisch, 2016), researchers and practitioners could develop new models while also testing older versions. This allows segments to be tested more rigorously in other contexts, and assists in determining how robust the segments really are.

Similar to how exploratory factor analysis explores data and confirmatory factor analysis confirms an existing structure, mixture modelling assists in confirming if an exploratory segmentation method can be uncovered across different datasets. This provides more validity for customer segments and increases the confidence in the existence of these segments. As big data becomes more dominant in the academic and practitioner arena, mixture modelling has the ability to quickly and accurately classify cases into segments. The ability to 'train' AMOS to segment new data based on a pre-existing segment structures speeds up the segmentation process by avoiding manual calculations and draws on an empirically validated framework. The results from this analysis offer scope for further research into testing competing segmentation models, various fit indices on different datasets within the same model, and the ability to measure robustness and precision. This would have a positive impact on the social marketing discipline as segmentation is a key aspect of the benchmark criteria (French & Blair-Stevens, 2006), and also help solve the scarcity of replication studies which has long been a concern among many marketing scholars (Evanschitzky, Baumgarth, Hubbard, & Armstrong, 2007).

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**Number: 42**

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**Is social marketing used in demand reduction campaigns for illegal wildlife products? Insights from elephant ivory and rhino horn**

Conference track: Global climate change, environment protection, over consumption and sustainability

**Abstract**

The illegal wildlife trade is a global threat to biodiversity as well as public health and good governance. As legislation and law enforcement have been insufficient to protect many wildlife species, conservationists are increasingly focused on campaigns to help reduce demand for wildlife products. Social marketing is increasingly being used to support biodiversity conservation efforts, but the extent of its use has seldom been researched. Based on interviews with conservation practitioners, we assess the extent to which social marketing has been used in demand reduction campaign design. We do this by investigating the level to which demand reduction campaigns met the benchmarks defined by the UK's National Social Marketing Centre. We focus on rhino horn and elephant ivory, two high profile products in the illegal wildlife trade and in China and Vietnam given their role as key consumer countries. We also investigate how conservation practitioners view the opportunities and challenges of using social marketing in the context of reducing demand for illegally traded wildlife products. Our findings highlight that there are substantial gaps between best practice in social marketing and current practices in the design of demand reduction campaigns. However, several elements of social marketing are widely utilised and a platform exists from which to build more comprehensive behavioural influence campaigns in future. In terms of future needs, practitioners highlighted the need for independent consumer research upon which to build target audience insights, a focus on broader audience segments beyond the product consumers, and the improvement of collaborations across institutions.

The full paper has been published in *Social Marketing Quarterly*, and can be found at this link: <https://doi.org/10.1177/1524500418813543>

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**Number: 46**

**Authors: Nicola Williams-Burnett, Paula Kearns**

**Bringing it into the community: A community based social marketing programme**

**Social problem:** The United Kingdom (UK) is the third fattest nation in the EU with 27.8% of the population classed as obese (WHO, 2018), physical inactivity is the fourth biggest cause of death globally (NCD, 2016) and with an estimated cost of £1.2 billion to the N.H.S. annually (BHF, 2017). There have been numerous campaigns and policies to get people moving in Wales (see Climbing Higher, Welsh Government, 2005, Active Travel & Change 4 Life National Welsh Assembly for Wales 2013) with limited success. So, it is not new news that participation in physical activity remains stagnant in the UK (Sallies et al, 2016), and that women and individuals from deprived areas are less likely to participate in physical activity (Sport Wales, 2017). Frustratingly individuals understand and recognise why they should participate and the benefits that come from being physically active but yet they still do not value physical activity (Kearns, 2014) nor are they motivated enough to participate (Williams-Burnett, 2014). So why are individuals not participating in physical activity?

**Theoretical/knowledge gaps addressed:** Social marketing campaigns have tended to adopt a 'downstream' approach with campaigns like 'Change 4 Life' which rely on voluntarily behaviour change (Lee and Kotler, 2011; Newton et al, 2016), ultimately leaving the decision and motivation with the individual. There is a call for a new approach to tackling this issue (Hallal et al, 2012; Das Horton 2016) instead of social marketing campaigns being created at policy level a more localised, midstream approach is needed (Luca et al, 2016; Zainuddin et al, 2011; Russell-Bennett et al, 2009). To be successful, such midstream campaigns will need to be based on a better understanding of individuals' barriers/motivators (Williams-Burnett, 2014) and the value(s) gained from participation (Kearns, 2014; Williams-Burnett & Kearns, 2018) rather than traditional communications regarding the benefits of participation (Zainuddin et al, 2011; Kearns et al, 2012) or educating individuals (Jochelson, 2006).

**Research aims/objectives:** The overarching aim of this paper and this project is to motivate women from deprived areas to participate in physical activity and to sustain their participation. The geographic location for this study is the South Wales Valleys for two reasons. Firstly, the region is identified to have some of the most deprived areas in the country (Welsh Government, 2014), focusing in the county Rhondda Cynon Taff, in particular, Treforest, Glyncoch. Secondly, researchers have easy access to this region and can be actively involved at all times.

**Theoretical framework:** This project implemented McKenzie-Mohr's (2013) Community Based Social Marketing (CBSM) by identifying the barriers to behaviour(s) (Step 2), developing and piloting a program to overcome these barriers (Step 3), implementing the program across the community (Step 4) and then evaluating the effectiveness of the program (Step 5). This approach brought the researchers, target demographic (women) and social issue (non-participation) closer together and enabled a greater chance of understanding all aspects and enables a holistic view.

**Method:** This research followed the CBSM strategy and utilised a number of different data collection approaches. First, following Trost et al, (2002) researchers undertook an internet search using the key words physical activity, physical inactivity, determinants, exercise, health behaviour, and health promotion. Findings from this fed into stage two of data collection. Focus groups were conducted, participant criteria was as follows, female, living within the target geographic locations, active or non-active. Convenience and snowballing methods were implemented, researchers asked four individuals to gather a group of friends, meaning that focus group participants were selected at random and based on participants' friendship/social groups. A total of 27 women over the age of eighteen participated in four focus groups; data was analysed using thematic analysis (Braun and Clarke, 2006). The questionnaire was made available for 4 weeks (October 2017) online through the social media platform Facebook, using a number of the selling pages within the geographic region which the researcher joined where a short explanation was posted with a link to the survey. Facebook was identified to be the best platform as this currently has 74% of the market share of social media networks in the UK and has an older demographic (Statista, 2017). Non-probability convenience sampling was used (Brymen and Bell, 2015). Questions were centred on three key themes Demographic, Values (physical environment (ambiance), physical environment (surroundings), altruistic value, benefits of exercise, service experience, cost, fun and enjoyment and social value, and exercise preferences (length, cost, setting etc.). Respondent criteria, individuals were eighteen

and over, anyone under this age was filtered out at the start when ticking the consent form. A total of 477 responses were collected and analysed using SPSS v24, the dataset was checked for any errors, a final set of 342 valid responses were identified. Independent t-test was conducted to compare the means between two unrelated groups, respondents who classed themselves as active or non-active. All data collected was anonymised and stored under ethical guidelines.

## Findings

**Step 1: Selecting behaviours** First step is identifying which behaviour(s) to promote and focus on. The behaviour selected for this study is repetitive participation in physical activity focusing on women living in deprived areas of Pontypridd, Rhondda Cynon Taff (RCT). Physical Activity statistics regarding physical activity indicate men are more likely to participate one or more times a week compared to women (56% males, 45% females). Individuals living in material deprivation (deprived areas) were less likely to participate in physical activity, 64% compared to 47% participating once a week (Sport Wales, 2017). RCT is an ideal location for study as it is identified to be a deprived area with 72.1% of its towns and villages LSOA classed as 'most deprived' (Welsh Government, 2014) and has the lowest levels of participation in physical activity with 21% of adults taking part in sport three times a week (Sport Wales, 2017).

**Step 2: Identifying barriers:** Step 2 is to identify barriers to the behaviour of the target group; this was undertaken in a number of ways.

**First:** Researchers reviewed extant literature, reports, and surveys of participation in physical activity (focusing on barriers) using Trost et al's (2002) five determinants associated with physical activity (1) demographic, (2) psychological cognitive and emotional factors, (3) behavioural attributes and skills, (4) social and cultural, (5) physical environmental and physical activity characteristics. This provided the foundations for the themes to create the questions for data collection.

**Second:** Researchers carried out observations of individuals participating in the behaviour to be promoted (McKenzie-Mohr, 2013) to understand how individuals behaved. A researcher went to a number of local leisure centres, one independent gym to participate in exercise classes, i.e. dance based (Zumba), LBT, and High Intensity Interval Training style (HIIT). Findings identified positive and negative behaviour, positive behaviour (social interaction, laughter), or, negative behaviour (looking nervous, unsure of how to perform exercise, trying to hide at the back of the class).

**Third:** From the observations and review of literature themes relating to participation were identified linking to barriers to participation, preferred physical activity (including length, cost, intensity, and distance), knowledge of physical activity, and motivators of participation. Based on these themes the researchers conducted a number of focus groups to identify attitudes and behaviour of target audience (McKenzie-Mohr, 2013). Researchers conducted four focus groups with twenty four women from the Pontypridd area. Findings confirmed known barriers such as time (Sport Wales, 2017), psychological cognitive & emotional barriers such as low self-efficacy (Sniehotta et al, 2005,), fear of being judged (Edmunds et al, 2011), conscious of own appearance (Liechty et al, 2006), and lack of support (Giles-Corti and Donovan, 2002; Cleland et al, 2013). Findings identified new barriers, these barriers were recognised as the actual health and fitness setting (or servicescape Bitner, 1992), participants stated that they found traditional leisure centres and gyms intimidating, had a bad atmosphere and not friendly, FG2P1: 'Frightening and they smell', FG1P5: 'You don't interact with people when you are at the gym, it's very much on your own. Suggesting that individuals are more likely to participate if they feel an affiliation with club and/or instructor (Kearns, 2014) or there is group cohesion or support in the facility (Giles-Corti and Donovan, 2002; Kearns, 2014). Additionally, respondents suggested that the people who go to the gym and/leisure centres have a particular attitude toward them, stating that they looked down on them, were snooty, they felt judged, making them feel self-conscious of themselves and less likely to participate (Liechty et al, 2006; Edmunds et al, 2011). Furthermore, respondents stated that going to the gym/leisure centres is what FG4P3: 'it is was posh people do' suggesting further division of 'us and them' and a greater gap between socio-economic groups. This links to Bourdieu's (1984) work, 'Distinction' on social order where individuals from similar socio-economic groups lead similar lives and have 'a sense of one's place (Bourdieu, 1984, p468). Findings also identified the people who went to the gym and/or leisure centres, respondents stated that they were full of 'perfect people' and people like they did not belong,

*FG2P3:..skinny.. Yeah and they've always got a face full of slap, they*

*don't sweat They always go in looking absolutely perfect and come out looking f\*\*\*\*g perfect. I go in looking like shit and come out looking even f\*\*\*\*g worse*

A continual comparison between the people who go to the gym/leisure centres and those that did not go was noted, they believed that gym goers had perfect bodies. Respondents indicated that how the female figure is portrayed in the media made them feel insecure about how they looked see (Wade and Abetz, 1997), impacting again on how they interpret their own body. Similar to Festinger's (1954) comparison theory, the women were comparing themselves against members with negative affect. With increased self-awareness and continual comparison, it was noted to have a negative effect on the women and increasing body dissatisfaction (Harder, 2006). As a result the respondents had lower their self-esteem (Smith and Makie, 2007), lower self-worth (Aaker, 1999) and distorting their actual self and own body image (Gillen and Lefkowitz, 2011). Barriers seem to create additional barriers

**Fourth:** From the questionnaire 77.5% (n=265) were female primarily aged between 25-59 years old (76.9%). Those respondents who identified themselves as 'active' individuals primarily went to traditional health and fitness settings (gyms, leisure centres etc), however 10.5% of 'active' respondents went to community centres, further investigation is needed here. Of the six consumption values findings there was very little difference between active and non-active participants in relation to consumption values (cost, benefit). The active participant gained more from altruistic value (bettering themselves) and social value (gaining respect) than non-active respondents. Non-active respondents placed far more 'value' on service experience and the physical environment as key motivating factors in their decision making of whether to participate or not. Non-participants identified that the service experience impacted on their decision to participate and prioritised their interaction with staff as more important (M = 5.38, ± .442) than active adults (M = 5.13, ± .775; p = .001), non-active respondents expect staff to be knowledgeable (M = 5.53, ± .607 vs M = .18, ± 1.039 p = .000) and approachable (M = 5.70, ± .492 vs M = 5.25, ± .947 p = .000). With regard to the physical environment or servicescape (Bitner, 1992), non-active respondents stated that cleanliness of venue was more important (M =5.53, ± .583 vs , M=4.78, ± 1.103,p=.000), as was access to information (M = 5.24, ±.751 vs M = 4.84, ± 1.051, p = .003), being able to book classes online (M = 5.10, ± .667 vs M = 4.80, ± 1.398, p = .020), and easy website navigation (M=5.30,± .547 vs M=4.79, ±1.221,p=.000).

**Step 3: Developing strategies** Step 3 centred on creating a strategy; barriers identified in step 2 were the foundations for removing barriers and creating appropriate physical activity opportunities. In line with McKenzie-Mohr (2013) two behaviours were tackled at the same time, the desired behaviour (participating) and the undesirable behaviour (not participating). Agreeing with extant studies, respondents identified the key barriers of time (family, work), not being fit enough, cost (Sport Wales, 2017). However, findings also identified new barriers from the health and fitness industry including the setting, perception of physically active people especially Fitness Suite users and staff, media and that external barriers create further internal barriers on an individual's mindset, emotions and feelings towards their body.

Removal of barriers and inclusion key consumption values of the non-active: Based on the findings a fitness class was set up at a local community centre in a deprived area by one of the researchers who is fully a qualified health and fitness instructor. Her and another instructor both trained in RikaShake a trampoline based fitness class (RikaSystemz). The length of class was 30 minutes and costed £4 a session removing the traditional health and fitness barriers of cost and time. As part of RikaSystemz the class was available for participants to book online through Facebook RikaPonty group, focusing on service experience value. Participants are allowed to bring their children to class on the proviso that they are well behaved; parents are responsible for their own children, removing another traditional barrier – that of childcare. Breaking down the barrier of 'us and them' was done a number of ways. Firstly, by using a medium that was easily accessible to all to communicate with participants (Facebook) and ensuring positive interaction with the instructor. A closed Facebook group was created (RikaShakePonty) for people to join, this group allows the instructors to post reminders (to book classes), motivate participants (to participate), encourage (members to participate), praise (members), and welcome new members. More importantly, members of the group are allowed to post, comment on the page there is a lot of chatter and banter between members and instructors, and they feel part of the class community. This

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sets the tone of how the women behave with instructors and each other. Behaviour and language of instructor was also addressed, instructors remained professional but spoke to participants in an informal chatty manner, using local slang, with an emphasis on fun not on feeling the burn or going to the max. This approach was undertaken to make participants feel more at ease, more able to ask questions. As a result of the instructors behaving this way participants are also behaving this way, having fun, chatting using the class as a social event rather than an exercise class, focusing on service experience value

**Step 4: Piloting** CBSM strategy states that the proposed scheme (exercise class) should be implemented in two different locations, one location to act as a control, the other to receive the full CBSM strategy. This was the intention of the researchers but this has not been possible due to the demand and success of the class. On Tuesday 23rd October 2018 the class in Treforest community centre began with 14 trampolines, this has increased to 17. An additional class on Thursday has been added, in primary school in Glyncoch RCT. Both classes are continually fully booked sometimes two weeks in advance. During February RikaPonty is running classes in Rhydefelin RCT for the charity Hapi to encourage women in healthy behaviours

**Step 5: Broad-scale implementation** Once the pilot is completed and results analysed, if behaviour change has been noted i.e. more women from deprived areas are participating in physical activity possible further classes will be added

**Discussion:** Midstream social marketing offers practitioners, policy makers and providers with a fresh way of tackling social issues such as inactivity (Williams-Burnett & Kearns, 2018). It combines all those involved and affected by the social issue (Luca et al, 2016) and creates a greater understanding of interactions between individuals, the behaviour, and service providers and how this can create value for all involved (Russell-Bennett et al., 2009; Zainuddin et al., 2008; 2011; Luca et al, 2016). By undertaking a CBSM approach (midstream) researchers have identified new barriers to participation, external barriers which create additional internal barriers, and what the non-active adult values out of participation compared to the active adult. To date, two successful exercise classes have been set up based on the findings. Limitations of this project are that this only focuses on one geographic region, has only one style of exercise class and the researcher has limited time to set up additional classes.

**Conclusion:** current physical activity interventions are failing to increase participation, even though individuals are educated in the benefits and levels of participation. This is an on-going research project which contributes to midstream social marketing programmes; an area underutilised by practitioners, and offers a new insight into the hard to reach demographic of women living in deprived areas. Implications for future research: This is a living project with a number of areas for further research, (1)exploring current attitudes/behaviour of participants of RikShakePonty, (2)completing all five steps of CBSM, (3)collaboration with government, service providers, social marketers to develop additional projects, (4)making connections with other fitness instructors who teach in a non-traditional setting.

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## **An exploration of the Indonesian public perceptions of the ethics of tobacco advertising**

Conference track: Reducing the impact of addiction including substance, misuse alcohol, tobacco and gambling

**Authors: Dr Nathalia C Tjandra, Dr Lukman Aroean and Dr Yayi Suryo Prabandari**

### **Abstract**

This paper aims to explore the Indonesian public perceptions of the ethics of tobacco advertising. Six focus groups and thirty personal interviews were conducted in eight urban villages in Yogyakarta, Indonesia to gather data. The findings indicate that the majority of participants believe that tobacco advertising is unethical. Participants recognised that to attract their primary target market, young male consumers, tobacco advertising adopted attractive themes such as enthusiasm, persistence, bravery, enjoyment, masculinity, success, humour, youth, adventure and family. Most participants also believed that tobacco advertising is targeted at children and teenagers who do not understand the underlying messages of tobacco advertising. The study is concluded by offering a number of implications for tobacco advertising policy in Indonesia.

### **Introduction and background / rationale**

Indonesia is the biggest economy in Southeast Asia with a population over 260 million people. One of the greatest strengths of the country is its young population with 37% of the population is under the age of 20 (Asian Correspondent, 2017) but its potential and productivity are threatened by the number of deaths associated with smoking. It is estimated that smoking kills 240,618 Indonesians every year, approximately 659 per day (Tan & Dorotheo, 2016). Indonesia has the highest number of male smoking prevalence Southeast Asia. 64.9% male adults aged 15 and above and 20.3% youth aged 13-15 currently smoke (Campaign for Tobacco Free Kids, 2017). More alarmingly 19.8% youth tried a cigarette before the age of 10 and nearly 88.6% tried a cigarette before the age of 13.

The revenue of the Indonesian tobacco industry in 2019 is almost USD 22.6 billion and it is expected to grow annually by 4.5% (Statista, 2019). In 2016 Indonesia sold more than 316 billion cigarettes, making it the biggest cigarette market in Southeast Asia and the second biggest market in the

world after China (Campaign for Tobacco Free Kids, 2017). The industry contributes to approximately 10% of Indonesian tax revenue (Danubrata & Reinard, 2017) and 96% of excise tax revenue (Lianto, 2017).

Indonesia is the only country in Asia that has not signed and ratified the Framework Convention of Tobacco Control (FCTC) (WHO, 2017). FCTC recognises that a complete ban on tobacco marketing activities is the most effective way of reducing youth smoking uptake. However, the Indonesian government believes that stricter tobacco control policy could be detrimental to the industry, especially for the farmers and other associated tobacco workers (Asian Correspondent, 2017).

Although the majority of Southeast Asian countries, have adopted a comprehensive ban and made significant progress to restrict tobacco marketing activities, Indonesian tobacco control policy remains lenient. Indonesia is the only country in Southeast Asia that allows direct tobacco advertising (The Jakarta Post, 2017). In 2016 Indonesia's tobacco industry spent US\$474 million on television advertising, with the biggest industry spenders being Djarum – \$143 million, Gudang Garam – \$99 million, and HM Sampoerna (PMI) – \$94 million (Adstensity in SEATCA, 2016). Four out of ten most popular brands in Indonesia are tobacco brands, A Mild (PMI), Djie Sam Soe (PMI), Gudang Garam and Marlboro (PMI) (Millward Brown, 2018). To reduce children and teenager's exposure, tobacco advertising on Indonesian TV and radio is restricted to between 21:30 and 05:00 local time. However, young people are still exposed to aggressive tobacco advertising at roadside stalls, on billboards and music concerts, on the internet, late night on TV and at sporting events (Boseley, Collyns, & Dhillon, 2018). In fact, shops and restaurants branded with tobacco advertising are everywhere.

At the bottom line, ethical perceptions and ethics itself are broadly related to morality or responsibility towards others' well-being (Wittmer, 2000). Past authors suggest that ethical perception or recognition is the first and critical step in the ethical decision making process (Ferrell, Gresham, & Fraedrich, 1989; Ho, 2010; Jones, 1991; Wittmer, 2000). To make an ethical decision, an individual must first recognise that a decision making situation has an ethical content (Ho, 2010). Interestingly, despite its genuine importance, ethical perceptions amongst people within a society have been given less attention compared to ethical perceptions within an organisation or business context (Ferrell, Fraedrich, & Ferrell, 2015; Ho, 2010; Hunt & Vitell, 2006; Jones, 1991; Weaver & Trevino, 1994). Whilst past studies have investigated Indonesian adolescents' smoking perception and behaviour (Ng, Weinehall, & Öhman, 2007) and perceptions of tobacco advertising (Prabandari & Dewi, 2016) only a limited number of studies have explored the Indonesian public perceptions of the ethics of tobacco advertising. The leniency of Indonesia's tobacco control policy provides a unique context to investigate how the public perceives the ethics of tobacco advertising.

### **Aim of the session**

This study aims to explore the Indonesian public perceptions of the ethics of tobacco advertising.

### **Method / approach**

Qualitative methods, focus group and individual interviews with smokers and non-smokers, were adopted in this study. The study was conducted in eight urban villages (kelurahan) in the city of Yogyakarta, Indonesia. Community leaders were contacted in advance to help the researchers recruiting potential participants. In general, participants have different backgrounds in terms of age, gender, occupations, and interests. Forty-one participants participated in the focus groups, categorised into three groups of smokers and three groups of non-smokers. Thirty participants, fifteen smokers and fifteen non-smokers participated in the interviews. The qualitative data was analysed thematically by using Nvivo's software.

### **Findings and discussion**

#### **Perceived deception in tobacco advertising**

Many tobacco activities were perceived to be unethical because of the alleged intention to cover up the dangers of cigarettes, "Even though there is a warning that smoking kills, cigarette advertisements still show that cigarettes are safe. I think cigarette advertisements are not entirely ethical. They cover up the real effects of cigarettes" (Interview, male, 19 years, non-smoker).

The covering up was felt by participants to occur through advertisements which used a variety of aspirational tropes to engage young people and persuade them to smoke. The tropes mentioned by participants included enthusiasm, persistence, bravery, enjoyment, masculinity, success, humour, youth, adventure and family.

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The advertisements are not related to cigarettes. For example, like somebody is trying to run, trying to catch something. That's why it's [the slogan is] 'don't quit, do it'. Nothing to do with smoking, something like smoking is something different. But at the end, they emphasise that it is about ... [cigarette brand 4]. A lot of cigarette adverts do that, because they can't show people smoking (Interview, female, 25 years, non-smoker).

Perhaps more appealing, the messages implied in cigarette advertisements attempt to project a positive identity. Many participants argued that these messages were not true or real.

I think cigarette advertisements look good. But that's it. From the ethical perspective, it's not ethical. They combine bravery and smoking. So, it seems like when you smoke, you will be brave, but in reality, it's not like that. So, I don't think it's ethical. A lot of brainwash, distorting the facts. If you smoke you become brave. In reality, they don't (Interview, female, 36 years, non-smoker).

Furthermore, while these implicit messages do not necessarily breach regulations, they have been creatively hidden under symbolic representation, which in turn can be interpreted in various ways by audiences. Simply, the symbolic representation may mislead the interpretation.

The taglines are hidden in symbols. They are very creative. Creating symbolic advertisements that can easily be understood by people but at the same time does not breach regulations. Hidden messages in tobacco advertising cannot be avoided because it is creative. I don't think it can be regulated. The visual images can be regulated. For example, you can't show a smoking person, or children or women in cigarette advertisement. But because the messages are symbolic, they will not get them. But the taglines, how can you stop them? Like "men are tasteful", it has a broad definition. You can interpret them in different ways (Interview, male, 30 years, non-smoker).

As a summary, the theme links the ethics of cigarette marketing with the intention to cover up the dangers associated with smoking. This covering up operates through adverts, the use of various aspirational tropes, projection of positive identity and symbolic representation. Tobacco advertising was perceived to be intentionally not balanced in giving information about smoking: promoting positive images much more strongly than informing consumers of the negative risks.

## **Tobacco advertising targeted at young people**

A number of smokers and non-smokers in the study commented on how cigarette advertising did not influence their intention to smoke, but would attract young people. Young people were susceptible to advertising that emphasised that smoking makes someone seem to be grown up for example, "Children will not understand hidden messages in the advertisements. These are unethical. Some of them may give positive encouragement in life, but I don't think it's good. In general, the advertisements are not ethical" (Interview, male, 30, non-smoker). Almost all the participants discussed the impact of cigarettes on the wellbeing of children and teenagers. Many participants considered children and teenagers to be vulnerable as they could not understand the content and intention of cigarette marketing. The vulnerability or weakness was the underlying basis for the majority of participants in stating their concerns about cigarette marketing that directly and indirectly targeted children and young people.

Children and teenagers, they do not think about things many times. They will think about it only once and cigarettes make them happy. To increase the sales of cigarettes they will target young people. In the end of the year, their graduation will be sponsored by cigarette companies. Their farewell party is sponsored by cigarette companies. If children are addicted to cigarettes, how are they going to be like in 10-year time? In the education world [they are influenced by cigarettes] and health too. If young children already smoke five cigarettes, in the future, they will become heavy smokers. In my village, children age six and seven already smoke (Interview, male, 31 years, non-smoker).

Participants also noted the broadcasting times and television channels where adverts were broadcast. Despite regulations restricting cigarette TV advertising to between 9.30 pm to 5am, participants were still worried about similar non-televised advertising.

## **Discussion and implications to tobacco advertising policy**

Adopting qualitative research methods, this paper has aimed to explore how the Indonesian public perceive the ethicality of tobacco advertising. The findings will become the foundation of proposing a number of stricter

tobacco advertising policy.

Participants felt that there was deception in tobacco marketing activities and were able to specify how this takes place. Participants perceived that advertising which used aspirational tropes, positive identities and symbolic representation were intended to hide the real danger of smoking. Participants recognised that tobacco advertising used themes such as enthusiasm, persistence, bravery, enjoyment, masculinity, success, humour, youth, adventure and family, which were considered to be attractive to their primary target market, young male consumers.

The ethical perspective applies to products that are considered harmful as well as unethical methods of marketing these products (Hackley, Tiwsakul, & Preuss, 2008). Tobacco advertisements could be seen deceptive, because they appear to glamorise the temporary pleasure customers get from smoking but say nothing about the products well-known danger to health. The findings of our study illustrates that this deception leads to the participants' distrust in their cigarette marketing messages. Laczniak and Murphy (2006) further imply that deception in marketing practices also violates the principle of virtue ethics because an efficient marketplace is built upon trust and this characteristic must be nurtured by marketers' honesty.

In addition, some participants also noticed that the current regulations cannot restrict the content of advertising which does directly invite people to take up smoking. Consequently, cigarette companies can freely cover up the risk of smoking to audiences. While this perhaps does not directly breach the regulations, the covering up intention suggests a lack of sense of virtue ethics and deontology from the cigarette companies and marketers. More specifically, the ethicality which links to the allegation that cigarette advertising intentionally communicates misleading information about smoking by promoting positive images much more strongly than informing of the negative risks.

The theme of targeting children and young people shows that participants emphasised a need for tobacco marketers to uphold a moral responsibility by not selling cigarettes to children. More intriguingly, the theme suggests people's suspicion of cigarette firms manipulating the vulnerability of children and young people. Confirming past studies (McNeal, 1992; Nicholls & Cullen, 2004), almost all participants considered children and young people to be more vulnerable and less able to understand the persuasive content of cigarette advertising. The participants commented that the exposure of children and young people to cigarette marketing activities, combined with their lack of awareness about the harm cigarettes can have a negative impact on their quality of life from an early age.

Whilst the Indonesian tobacco control regulations imply that tobacco advertisements should not show cigarettes, cigarette packs, or the use of cigarettes or tobacco, tobacco marketers have been creative in sidestepping these restrictions, by endorsing themes that are attractive to young people. The participants believe that cigarette advertising does not influence their intention to smoke, instead they suggest that cigarette advertisements are intended for young people. Furthermore, they also believe that the attractive themes, imposition of desired identity and cover up of the danger of cigarettes could mislead young people and encourage them to smoke. The majority of participants suggest that the restriction of broadcasting cigarette advertisements at 9.30pm – 5.00 am was inadequate as cigarette advertisements are also accessible through non-electronic modes, such as in the social media and billboards. Based on these findings, it is evident that cigarette advertisements are perceived by the Indonesian public to have more detrimental effects on young people than adults. As suggested by Hanewinkel et al. (2010), the exposure of cigarette advertisements have an impact on adolescents' smoking behaviour and intention to smoke. Therefore, it is strongly recommended that the Indonesian government must implement a complete ban of any form of cigarette advertisements. The attractive content of tobacco advertisements could be counteracted by developing anti-smoking advertisements that contain equally or more attractive tobacco advertisements. In addition, educational interventions which aim to build the public's resilience against tobacco advertising messages could minimise the impact of tobacco advertising on individuals' smoking intention.

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**Number: 56**

**Type 2 on Track: Participatory design and development**

Conference track: Using citizen focused design thinking, participative design, actor engagement and co-creation

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**Abstract**

The prevalence of Type 2 diabetes mellitus (T2DM) has been increasing globally over recent decades and is often associated with a Western Lifestyle. Rates of diabetes are generally higher among males, the elderly, Indigenous Australians and people living in remote and socioeconomically disadvantaged areas. Type 2 diabetes is largely preventable by maintaining a healthy lifestyle. There are a number of key factors when developing secondary prevention interventions, including consideration of effectiveness, reach and adoption; workforce, technical and organisational resources; cost; intervention delivery; contextual factors; and appropriate evaluation approaches. The primary aim of this study was to use citizen focused design thinking, participative design, actor engagement and co-creation to develop a behaviour change program. The behaviour change program aims to support people living with T2DM in regional and remote areas to make positive lifestyle changes to stay well and help them achieve clinical targets and prevent/delay complications while considering the fragile allied health workforce in the region due to the remoteness of many of the communities. To ensure program development was both evidence based and human centred, insights for program development and piloting were obtained from four sources: a systematic literature review, stakeholder reference group, co-design sessions and a concept proof. The findings from this study suggested that the use of motivational interviewing, a group based program, with a combination of education, self-management and action plans, targeting multiple behaviours, delivered by health professionals in a group setting with other communication support would provide a solid foundation for a successful intervention program.

**Introduction and background / rationale**

Type 2 diabetes mellitus (T2DM) is a chronic condition resulting from the body's ineffective use of insulin (WHO, 1999) and is often associated with a Western Lifestyle (WHO, 2014). The prevalence of diabetes has been escalating over the last 3 decades, including in low and middle income countries, with rates tripling over this period—diabetes affected around 1.2 million people in 2014–15 (WHO, 2016). Rates of diabetes are generally higher among males, the elderly, Indigenous Australians and people living in remote and socioeconomically disadvantaged areas (AIHW, 2018). Type 2 diabetes is largely preventable by maintaining a healthy lifestyle (AIHW, 2018). Diabetes also increases the risk of other comorbid conditions. For example, a recent systematic review of more than 100 prospective studies showed that people with diabetes had a 2–3 fold increased risk of vascular diseases like coronary heart disease and ischemic stroke (NCD Alliance, 2011). Other common consequences of diabetes, particularly in those with poor glucose control, include peripheral arterial disease, neuropathy, diabetic retinopathy, and kidney failure (WHO, 2016). Clearly, there is a significant burden to those living with diabetes, their families, and the wider community in relation to escalating healthcare costs, lost productivity, and adverse social and economic outcomes for families. (NCD Alliance, 2011).

While T2DM results from the interaction between lifestyle behaviours, environmental risk factors, and genetic predisposition, management of obesity and sedentary lifestyle are likely to prevent or delay over half of

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new cases in high-risk individuals (Angermayr, Melchart, & Linde, 2010; Gillies et al: 2007). Indeed, there is strong evidence from large-scale randomised controlled trials (Lindström et al: 2006) and systematic reviews that the progression of T2DM can be prevented, or at least delayed, in individuals through lifestyle modification. Further, a number of translational studies based on clinical efficacy trials have recently demonstrated the effectiveness and cost-effectiveness of community-based interventions delivered in 'real-world' settings (Aziz et al., 2015). However, a major challenge remains in delivering effective diabetes self-management programs across different population groups and particularly in groups with poor adherence to lifestyle recommendations (Parajuli et al., 2014). There are a number of key factors when developing behaviour change interventions, including consideration of effectiveness, reach and adoption; workforce, technical and organisational resources; cost; intervention delivery; contextual factors; and appropriate evaluation approaches (Milat et al., 2015) Moreover, inherent biological differences, social, cultural, economic, environmental and political determinants of health between men and women might have added to inconsistent study outcomes.

## Aim of the session

The aim of this session is to discuss the actionable insights which were obtained to inform the development of an effective behaviour change program that will engage regional and remote Queenslanders living with T2DM. The purpose of the study was to gain target audience insights to understand how participation in such a program can be motivated and additionally, to develop program design and suggest resources, concept proof and evaluate the program and finally, revise the program based on participant and facilitator feedback. This project was developed with key consideration that the program must fit within the fragile allied health workforce in Western Queensland, working within the constraints of the fly-in-fly-out and outreach models which are the norm for many regional and remote communities.

## Method / approach

The study, commissioned by a health network organisation was designed and conducted by a Queensland University. Ethical clearance was obtained through the University. To ensure program development was both evidence based and human centred, insights for program development and piloting were obtained from four sources: a systematic literature review, stakeholder reference group, co-design sessions and a concept proof.

The first study consisted of a systematic search of peer-reviewed literature undertaken to identify all relevant trials, interventions, and studies on secondary prevention of Type 2 Diabetes, in particular from regional and remote areas, and Indigenous populations. The search terms used to identify relevant papers were: adult, weight loss, Type 2 Diabetes, trial, intervention, campaign, program, 'regional, rural and remote', clinical, public health, social marketing, Indigenous. The search strategy and search process were undertaken according to the PRISMA guidelines (Mohar et al., 2009) and intervention quality assessed using Covidence software. Questions answered by the SLR include, but are not limited to: What is the ideal length and intervals of sessions? What is the behaviour change evidence, over any condition specific evidence for this? What is the ideal group number in regional, rural and remote behaviour change programs? What is the balance of education versus behaviour change content in successful programs? Which frameworks, theories or models are most effective for goal setting and achieving Type 2 Diabetes secondary lifestyle modification program objectives?

To gain insights from stakeholders in the area of Type 2 Diabetes secondary prevention in regional, and remote areas, a second study using a stakeholder reference group informed by the results of the systematic literature review, was undertaken. The reference group assisted in answering a range of questions regarding the development and implementation of the program given the challenges of regional, and remote face-to-face group facilitation. The reference group included members who represented the following key areas or groups: general practitioner, diabetes educator, chronic disease nurse, Aboriginal and Islander Community Controlled Health Service (AICCHS) representative, Diabetes Queensland representative and a person with T2DM. The reference group sessions were recorded and transcribed.

The third study consisted of two co-design groups conducted in a community setting with the target groups, one general population and one Indigenous (Aboriginal and Torres Strait Islander - ATSI). Participants were selected for inclusion in the study based on a GP diagnosis of T2DM. A co-design group is a carefully planned series of discussions

designed to obtain insights on program composition in a permissive, nonthreatening environment which encourages participants to share their thoughts and opinions without fear of judgement. The purpose of conducting a co-design group with members from the target audience is to better understand how the target groups think and feel about current programs and planned ideas. Each co-design group consisted of five participants lasting 90 minutes. The Indigenous group was attended by an Aboriginal health worker to ensure cultural appropriateness. The co-design sessions were guided by MOAB model (Parkinson et al., 2016) to capture individual and environmental drivers of behaviour to understand the motivators, abilities and opportunities of diabetes self-management behaviours. Co-design groups were recorded and field notes made immediately after the completion of each group. Researchers paid particular attention to the subjective, idiosyncratic perceptions of group members to provide a detailed and in-depth analysis of group discussions. Co-design group discussions were transcribed, and trends and patterns within and across groups were systematically analysed using thematic content analysis in order to answer the research objectives.

The fourth study was the concept proof. Based on the findings from the first three studies, a facilitator guidebook, participant manual and workbook were developed. The behaviour change program was underpinned by two theoretical approaches, Motivational Interviewing (Miller, 2004 ) and the Health Action Process Approach (HAPA) model (Schwarzer & Luszczynska, 2008). Four facilitators from the region undertook training to deliver the concept proof sessions, a mental health nurse, a diabetes educator, a dietitian and an exercise physiologist. The mental health nurse, dietitian and exercise physiologist were supplied at no cost by local private health providers and the diabetes educator was supplied by the local hospital. The concept proof consisted of seven sessions, three with the mental health nurse and four with the trained allied health professionals (see Table 1). In depth interviews with each participant were conducted following the concept proof, the duration of each was between 30 and 60 minutes. The interviews were recorded and transcribed and thematically coded. Participants were asked for feedback on program satisfaction, experience, and areas for improvement.

## Results / Findings

In the systematic review of the literature, empirical literature from 2011 to 2018 was examined to explore the effects of various lifestyle interventions on a number of objective and subjective health indicators in people with T2DM, particularly in regional and remote contexts. A total of 22 intervention studies in people aged between 21 and 75 years were included in this narrative review. Interventions included self-management, education, exercise, diet, or combined components of varying duration. Interventions were delivered either face-to-face in group settings or via telehealth. The included studies used a variety of objective indicators, including glycaemic control, lipid profile and anthropometric indices, as well as a number of diabetes-specific and generic subjective scales (for example, the Diabetes Problem Solving Inventory and the Short Form 36). Findings from several studies highlighted the importance of the effectiveness of psychological factors on achieving health outcomes in patients with T2DM. The findings suggested that the use of motivational interviewing, a group based program, with a combination of education, self-management and action plans delivered by health professionals in a group setting with other communication support would provide a solid foundation for a successful intervention program. In summary, a group program for the secondary prevention of Type 2 diabetes should target multiple health behaviours and emphasise health literacy, self-efficacy, and problem-solving skills.

Results of the literature review were presented to the reference group. Post-assessment of the case-studies reported that group-based and telephone interventions worked most effectively, while education was more effective when used in conjunction with other forms of intervention. Between four and eight sessions were found to be ideal with an emphasis on a motivational interviewing style that is, with participants being drawn out to determine their own goals for the program. Advisory group participants highlighted the importance of access to internet and the expense of data for this population, which need to be considered in the development of any program targeting those living in regional and remote areas. Having a separate co-design group for Indigenous participants was also recommended. Mental health issues for people with T2DM were also noted. However, the use of the term mental health was found to be stigmatizing, in particular with Aboriginal and Torres Strait Islander people, with the term social

and emotional wellbeing recommended. Thus, there was a recommendation for social and emotional wellbeing components to be included in the program modules. These modules were recommended to occur at the commencement of the program, part way through and at completion of the program. A range of delivery modes was discussed with the focus on sustainability. Meetings could be scheduled through local practices in a community-based approach with self-directed learning modules. A combined model offers the best approach, tapping into peer support in the form of coaches along with a health professional leading information sessions.

The Co-design phase found the education component of the program should be simple to ensure ease of comprehension and in the form of a 'lifestyle refresher'.

*"When I was first diagnosed, I must say I had absolutely no idea about it." (General population group)*

The program would be most likely to affect behaviour change if it provided an emphasis on peer support, but also utilised health professionals who were knowledgeable on T2DM and its associated complications. There were many similarities between the two groups in terms of motivators, ability and opportunity. However, there were significant barriers in terms of access for the Indigenous group who live in a more remote community than the general population group. The Indigenous group also had much lower incomes than the general population group while having higher costs of food in general and more specifically, fresh produce.

*"Fresh fruit is really expensive here." (ATSI group)*

*"Yeah, so you only get fresh twice a week, Tuesday and Friday." (ATSI group)*

Indigenous participants also reported it was often more economical to eat takeaway food or purchase a loaf of bread as they were able to feed their family better this way. In summary, a preference was identified for interactive learning sessions around what diabetes is and what sort of behaviour modification is required. Participants were open to using videos and telehealth approaches, but both groups wanted face-to-face interaction with a knowledgeable health professional.

The concept proof program was informed by the first three studies. Participants from both the general population and the Indigenous groups reported the value of having specific health professionals including a diabetes educator, dietitian, and exercise physiologist. Participants spoke of the value in having their specific questions answered by each of the health professionals and the majority of participants reported learning something new from each one.

*"I didn't know you could ask the doctor for a different medication if one wasn't working well for you. I asked my doctor to change my medication after the second diabetes educator session and I've already lost a kilo." (General population group)*

Participants valued the discussions on living with diabetes and understanding diabetes and what it does in their body. Using the video to explain this was found to be very helpful.

*"Actually seeing what happens in your body really helped me to understand, the video she showed was really simple and I actually got it" (ATSI group)*

There were many positive behaviour change outcomes for participants across the program which will be sustainable. For example, in the Indigenous group: one participant reported reduced Coca Cola consumption from nine small bottles per day at commencement, to one at session two, zero at session three and sustained (zero) at session six. Another participant reported walking five days per week for over 30 minutes per day, and the oldest participant reported now walking three days per week (joined Heart Foundation walking group). In the general population group: one participant reported sleeping through night by session for (not looking at phone through night), while another reported walking on treadmill at home daily and a male reported swapping out unhealthy snacks (chips) for crackers and cheese each day. Participants also arranged to go walking together.

## Figures and tables

Table 1 Concept proof participants and program overview

Session	Mainstream	ATSI	Mode	Facilitator
<b>Module 1</b>			Individual	Mental Health Nurse
<b>Module 2</b>	n=5 (3F 2M)	n=5 (4F 1M)	Group	Diabetes Educator
<b>Module 3</b>	n=5 (3F 2M)	n=5 (4F 1M)	Group	Dietitian
<b>Module 4</b>			Phone	Mental Health Nurse
<b>Module 5</b>	n=4 (3F 1M)	n=2 (2F)	Group	Exercise Physiologist
<b>Module 6</b>	n=5 (3F 2M)	n=2 (2F)	Group	Diabetes Educator
<b>Module 7</b>			Phone	Mental Health Nurse

## Discussion

The results of the formative study have provided key insights into the development of a T2DM secondary prevention program targeting both general population and Indigenous groups in regional and remote areas. A preference was identified for interactive learning sessions around what diabetes is and what sort of behaviour modification is required. There were many overlapping needs between the groups in making lifestyle modification behaviour change. The use of the HAPA behaviour change model (Schwarzer & Luszczynska, 2008) throughout the concept proof offered small steps to participants which were reported as assisting them to change their behaviours. Participants also indicated that they found it valuable to have someone to talk to individually about some of their struggles and issues that arose as they attended the group sessions. Participants also reported the value of receiving support and reminder SMS text messages between sessions. Throughout the concept proof sessions it became apparent that considerable nutrition and health knowledge exists and in spite of this knowledge participants reported many cases of not adhering to guidelines. For example, they were unsure of how to apply this knowledge to themselves given that they are often unable to afford fresh ingredients or they are simply not available in the area where they live. Therefore, they need strategies to assist them to apply their knowledge to make it work for them. Participants indicated that the session with the dietitian was useful to assist them in thinking about alternatives such as frozen or tinned vegetables to enable them to make healthier choices. This was particularly useful for the Indigenous group where access to fresh food was limited and the available fresh food is often unaffordable given they have low incomes. Participants also found exercise and movement tips from the exercise physiologist beneficial, particularly those with mobility problems.

## Conclusions

The findings from this project suggested that a group based program based around a motivational interviewing approach, with a combination of education, self-management and action plans delivered by health professionals in a group setting with other communication support provided a strong foundation for a successful intervention program in a regional and remote context. The model takes into consideration the fragile workforce in regional and remote areas of Australia. In summary, a group program for the secondary prevention of Type 2 diabetes should utilise a range of specialised health professionals and thus target multiple health behaviours emphasising self-management, health literacy, social support, self-efficacy, and problem-solving skills.

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<https://www.who.int/diabetes/global-report/en/>

event-based, short-lived, individualistic, non-systemic and reactive change solutions. The interrelation of system factors, including structural elements, mental models, and social mechanisms, (though they occasionally get in the spotlight of different social marketing strategies and types of analysis), is only beginning to emerge in social marketing. This is considered a serious gap, especially in the light that social marketing, coupled with other disciplines, has recently suggested a number of methodologies and approaches, operating at all four levels of understanding (Biroscak et al., 2014; Brennan et al., 2016; Bryant et al., 2014; Domegan et al., 2016; Kennedy, 2016).

The present research contributes efforts in the systemic direction, but puts bigger emphasis on postulates of systems science and systemic approaches in (social) marketing. These efforts imply the use of a holistic methodological approach – a systems social marketing (SSM). The SSM comprises three conceptual and methodological streams. First, it relies on social marketing principles and methodologies [e.g., mapping value exchange fields and protocols for stakeholder participation (McHugh et al., 2018)]. Second, its theoretical foundation rests with Layton's Mechanisms, Actions and Structure (MAS) framework, which is a macromarketing theory for understanding social (marketing) system structure and developmental mechanisms (Layton, 2015). Third, it is cemented by systems dynamics and group model building (GMB) participatory techniques, which are system-based methods of system modelling and collective decision-making in response to problem situations (Bérard, 2010). The SSM conceptualization, together with the SSM case study of a Cycling System optimization, is the main contribution and objective of this research. The problem context stipulates large underdevelopment of a cycling system with the cycling mode accounting for just 4 percent of all transportation in the city, while the city demonstrates the worst traffic congestion among all Irish cities.

## Aim of the session

The aim of this session is to present a systems social marketing methodology targeted at understanding complex dynamics of wicked problems

## Method / approach

The present research follows a multiphase exploratory mixed methods research design, with concurrent, iterative and mutually reinforcing manner of its methodological steps. Qualitative methods remain central while quantitative ones act as supplemental. The research consists of four phases. Phase 1 is the theoretical framework conceptualization via a literature review of systems thinking in social marketing and historical research of the integration between social marketing and systems science. Phase 2 implies a stakeholder analysis and barrier/enabler stakeholder analysis, assisted by (a) the use of Leximancer software; (b) cycling stakeholder-related literature review; (c) cycling barrier/enabler literature review; (d) cycling barrier/enabler survey (n=47); and (e) purposive/snowball expert sampling (n=41). Phase 3 leads to the Cycling System map origination via group-model building sessions (n=9), assisted by further MAS conceptualization, Systems Practice (Ricigliano, 2012), Interactive Management (Warfield, 2006) and system dynamics. Finally, Phase 4 deepens and assesses the results as the social marketing cycling systems map is socialized via key informant interviews (n=5) and theoretical framework is substantiated.

Group Model Building (GMB) and consultation methodology play important role in this research. GMB is a highly participatory method for involving people in a modelling process (Ricigliano, 2012; Vennix, 1999). Under this process, system-wide stakeholders (n = 8) form a core modelling group. The members of this group have a substantial knowledge of the Cycling System and are in capacity to consensually originate a dynamic model of the problematic situation, i.e. the Cycling System underdevelopment.

After the core modelling group gathers, it starts to exchange mental models between its members in order to unravel and communicate important problem-affecting feedback loops, which include key variables (factors) and causal links between these factors, thus hypothesizing about system behaviour (Bérard, 2010). The participants of this group try, via shared understanding, available expertise and rigorous methodology, to obtain tangible representation of dependencies across various system dimensions (e.g. social mechanisms, stakeholder actions fields and structural elements). The starting point includes processing and categorization of all available system barriers and enablers, obtained after the literature review and survey, into separate themes, which are

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Number: 66

## Development and use of systems social marketing methodology to explore dynamic complexity of wicked problems

Conference track: Using systems thinking to solve complex societal problems and influence social policy

**Authors: Dmitry Brychkov, NUI Galway, PhD Research Student; Dr Christine Domegan, Prof. of Marketing at the National University of Ireland, Galway**

## Abstract

The current research develops and uses a systems social marketing (SSM) methodology for understanding dynamics of complex systems, which characterise wicked problems. The methodology is based on (a) social marketing principles and techniques, (b) Layton's Mechanisms, Actions and Structure (MAS) macromarketing framework, and (c) systems dynamics and group model building methodology. In the result of SSM application, all system key stakeholders consensually originate a causal loop diagram (a system map) representing interdependencies of system factors. The map helps to plan social marketing interventions by identifying leverage points, i.e. high impact zones for system improvement.

**Keywords:** wicked problems, social marketing, macromarketing, systems dynamics, group model building

## Introduction and background / rationale

Understanding wicked issues, characterised by interrelated contextual factors and unpredictable outcome scenarios, is indispensable within the social marketing logic of client and collective orientations (Hastings and Domegan, 2018). From a science systems perspective, a comprehension of a wicked issue could be achieved only through the continuum of four simultaneously envisaged and interconnected levels of understanding, namely (1) events → (2) recurring patterns of events → (3) systemic structure (event generators) → (4) shared vision (systemic structure generators) (Kim, 2000). Acting within the first two levels of understanding usually means provision of immediate responses to the problem. Current social marketing interventions and programmes rarely go beyond the first two levels of problem understanding, thus representing linear,

dominant in the system behaviour. Each of these themes is then clarified via several feedback loops, whose narratives explain the logic of their dynamics. Further, the participants draw, with the help of Kumu software, a causal loop diagram (CLD) or the Cycling System map, which can be used as a tool for analysing the system, identifying its leverage points for behavioural and systemic change and evaluating the obtained results.

The map provides additional depth to the research based on traditional sociological techniques (e.g. surveys, focus groups, etc.), which, though very helpful, would not lead to a holistic understanding of the system when used alone, and often miss important information on vital dynamic feedback relationships in the system. The social marketing systems map is a flexible tool which could be used in combination with these and other techniques in order to operationalize and “quantify” various relationships in the system.

## Results / Findings

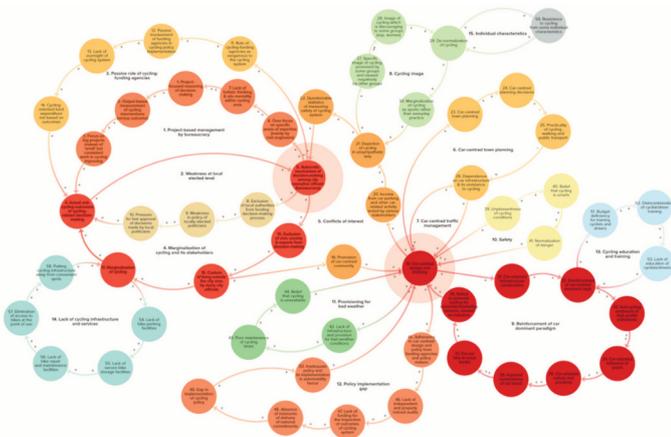
The modelling sessions and the ensuing map (Fig. 1) identified two “centres of gravity” of the Cycling System:

(a) impaired traffic system management (based on output vs outcome system management, decision-making autocracy, deficient consultation process, weak local power, passiveness of cycling policy implementation, which result in the lack of cycling infrastructure and cycling marginalization), and

(b) car-centred design and thinking (which negatively affect cycling image, strengthen car-dependent paradigm among nearly all stakeholders, and impinges upon cycling safety).

These two centres form the so-called system’s deep structure, which is responsible for the bulk of dynamics in it. The ‘Conflicts of interest’ loop acts as a bridge between two centres of system’s gravity, highlighting the importance of conflict, at all levels, in the current system operation. The modelling of the existing system enablers justifies their insufficient/irregular level of activity for the overall system improvement, though they are important to keep the system alive. Key informant interviews socialised the map and provided valuable insights of the system’s feedback relationships from the perspective of other stakeholder groups.

## Figures and tables



**Figure 1.** The Cycling System map represented as causal loop diagram (Kumu assisted)

## Discussion

Sterman (2000) argues that systems thinking and modelling for a complex world always require modelling of a problem. However, the process of problem-modelling is complex and multi-dimensional. It also may leave a wide space for interpretations. As such, existing system-modelling approaches need to be strengthened by other theoretical and methodological tools to increase their reliability and implement social change. For instance, the ability of social marketing to segment populations, analyse their values, and target important groups, as well as its normative status, are pivotal in addressing various wicked problems. The incorporation of these elements may improve system vision and make it more audience-oriented.

On the other hand, the modelling capacity of social marketing and its ability to monitor complex interdependencies within the problem may lack required potential. To make such modelling veritable and adequate, system’s key stakeholders need to consensually share their expertise, knowledge and mental models, as well as use a rigorous and proven

methodology (e.g. group model building).

From the perspective of social systems, one needs to understand societal processes, social mechanisms (e.g. mechanisms of path dependence and emergence), power dynamics (e.g. strategic action fields) and structures, involved in the origination, growth and development of complex social systems. The best way to grasp these phenomena is through a proven macromarketing theory, which can conceptualise them. Such theory can be provided by Layton’s Mechanisms, Actions and Structure (MAS) theoretical framework (Layton, 2015), which is well integrated with social marketing (Domegan and Layton, 2015).

Consequently, systems social marketing improves its capacity for social change when it uses an integratory approach by taking on board the three effective methodological and theoretical streams.

## Conclusions

SSM methodology is a viable tool for modelling complex problem situations and identifying possible intervention points. It uses all four levels of problem understanding, including events, recurring event patterns, systemic structure, and shared vision. This holistic approach is backed by social marketing techniques, MAS theory, as well as system dynamics methodologies.

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# RESEARCH AND EVALUATION

Number: 67

## Rapid assessment of the gender responsiveness of social marketing interventions about neglected tropical diseases

Conference track: Promoting equality and reducing inequality

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### Abstract

This study builds on the evidence gathered from a systematic review of social marketing interventions focusing on neglected tropical diseases, and applies an adapted version of the World Health Organization Gender Assessment Tool (GAT) to assess the gender responsiveness of twenty interventions. Only one intervention was assessed by the GAT as gender responsive. Overall, there was a lack of reporting of sex and gender dimensions in the publications describing the interventions.

### Introduction and background / rationale

Neglected tropical diseases (NTDs) are communicable diseases that affect over a billion people globally, particularly inhabitants of tropical and subtropical countries (World Health Organization, 2016). Seventeen NTDs were prioritized by the World Health Organization (WHO) (2012) including leprosy, schistosomiasis, and human African trypanosomiasis. Men, women, boys, and girls are all differently affected by these conditions as a result of the gender order in which they live (Okwa, 2007; World Health Organization, 2013).

Gender is a social determinant of health and therefore should be considered in social marketing interventions. Understanding how gender roles, relations, norms, institutionalized gender and gender identity (Johnson et al., 2009; Tannenbaum et al., 2016) interplay and influence health behaviours is necessary to deliver social offerings that are effective and relevant to the population. Interventions that understand how these gender constructs affect the varied experiences of different groups and that use this knowledge to implement actions to reduce gender-based inequalities, are considered to be gender responsive (World Health Organization, 2011). In the case of reproductive health there is evidence suggesting that the integration of gender considerations into programs has positive effects on reaching outcomes (Boender et al., 2004); but evidence is needed about NTD interventions (Allotey et al., 2005; Hotez, 2009).

### Gender Responsiveness Analysis Framework

The concept of gender responsiveness encompasses two criteria (World Health Organization, 2011). The first is the consideration and understanding of the interaction of gender constructs and their effects on the experiences of different groups. The second criterion is grounded on the first and is about using that understanding, to design and implement actions to address the harmful effects of these constructs. Programs and policies can be gender responsive or not depending on whether they meet these two criteria.

The WHO developed a manual (2011) that presents the Gender Assessment Tool (GAT) to help determine if programs and policies are gender responsive. The GAT includes twenty-three questions to rapidly assess their gender responsiveness. The tool includes questions about the commitment towards gender equality, the data disaggregation and the piloting of methods and tools by sex, the involvement of stakeholders with gender expertise, the consideration of conditions and opportunities of women and men, and if the intervention addressed gender norms, roles, and relations. Using this tool helps identify areas that could be improved. The GAT, however, has limitations and is not intended to guide a full in-depth gender analysis, but is nevertheless useful for rapid assessment of gender responsiveness of programs and policies.

### Rationale

The integration of gender in health programs has been examined in systematic reviews (Hartmann et al., 2016; Phillips and Hamberg, 2016; Sherr et al., 2009; Small et al., 2013). These reviews, however, have not assessed social marketing interventions. Systematic reviews of social marketing published to date, do not include a gender responsiveness assessment (Firestone et al., 2016; Kubacki et al., 2015; Luca and Suggs, 2010; Stead et al., 2007). It is not yet known to what extent social

marketing interventions are gender responsive, reduce or widen gender discrimination, and/or consider the multiple intersections that influence the experience of different groups and subgroups of people. As Social Marketing is founded on ethical principles and aims for equitable programs, it is important to understand to what extent Social Marketing interventions are gender responsive.

The WHO *Gender Assessment Tool* (GAT) (2011) was used to assess twenty interventions included in a systematic review of social marketing interventions about neglected tropical diseases. Particularly, this study aims to answer the following questions: To what extent are the interventions gender responsive? Does the gender responsiveness vary according to the NTD or to the behaviour targeted in the intervention?

### Method / approach

This study is the second part of a systematic review of social marketing interventions addressing NTDs. Selection criteria included the interventions targeted NTDs and applied at least one social marketing concept and one social marketing technique as defined by the Hierarchical Model of Social Marketing (French and Russell-Bennett, 2015). In this study, the included interventions were assessed using the GAT. The systematic review methodological guidelines, including the research questions answered by this study, are provided in a protocol registered with PROSPERO CRD42017063858.

A modified version of the WHO GAT (2011) comprising 25 questions with “yes”, “no” and “not available” response options, and complemented with text extractions and notes, was used for a rapid assessment of the gender responsiveness of the 20 interventions that met the inclusion criteria of the systematic review. The scoring guidelines provided in the WHO manual (2011) were also adapted. To score the interventions, the 25 questions were divided in two groups. The first one comprised questions 1-20 and the second, consisted of questions 21-25. To be gender responsive an intervention should have had at least 11 “yes” answers in the first group of questions. Interventions having at least 4 “yes” answers in the second group of questions were assessed as not gender responsive. The gender responsiveness of the interventions not meeting these minimum scores could not be determined.

To complement the GAT, the use of gender related words (e.g. sex/gender, female/woman, male/man, girls/boys/children) was observed to understand if it was consistent with their meaning. Notes were taken when relations to other intersections were detected (e.g. gender-ethnicity).

The results of the GAT and the additional data coded were organized in six themes, namely: gender equality commitment, sex and gender, participation of women and men, stakeholders gender expertise, gender environment and communication.

### Results / Findings

Only one of the interventions (Hu et al., 2005) was assessed by the GAT as being gender responsive. This intervention took place in China and addressed schistosomiasis. It aimed at reducing the frequency of contact with snail infested water among schoolchildren, adult women and adult men, and at increasing the compliance with praziquantel-based chemotherapy among men. Varied forms of interventions were delivered to the audiences considering that infection patterns vary according to their daily activities and roles (e.g. washing clothes for women, playing for schoolchildren and agricultural activities for men). In general, a significant decrease in re-infection by school-children and women was reported as a result of their increased awareness, knowledge, and behaviour changes. Positive results were also seen in men, but at a lower rate due to the linkages of their water contact behaviour with their productive role.

*Gender equality commitment:* Most interventions (n=19) did not have an explicit commitment to promote or achieve gender equality. One intervention (Krentel et al., 2006) showed a possible predisposition to address gender imbalances.

*Sex and gender:* Seven interventions included sex as a public selection criterion. Several interventions (n=12) did not portray knowing the difference between the words sex and gender. These were used interchangeably. The same situation was observed with the words woman/female and man/male.

*Participation of women and men:* Five interventions included female and male participants of which three carried out actions to ensure equal female/male participation. Actions included doing separate focus groups for men and for women, sample distribution by sex and implementing activities to involve hard-to-reach groups such as men.

*Stakeholders gender expertise:* The interventions did not provide evidence of participation of partners with expertise in gender.

*Gender environment (dynamics):* Overall, limited information is provided about the implementation of actions to address gender norms, roles and relations. This is also observed in relation to the consideration of the different conditions and opportunities women/girls and men/boys had. Five interventions considered these aspects at some level for example, by identifying activities specific groups carried out and their influence on their possibility to participate in the intervention activities. Three interventions considered the gendered practical needs of participants. An equal number of interventions contemplated the effects and opportunities for individual members of a family/household. Most interventions (n=18) did not provide evidence of consideration of the specific health needs of women/men. Similarly, in regards to gender-based divisions of labour. Four interventions did not include men in areas traditionally thought of as relevant for women, and evidence of two interventions suggested women and men were treated as homogeneous groups in spite of their different characteristics.

*Communication:* Information was insufficient to understand if interventions materials and publications portrayed women and men using gender-based stereotypes, except for one intervention (Lloyd et al., 1992) describing the content of pamphlets designed for gender-specific groups. From the description provided, this intervention did not portray the target audience according to gender stereotypes. Also, the language used by the included interventions did not facilitate understanding if it privileged one sex over the other.

### Discussion / Conclusion

This study provides evidence about the state of gender responsiveness in social marketing interventions addressing neglected tropical diseases. In general, there was a lack of reporting of how sex and gender were considered and integrated in the design, implementation, monitoring and evaluation of the interventions. Only one intervention was assessed as gender responsive using the GAT. Other interventions included some actions (e.g. disaggregation of data by sex, inclusion of men/women, considered gender-specific realities) but they were not enough to be classified as gender responsive.

Study limitations related to the research conducted and to the tool used exist. In relation to how the research was conducted, the number of interventions assessed was small because these, not more, met the inclusion criteria for the systematic review. Assessment was conducted by one reviewer. To reduce possible bias, in all interventions assessed, each answer (yes/no) was supported by text extractions and notes providing evidence justifying the selection. The responses were also verified at three different moments. In relation to the tool, some words used to frame the questions could have been more specific or supported by standard definitions. In addition, some of the tool questions did not contemplate possible culture bias by the reviewer. It is recommended that the tool is improved considering these limitations. Adding to these, using a Likert-scale instead of a dichotomous (yes/no) response options and modifying the questions so that they reflect how gender intersects with other identity structures (e.g. ethnicity, race, religion) could be beneficial for future uses of the tool.

Implementing a rapid assessment of the gender responsiveness of interventions is an initial step to advance gender in social marketing. More comprehensive gender analyses are necessary to have a deeper understanding of the multiple constructs that make the experience of subgroups of people different because of the gender order of the context where they live. Some practical implications of this study to social marketing include that gender should be a crosscutting element of the processes of intervention design, implementation, monitoring and evaluation. This starts with the formative research that could facilitate understanding how and why different subgroups of people (e.g. women vs men, rural women vs urban women, ethnic rural boys vs rural boys) behave in a particular way based on their access to resources, opportunities and ability to make decisions on their own. Data disaggregation by sex is an initial step but it should be accompanied by gender analyses and both should inform intervention activities. Research methods (e.g. gender-specific focus groups), data collection tools, communication material, recruitment and engaging activities, and data analysis should also consider the gendered realities of the populations. Unintended consequences in the lives of participants considering gender should also be acknowledged.

Lastly, since Social Marketing is founded on ethical principles and aims for equitable programs, and that gender plays a key role in health behaviours, health behaviour determinants and outcomes, it is

recommended that Social Marketing interventions be more gender responsive. This includes understanding the gendered context where they are intervening and how it influences the lives of subgroups of people based on their gender, and implementing actions to address, or at least not widen, gender inequality.

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**Number: 70**

## **Obstacles and drivers of sport and physical activity in France: analysis of individual paths**

Conference track: Promoting global health and reducing the global impact of disease through behavioural influence.

**Authors: Laure SALVAING, Guillaume CALINE**

### **Abstract**

At the request of a French government agency, we conducted a qualitative survey in order to identify the obstacles and drivers associated with sport and physical activity in the population of France. Sixty-seven two-hour individual face-to-face interviews, including an ethnography phase, were carried out in May and June 2018. Based on a behavioural change analysis model, our investigation allowed us to identify nine strong drivers and nine major obstacles for sport and physical activity, which demonstrate the determining effect of the automatic behaviour of individuals. We were also able to classify ten profiles relating to sport and physical activity, focused on two areas: one area contrasting enjoyment and obligation and a second area indicating the degree of conscious and rational control of the subject's own behaviour. This preliminary research has helped the French government to develop these recommendations for a national strategy promoting sport and physical activity.

### **Introduction and background / rationale**

34 million French citizens practise a physical activity or sport, but one in two French people never do any sport. Despite this, the benefits of sport and physical activity are well-known, including their effect on well-being and their role in preventing and treating diseases. Furthermore, France will host the Olympic and Paralympic Games in 2024. To meet these challenges, the Government has set two objectives: to increase the number of people doing sports by 3 million by 2024 and to create a culture of sport and physical activity that benefits all French citizens, regardless of motivation or method of practising sport.

### **Aim of the session**

The objective of our study was to identify the obstacles and drivers for the individual practice of sports and physical activity in the French population in order to help the French government to define recommendations and priorities for communication and public action — both globally and by population categories.

Our research and analysis were based on a behavioural change model developed within our organisation in partnership with Australian academics. This model is a simplified but comprehensive framework of analysis that summarises various factors influencing human behaviour. This eight-dimensional model is based on dual process theory and thus distinguishes between:

- Factors representing deliberate or "conscious" influences (assessment of costs and benefits, perceived effectiveness and self-efficacy, knowledge and legitimacy of the rules), located to the left of our model, and
- Factors that may operate at the automatic or "subconscious" level (influence of habits, cognitive biases, impact of the environment and context), located to the right on our diagram.

Finally, our model also includes anthropological factors (social standards, moral values) which can influence whether or not behaviours are adopted.



*Simplified diagram of our approach to behavioural changes*

### **Method / approach**

In order to understand individual obstacles and drivers of sport and physical activity, we opted for individual, two-hour-long, semi-structured interviews. These discussions were preceded or followed by an ethnographic phase involving a visit of the interviewee's home. Prior to the interview, the interviewees were also asked to complete a log book over the course of several days, noting the various physical activities performed and answering a few questions on the subject.

This mode of collection was designed to gain an in-depth insight into the discourse and representations regarding sport and physical activity, while comparing them with practices, habits and living conditions. The individual, face-to-face interview approach also helps to go beyond conventional or gratifying narratives on a subject with strong social desirability, thanks to the relationship of trust established with the interviewer.

Sixty-seven individual interviews were carried out between the 7 May and 6 June 2018. These discussions were segmented according to the following characteristics in order to ensure a diverse sample: sport practice (in three categories: high, medium and low level), sex, age (15 to 80 years), socio-occupational category and degree level, living space (including interviews in overseas regions of France) and family situation.

Among these 67 interviews, eight were conducted with people with physical disabilities, aged 25 to 60 years, with varying levels of physical activity.

The interviews were carried out at home by experienced social psychologists based on a semi-structured interview guide, featuring only open questions. This guide addressed the following points: current practice of sport or physical activity, individual sporting background (since childhood), the various aspects of sport or physical activity (based on our behavioural change approach presented above) and projections for the future of the subject's physical activity.

The analysis of the 67 interviews was then based on our grid analysis of behavioural changes so as to identify the influence of various aspects in determining whether or not the subject practised a sport or physical activity.

### **Results / Findings**

The analysis identified nine strong drivers and nine major obstacles for sport and physical activity today, which demonstrate the determining effect of the automatic behaviour of individuals. These obstacles and drivers are based around four major ranges: the impact of the standard-setting system (close or distant); the impact of the structure and quality of activities on offer; beliefs and received ideas; and finally, automatic behaviour, reflexes and personal abilities.

The nine drivers were as follows:

1. The dominant social norm is regular practice, which stigmatises those who do not comply
2. The norm of proximity is an effective driver when it applies

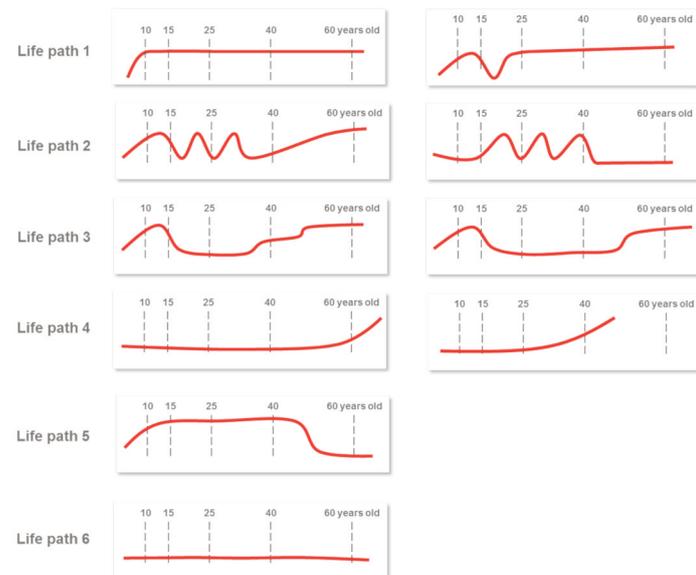
3. A wide range of sports and physical activities available, almost anywhere you are
4. An offer adapted to an active audience
5. A local voluntary offer aimed at small budgets
6. As an additional driver, more private equipment
7. As a fundamental driver, the shared representation of various health benefits
8. The absolute necessity of enjoying the activity
9. The personal ability and discipline to keep up regular practice

The nine obstacles identified were the following:

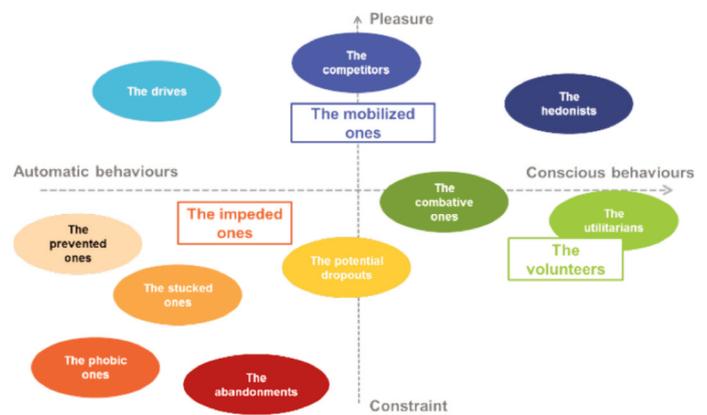
1. The lack of a culture around physical activity
2. Representations of sport which remain highly sexualised
3. Unsatisfactory general access to the range of sports
4. Financial cost, but this is more of a partial obstacle
5. Problems with accessibility for people with disabilities
6. Low personal motivation due to the lack of immediate benefit
7. The high cost of returning to sports or physical activity after a period without
8. The lack of time
9. Physical constraints (injury, disability, age)

In parallel, analysing personal backgrounds helped to identify six individual paths based on life cycle and key moments.

Finally, we classified ten major types of relationships with sport and physical activity. This classification is based around two areas: one area contrasting enjoyment and obligation and a second area indicating the degree of conscious and rational control of the subject's own behaviour. It shows the diversity of situations and the need to specifically address each of these types of attitudes and practices, beyond general policies and public communication.



6 life paths for sport and physical activity



10 major types of relationships with sport

## Discussion

This preliminary qualitative study helped to establish the complexity and interconnectedness of the dimensions and factors influencing representations—and ultimately behaviour—in the area of sport and physical activity. It provided many insights on individual paths, obstacles and drivers to being more active and sporty, and a greater understanding of the diversity of situations and profiles.

An extension of this study with quantitative measures from a large sample of the French population would have been very useful in order to prioritise the influence of each obstacle and driver and identify different segments of the population and their relationship to sport in more detail (sociodemographic and geographic characteristics). It would have allowed us to objectify and measure the findings of our study in more detail. Such an extension was not possible at this time.

## Conclusions

The results of the study showed that public policy interventions should address the question of the proposed offering, which is crucial in enabling people to begin or resume practising a physical activity. However, it seems just as important to act on associated perceptions and representations in order to create a culture of physical activity. One of the major insights of the study was that, although the dominant social norm is clearly an incentive for sport, it has little bearing on physical activity in daily life. While representations of sport are structured and interdisciplinary, representations of physical activity are less well defined. There is therefore a double barrier implicit in sport and physical activity: One obstacle regarding physical activity, which remains a social objective for which French have few points of reference and which has not entered into the way of life. And another obstacle regarding sport, which is associated with values of discipline: appealing for sports enthusiasts, but off-putting and discouraging for those who are less active. In other words, for people who are concerned or discouraged by sport, there is not yet an offering of physical activity in France that is clearly identified, understandable and approachable by all.

From these recommendations, the French government has drawn inter alia the need to "strengthen communication on regular moderate physical activity, the immediate benefits they provide (well-being and enjoyment), the diversity of them and ease of access to them".

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**Number: 73**

## **How can the creation and maintenance of partnerships contribute to national social marketing campaigns in England?**

Conference track: Interdisciplinary and cross sector action to influence behaviour for social good

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### **Abstract**

National government programmes to tackle consumer lifestyle behaviour issues impacting on public health in England, such as smoking, unhealthy food consumption and physical inactivity, have adopted a social marketing approach and the resultant campaigns have increasingly contained a partnerships element. However, a lack of empirical and theoretical research into partnerships in social marketing campaigns has been identified and the need for further research into the use of partnerships in such campaigns and particularly the strategic management of these partnerships at a national level has been acknowledged (Lefebvre, 2006; Beall et al., 2012; Duane & Domegan, 2018).

This research investigates the use of partnerships in national social marketing campaigns with the aim of gaining a greater understanding as to why partnerships are being used, how the partnerships are being created and maintained over time, and what the outcomes of the partnerships are. A case-study methodology is used focusing on a single case, Public Health England (PHE), and utilising three methods of data collection - participant observation within PHE; analysis of documents and texts published by PHE in relation to partnerships and social marketing; and semi-structured interviews with participants from PHE, its partnership agency and its partners. Thematic analysis of the entire data set suggests the use of partnerships by PHE in its social marketing campaigns has evolved over time, reflecting changes in: the rationale for why PHE creates partnerships, the process of how PHE creates and maintains partnerships; and the outcomes of the partnerships.

### **Introduction and background / rationale**

The use and importance of partnerships in social marketing practice has grown over the last twenty years (Duane, 2012). A number of social marketing academics have advocated the use of partnerships as an essential element of social marketing programmes (Niblett, 2005; Lagarde et al., 2005; Abercrombie et al., 2012) and the International Social Marketing Association (iSMA) recognised the importance of partnerships by referring to it for the first time in their definition of social marketing (iSMA, 2014).

However, the increase in the use and importance of partnerships in social marketing practice has not been reflected by the publication of empirical articles on the subject. Lefebvre (2006, p.41) stated "partnership development for national social marketing campaigns is a much copied, but poorly researched, area of practice". Beall et al., (2012) proposed the need for further research into partnerships in social marketing and particularly the strategic management of partnerships at a national level. More recently, Duane & Domegan (2018) called for a greater understanding of partnerships in two specific areas:

- (i) Scope: understanding of the state of practice, what makes social marketing partnerships successful and
- (ii) Substance: a theoretical understanding of what constitutes social marketing partnerships (Duane and Domegan, 2018 p.2).

With a lack of academic literature relating to social marketing partnerships being identified, the literature search for this study was expanded to include the broader areas of Inter-Organisational Relations (IOR) and commercial marketing. Within the IOR field Agostini and Nosella (2015) propose a framework for looking at partnerships in marketing, which consists of three distinct areas – antecedents; development process; and outcomes.

This research aims to address the identified gaps in knowledge with respect to partnerships in social marketing by applying and extending Agostini and Nosella's (2015) theoretical framework to investigate how the creation and maintenance of partnerships contributes to national social marketing campaigns in England.

The research questions are:

- (i) Why are partnerships created to support national social marketing campaigns?
- (ii) How are partnerships created and maintained to support national social marketing campaigns?
- (iii) What are the outcomes of partnerships in national social marketing campaigns?

### **Method / approach**

This research adopted a Critical Realist (CR) philosophical approach, which has been proposed to be effective in the study of business relationships as it seeks to identify patterns in the complexity of business relationships and accepts these relationships may change over time (Ryan et al., 2012). The Critical Realist Research Spiral model (Ryan et al., 2012) was followed using the four components – designing, investigating, analysing and explaining.

The design of this research followed an abductive approach by placing an equal role to both theory and empirical data. The investigation utilised a case study methodology to provide the central data organising framework for research into partnerships. The researcher was an employee of Public Health England (PHE) within their Social Marketing Directorate during the study and this provided a unique opportunity to use a case study methodology with PHE as the setting. Analysis was conducted using three distinct data collection methods - observation and field notes; documents and texts; and semi-structured interviews. Thematic analysis was used to support the explanation of data with the aim of identifying themes within the data set. A retroductive approach was utilised following Braun and Clarke's (2006) six-phase framework to conducting thematic analysis.

The theoretical framework created by Agostini and Nosella (2015) was used to develop initial codes for the analysis. Four initial codes were derived - Antecedents (data relating to why PHE create and maintain partnerships); Partnership Development Process (data relating to how PHE create and maintain partnerships); Outcomes (data relating to the outcomes of the partnerships PHE create and maintain); and Other (data findings that did not fit with the Agostini and Nosella (2015) framework). All data were firstly allocated to one or more of these initial codes and then, following further analysis, additional codes were created and thematic maps produced.

### **Results / Findings**

Thematic maps were produced to provide a visual representation of the data findings and these are provided as Figures 1, 2 and 3. The thematic analysis identified "evolution" as an overarching theme reflecting a change in the rationale for why PHE create partnerships, a change in how PHE create and maintain partnerships, and a change in the outcomes of partnerships at PHE as outlined in the subsections below.

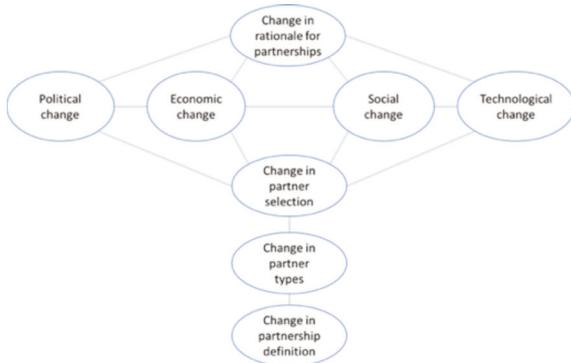
Change in why partnerships are created by PHE – figure 1 maps the themes from the Antecedents data, which suggest the rationale for partnerships has changed from creating partnerships to gain access to the partner's communications channels to creating partnerships as a strategic component of the campaign development process with key partners even becoming campaign co-creators. One PHE respondent stated partnerships were now "about leveraging the positive relationship that those brands or organisations have with our target audience, using the trust and credibility that they can provide, to interpret a behaviour change message in their own words through points in time that are highly relevant to getting people to take action".

Change in how partnerships are created and maintained by PHE – figure 2 illustrates the themes from the Development Process data, which suggest a change in the strategic marketing approach taken by PHE with regard to partnerships. One PHE respondent noted there was "a realisation that actually partnerships needed to be at the core and was a strategic marketing tool as opposed to being on the fringes and a tactical marketing tool". The change in strategic approach to partnerships by PHE was also reflected in a change in how partnerships were defined and a number of respondents stated that the definition for partnerships had evolved and that it continued to evolve in response to the change in why PHE created partnerships. As such, partnerships were defined by one participant as "a mutually beneficial strategic relationship between organisations, as opposed to being a tactical relationship between one campaign team and another campaign team to execute a particular campaign".

Change in the outcomes of partnerships at PHE – figure 3 maps the themes from the Outcomes data, which suggest there had been a

change in the measurement of outcomes and a move from focusing on the reach partner channels provided and the monetary value of these channels to the measurement of the activity that partners carried out to support the campaigns and the opportunity partners provided to create behaviour change. The partnerships themselves were also now seen as an outcome with the relationship, with the commitment and the longevity of the partnership all seen as important outcomes.

## Figures



**Figure 1** - Antecedents thematic map – relating to why PHE create partnerships



**Figure 2** - Partnership development process thematic map – relating to how PHE create and maintain partnerships



**Figure 3** - Outcomes thematic map – relating to the outcomes of the partnerships PHE create and maintain

## Discussion

One learning from this research is that partnerships involve complex relationships between the organisations and the people involved in them. The case study approach, with an embedded researcher, provides a unique opportunity to gain a greater understanding of why and how partnerships are being created and maintained. It allows for changes to be identified and interrogated and provides a richness of data that may be of value to social marketing practitioners.

## Conclusions

There are two findings from this research that have potential implications for social marketing theory and practice as follows:

- (i) The rationale for why PHE create partnerships has evolved from being seen as potential communication channels for amplifying campaign messages to becoming campaign co-creators and instigators of behaviour change.
- (ii) The process for how PHE create and maintain partnerships has evolved and they now form an integral part of PHE's strategic

marketing approach. Partnerships are included in the overall marketing strategy for all campaigns, in contrast to the social marketing literature which refers to partnerships as the 5th "P" in the social marketing mix.

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Number: 84

## A consumption-related lifestyle analysis of older male alcohol disorder

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### Abstract

Much attention has been given in the media to alcohol consumption and the dramatic increase in episodic drinking, with the focus often on young males and their drinking behaviour. However less emphasis has been on middle age and older age men where problem drinking is emerging as a significant issue. This research adopts a consumption lifestyles framework to examine men's drinking and the consumption lifestyle related factors associated with higher levels of alcohol disorder. Specifically, the research compares 1091 younger, middle aged and older men. Findings suggests disordered drinking across all age groups was influenced by a desire to cope with depression and anxiety. High levels of disorder were associated with non-conforming, depression, self-enhancement mavenism, and loyalty to particular brands and a sensitivity to price. Differences existed between age groups on some factors Implications for social marketing are considered.

### Introduction and background

Globally, excessive alcohol consumption is a major social problem (Atwell, Abraham and Duka 2011; Gagnon et al., 2012). The harmful use of alcohol causes a large disease, social and economic burden in Alcohol impacts people and societies in many ways is responsible for about 3.3 million deaths, or 5.9 % of all global deaths (WHO, 2017). For the individual, excessive alcohol consumption is associated with a risk of developing health problems such as mental and behavioural disorders, including alcohol dependence, major non-communicable diseases such as liver cirrhosis, some cancers and cardiovascular diseases, as well as injuries resulting from violence and road clashes and collisions. The harmful use of alcohol can also result in harm to other people, such as family members, friends, co-workers and strangers and has a significant health, social and economic burden on society at large (WHO, 2017; Castro et al., 2014; Osterberg and Karlsson, 2002).

Whilst it is no doubt important to understand single-act behaviours such as a binge drinking session, it is equally as important to understand the deeper, long-term lifestyle and socio-cultural related connections to alcohol consumption, and how lifestyle and culture shape the propensity for problem drinking and associated behaviours (VicHealth 2013) . Similarly, while it is important to understand problem groups such as youth (Atwell et al., 2011; Gagnon et al., 2012), we must also seek to understand older consumers and their engagement with alcohol (Bruwer et al., 2002). National drinking culture is strongly associated to male drinking (Gmel Room, Kuendig, and Kuntsche, 2007) and supported with findings that show men have higher consumption patterns and tend to be

more representative on higher consumption categories (French et al., 2014).

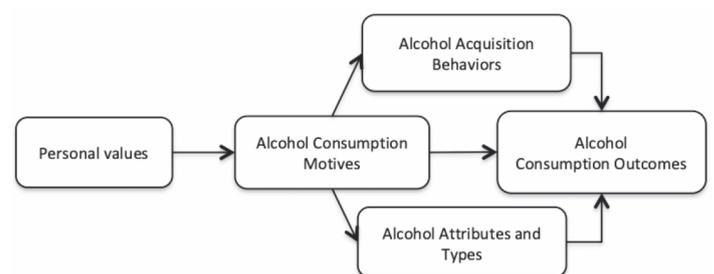
Alcohol education campaigns have often been targeted at the mass audience (Wakefield, Loken and Hornik, 2010), however it has also been noted that there is potential to better target alcohol education messages by means of market or consumer segmentation (Elder et al., 2004). Lifestyle profiling and has been widely used in the field of social marketing to better understand consumer behavior, namely for the segmentation of problem consumer groups to inform social marketing actions such as advertising and communication strategies that can foster behaviour change (Brennan et al., 2014; Lefebvre and Flora, 1988; Grier and Bryant, 2005).

Brunso and Grunert (1995) have proposed a theoretically robust consumption-related lifestyle framework that can be applied to the area of alcohol in a novel and useful way. Their approach has been developed after an extensive review of existing instruments such as VALS, Rokeach's List of Values (LOV), and Schwartz's Motivational Types of Values (see Brunso and Grunert 1993, Grunert, Brunso and Bisp, 1993) and is consistent with the means-end approach to consumer behaviour (Olson and Reynolds, 1983), especially in its hierarchical cognitive structure formulation (Grunert and Grunert, 1995).

According to Grunert et al., (1997) this proposed definition (i) makes lifestyle distinct from values; (ii) makes lifestyles transcend individual brands or products, but possibly specific to a product class (e.g. alcohol); (iii) places lifestyles clearly in a hierarchy of constructs of different levels of abstraction, where life styles have an intermediate place between values and product/brand perceptions or attitudes; (iv) covers both factual and procedural knowledge, i.e., both the subjective perceptions, based on information and experience about which products contribute to the attainment of life values, and learned procedures concerning how to obtain, use, or dispose of products, and; (v) refers to enduring dispositions to behave, not to single behavior acts (Grunert et al., 1997; Brunso, Scholderer and Grunert, 2004). The dimensions for a disordered alcohol consumption lifestyle model are presented below (see Fig. 1).

In summary, this study adopts a consumption related lifestyle framework to examine how personal, values, drinking motives, alcohol acquisition factors and those associated with product attributes influences potentially disordered consumption of alcohol. Whilst we have not yet modelled lifestyle segments our current analysis considers significant differences in consumption lifestyle factors between age groups of men and their values, motives and consumption that are associated with disordered drinking behavior. Few studies have adopted this approach to assess influences on alcohol consumption yet it offers potential to add to the explanation of behavior and provide further insights for campaigns and interventions designed to reduce harmful drinking.

Figure 1: Disordered Alcohol Consumption Lifestyles Model



### Aim of the session

A gendered approach to health has been identified as important. Men's health requires far more investigation than is apparent in the literature. In particular, middle age health is an under-investigated.

### Method / approach

The data for this study was obtained through a cross-sectional study. The sample included 1091 men over 18 years who resided in Victoria, Australia and had used alcohol at least once within the t six months prior to the survey. The data for this study were obtained through a quantitative online survey hosted by an Australian Market and Social Research Society accredited field house. Quotas around the age of participants were employed to ensure the overall sample was representative of the age distribution of the drinking age population. Measures items included a 22-item short version of the Schwartz values

questionnaire (Lindeman and Verkasalo, 2005; Schwartz, 1992). Items for alcohol consumption motives were based on the Modified Drinking Motives Questionnaire-Revised (Modified DMQ-R, Grant et al., 2007). The items for alcohol acquisition and desired alcohol product attributes were based on Grunert et al., (1997) and Bruwer et al., (2002) and modified for the study. The primary dependent measure is a modified version of the Alcohol Use Disorders Identification Test (AUDIT). AUDIT (Saunders et al., 1993) is a commonly accepted tool for classifying hazardous drinking, harmful use and alcohol dependence and these characteristics make it especially appropriate for the diagnosis of risky drinking behaviour (Francalanci et al., 2001). In this study, we have modified the AUDIT questionnaire to expand questions addressing frequency of consumption, ability to stop drinking alcohol, not wanting to stop, morning drinking, not remembering, failure to meet expectations, feelings of guilt, injury, emotional upset, and expressed concern about level of drinking from other. This current analysis is based on logistic and stepwise regression designed to identify the most prominent associations with problem alcohol consumption in men. Overall there were 29% (314) of respondents aged 18-34; 33% (362) aged 35-54; 38% (415) aged 55+.

## Results / Findings

Firstly descriptive statistics and bivariate correlations with AUDIT score indicated that some respondents have quite significant risks of alcohol dependence. Bivariate logistic regression was then employed to better understand those factors that differentiate between respondents who had higher and lower audit scores. For factors associated with alcohol acquisition, high levels of disorder were associated with mavenism, that is, wanting to be seen as a great source of information about alcohol, whilst less disorder was associated with higher levels of product information use. Loyalty to particular brands shows some indication of differentiating between high and lower disorder drinkers. Individuals who had higher levels of disorder also had significantly stronger drinking motives associated with coping with depression and with self-enhancement. Lower levels disorder was associated with social expectations.

Finally, stepwise regression models were then run with the aim of specifically examining associations for each of the three age groups. The models explained 32.5% of alcohol disorder for younger men, 33.9% for middle aged men, and 23% for older men. Each of the groups shows some similarity in what drives their drinking behavior but also a number of interesting differences (see Table 1). Younger men's AUDIT (ie disorder) is associated with coping with depression and self enhancement (drinking motives), with stimulation (personal values) and with brand loyalty, and benevolence (personal values) and social expectations (drinking motive). Alcohol disorder in the middle age group of men is most positively related to coping with depression (drinking motive) and price sensitivity (product attribute), and negatively associated with conformity (personal value). Alcohol disorder in the older group of men was influence by self enhancement and coping with depression (drinking motives) and with price sensitivity (product attribute). Their audit score was negatively influenced by conformity values. Further modelling of the data is being undertaken to examine interrelationships between the components of the model and consumption.

## Figures and tables

Table 1: Age group consumption related lifestyle predictors of Alcohol disorder

	Younger Men		Middle Aged Men		Older Men	
	B	t-value	B	t-value	B	t-value
<b>Personal Values</b>						
Stimulation	0.23	4.49***				
Conformity			-0.106	-2.41**	-0.149	-3.43***
Benevolence	-0.32	-6.18***				
<b>Drinking Motivations</b>						
Social expectations	-0.11	-2.27*				
Coping with Depression	0.26	4.54***	0.491	11.00***	0.200	3.51***
Self Enhancement	0.21	3.50***			0.305	4.72***
<b>Alcohol Attributes</b>						
Price sensitive			0.142	3.09***	0.140	3.01**
Quality focused						
Brand loyalty	0.11	2.45**				

\*P < 0.05; \*\*P < 0.01; \*\*\*P < 0.001.

## Discussion

The contribution of this research relates to understanding the relationships

between values, motives and consumption factors in a complex alcohol disorder context and helps us understand the drivers of around men's drinking behavior across different age groups. The analysis also highlights opportunities for segmentation of alcohol drinkers that incorporate more than simply demographic characteristics and points towards a more complex lifestyle factors. For men, alcohol is often associated with violence, injury, car accidents, chronic diseases, and crime and (Alcohol Policy Coalition, 2017). Excessive alcohol consumption is a major risk factor for a variety of health problems such as stroke, coronary heart disease and high blood pressure amongst many other diseases. Research suggests that a harmful drinking culture is shaped by many interrelate factors including the lifestyles of individuals and communities, easy availability of alcohol, the affordability and discounting of alcohol and the promotion of alcohol to different population segments.

Our early analysis identified a number of significant associations related to personal motives, drinking motives, alcohol acquisition and to product attributes. The research indicates that men with higher levels of alcohol disorder were likely to have personal values that promoted stimulation and security but not conformity or benevolence. They were more likely to have drinking motives associated with overcoming or coping with depression and promoting self enhancement but less likely to be influenced by social expectations. More disordered drinkers were also likely to have mavenistic tendencies and an underlying level of brand loyalty. Across the ages, it was found disordered drinking was influenced by a desired to cope with depression. When comparing age cohorts we found that younger men had a wider range of correlates associated with their disordered drinking, whilst middle aged group and the older group of men had similar correlates, particularly associated with not conforming, being price sensitive and coping with depression. Alcohol disorder in the middle age group of men is most related to coping with depression (drinking motive) and price sensitivity (product attribute), and negatively associated with conformity (personal value). Alcohol disorder in the older group of men was influenced by self enhancement and coping with depression (drinking motives) and with price sensitivity (product attribute). Their audit score was negatively influenced by conformity values.

## Conclusions

Social marketers need to carefully consider how best to create messages and interventions regarding the reduction of alcohol. Addressing alcohol disorder in men is likely to require a combination of marketing and public policy approaches. The culturally bound associations between alcohol and enjoyment lies at the heart of any message and intervention strategy aimed at changing consumption behavior and lifestyle. Messages strategies and harm reduction programs need to be developed that remove the associations between self enhancement motives, ego expression and mavenism and alcohol consumption. Further messages need to positively reinforce the notion that alcohol consumption does not facilitate the reduction of either depression or anxiety. In summary, the results of this research add to other evidence that depression and the need for self enhancement must be considered in the assessment of vulnerability for heavy alcohol use in men. Further research is needed to clarify the mechanisms of the association found in this research and to discover whether detection and effective treatment of depression might reduce risk of later alcohol problems.

Future analysis and research in this project includes cluster analysis and modelling to develop lifestyle segments that will cast further light on how effective interventions and campaigns might be developed. Emphasis for researchers needs to be placed on middle age and older age men (and women) rather than look solely at younger drinkers. Moreover, the complexity of health and lifestyle means the future research needs to better understand not just single behaviours e.g. alcohol consumption, but also a wider set of consumption patterns and practices and lifestyle that support an thwart health and wellbeing and the way in which campaigns and interventions are designed and implemented.

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**Number: 85**

**Pragmatic muddling, denial and magical thinking: The retirement voice of Australian Single Baby Boomer Women.**

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**Abstract**

Senior, single baby boomer Australian women represent the lowest income earning family group, where 35% of this cohort live in poverty. Expected to live 22 years post-retirement age, these women are confronted with social, financial and economic insecurities as they transit into retirement. In-depth interviews were conducted with eight Australian women to explore their understanding of retirement and financing for retirement. Our analysis identified five interrelated themes influencing these women's financial preparedness towards retirement; 1) relationships and children; 2) funding; 3) advice seeking; 4) employment status and; 5) housing. Data analysis reveals underlying patterns of these women's interests, lifestyle choices and circumstances. For these women, retirement is an equation that does not seem to balance. It offers a continuum of options but for most a lack of resources brings uncertainty to future life transitions. This research offers insightful views of the complexity of retirement and implications for social marketers in the area of financial literacy.

**Introduction and background**

Anticipation of retirement is considered a norm (Ekerdt, Kosloski and DeViney, 2000). Retirement has been defined broadly to signify some end change to employment status (between employer and employee) (Smith and Moen, 2004) and has an association of some inevitable loss e.g., in identity and work communities. However, for others, the meaning of retirement is being redefined by their lived experiences and lifestyle choices, and is viewed more of an opportunity for self-development (Kim and Moen, 2002). Global trends towards an aging population demand an awareness among social policy makers and governments for the need to develop effective intervention strategies towards long term economic well-being and issues as quality of life, family circumstances, savings and retirement status. By 2050, the aging population will constitute 1.6 billion of the world population (NIH, 2016), where the majority of older persons living in lone households will be women with children (UN, 2015). In 2017, one in seven Australians were aged 65 or older, yet by 2047 this segment is expected to represent 45% of the total population (AIHW, 2017).

With the average life expectancy of 87, Australian women out-live the national retirement age by approximately 22 years. Approximately half of all Australians aged 65 to 84 are women, but it is the segment of single women aged over 65 that form the lowest income earning family group, earning, on average, less than \$30,000 a year (HILDA, 2017) and classified as living in poverty. Confronted with a greater degree of vulnerability in their economic, health and social environments, by the age of 60, 34 per cent of single women in Australia live in poverty (O'Keeffe, 2016). By age 65, women retire with a third less assets, savings, and superannuation than men, in part to due to an employment history characterised by work interruptions and varied employment status (Feldman and Radermacher, 2016). Prior studies of baby boomer women's understanding of, and attitudes toward, retirement (Winston and Barnes, 2008) have been limited. Given the gender and marital differences exist in retirement preparedness (Lee, Hassan and Lawrence, 2018) and transition (Smith and Moen, 2004), providing a voice to this cohort of women is critical.

This study adopts a life-course approach (Elder, 1979; 1995; Moen,

1995) as an underpinning framework that observes the influence of significant life stage events and life transitions on an individual's perceptions, attitudes, expectations and state of health as they age. Importantly, a life course perspective provides a framework to assess resource and needs changes nested in contextual transitions (Hershey and Henkens, 2014) that acknowledge decisions do not occur in a linear fashion, but rather in alignment with other life events. Viewed through a retirement perspective, the life course recognizes the influence of demographic and socio-economic factors on opportunities and how they present to individuals (Grace, Weaven, and Ross, 2010).

## Aim of the session

A gendered approach to retirement preparedness has been identified as important. Baby boomer women's preparedness for retirement, their lifestyle choices and housing decisions is critical given the growth of this segment and long-term well-being implications.

## Method/ Approach

Using a judgment sampling method, a pilot study of eight single baby boomer women, born between 1947- 1967, were recruited for personal in-depth interviews. The data was collected through semi structured interviews of approximately two hours in duration. Interviews were audio recorded. The interview questions addressed topics covering the nature of the participant's current and anticipated future lifestyle, family life, how they view retirement and planning towards retirement and housing. All interviews were viewed, transcribed and analysed by the research team.

Thematic analysis were used to identify associations and meanings emerging from the qualitative data, providing insights into the understanding of retirement as through the voice of this specific cohort. The six phases of Thematic Analysis (Braun and Clarke, 2013) were employed and included; familiarization, generating the initial codes; review the initial themes; name and define the themes; and writing up. Through a process of data familiarisation, data coding, thematic development and patterns, five related themes emerged.

## Results / Findings

Descriptive statistics profile a diverse cohort of women with an average of 58.5 years, some with dependent adult children working both in a full time and part time capacity who all see themselves as much younger than their actual age. Few of them speak positively about specific hobbies or activities although the desire for travel does frequently come up. Five related themes that emerged included:

(1) *Relationships; self; marriage; children; community*: This theme captured participants' feelings about how they perceive themselves, their children and community belonging. Women reported a discrepancy between their actual and perceived age, and some an immediacy of seizing the present:

*I still feel like I am in my 40s. I'm still out looking to meet someone, I go online and I go out on dates once in a while. Life's good. (Jennifer, 67)*

*There is no point having all this wealth and you retire and you can't do anything, it's the now. (Marianne, 54)*

Although having children appeared to have a significant negative impact on their finances, and provisions for retirement, maintaining strong connections with offspring was as a critical priority:

*We owe it to our children to make sure we have everything in place. (Joanne, 57)*

*I have one daughter, I have been a single mother. I brought her up and put her through private school and all that. ... I do supplement her money for her. (Sandra, 52)*

*I have a son who is lives with me... and he will dependent on me for a few more years. I am not expecting to live lavishly when I retire. (June, 55)*

Several were considering volunteering once they had fully retired to ensure they remain active and connected socially:

*I would need to still be part of my community in some way. (Maggie, 60)*

(2) *Funding; preparing for retirement*: This theme captured participants' honest and quite frank appraisal of their financial state, commonly identifying a lack of funds as a barrier to planning for retirement. Underlying pathways that appeared compounding their sense of inertia towards planning include denial, with some claiming that they are "not old enough" to plan for retirement, or a fear and anxiety for entering the "next phase" of their life:

*Retirement has connotations about getting old to me... the word retirement doesn't mean anything to me. (Sandra, 52)*

*I don't think anyone I know, anyone I have spoken to, has got through the transition to retirement without some kind of feeling of 'ohhh this is not comfortable'. (Jennifer, 67)*

*Bigger than getting married, bigger than having babies. (Grace, 63)*

(3) *Advice seeking*: This theme highlights participants lack of clarity relating to financial literacy and the avoidance behaviours associated with seeking advice from professionals. A number of informants reported that they deliberately avoided seeking professional advice as they either don't believe they have an immediate need for such advice or they were anticipating being told they did not have sufficient funds for retirement:

*The dilemma for me is that financial advisors deal with people who have a lot of money in super (retirement fund). I don't have a lot of money so I can't take on a financial advisor because I don't have a lot of money to handle. (Joanne, 57)*

There was also a strong sense, not elaborated in any way that any financial advice received from seminars would be generic, not easily understood or tailored to their personal situation:

*Practical advice, not somebody who.... Someone who I can respect. Someone who I think what they are saying is worthwhile, not that they are just waffling figures and got this stock standard thing and are listening to me and my needs and take each case individually. (Tamara, 52)*

This was compounded by concern over not having someone close [a partner/ husband] to 'talk things through.' First-hand experience of friends and family already retired was actively sought and considered valuable:

*Being a single woman, a single mother, I don't have to discuss it with anyone. (June, 55)*

(4) *Employment status*: This theme captured the influence employment even in a limited or part-time capacity had on both participants' self-identity in feeling 'active' and 'engaged':

*The whole full time interactive, being useful, being part of a workforce, driving forward and having a say in something. (Tamara, 52)*

*I haven't got into research and I don't have a PhD. I have been in the situation where I realised that if I resigned I would never get this job again. (June, 55)*

Being able to continue to work, even in a limited or part-time capacity, appears to afford some women the opportunity to delay making decisions about retirement:

*I am self-employed, my schedule is busy. I would like to maintain what I am doing for as long as I can. (Sandra, 52)*

*I'm working part time, I'd ideally would like to work 4 days. I keep ringing my boss and saying is there anything?... but I know I am ticking on. (Maggie, 60)*

(5) *Housing*: Decisions about housing weighed heavily on many of the women's plans for retirement where mortgages were seen as very undesirable and inappropriate for retirees:

*I'm not going to be destitute but I won't have much cash to splash. But I will be able to make ends meet. If I am frugal it will be fine. (Tamara, 52)*

A key decision was where to live, for some a tree-change seemed to be the way, for others a sea-change, however most want to be close to shops, hospitals, friends and social connections so this presented contradictions:

*I would consider a unit if it had its own garden, but it would have to be walking distance and not too claustrophobic. (Jennifer, 67)*

*I have to think about downsizing from a 3-bedroom house but I don't want to go into a box. (Grace, 63)*

## Discussion

Some informants acknowledged retirement as a life course continuity marked by financial uncertainty and anticipated changes, while others see retirement as part of an aging trajectory which they were determined to customise and drive their own agenda. In this sense, there was an expectation that their life course perspective may be interrupted by unplanned obstacles (Grace, Weaven, Ross, 2010) and thus impede long-term provisions for retirement. The five related themes appeared to intersect and depending on circumstances, some featured more prominently than others, however in terms of retirement planning it

# RESEARCH AND EVALUATION

becomes evident the participants have not thought much about it, particularly in terms of a mandatory withdrawal from work (Winston and Barnes, 2008).

Most of our informants had not attended any formal retirement planning sessions or sought any formal retirement planning advice. There is an issue of trust with respect to this. Several do not feel as if they can understand the advice they are given or alternatively they do not like the advice or fear asking or accepting advice will make them feel old, so they shy away from it. They deny they are seniors, clinging to an identity of their younger selves. A degree of magical thinking with belief in inheritances from surviving parents and business ventures was also present for some informants. There is a strong belief they will be able to continue working as long as they like and by this pragmatic muddling through, they will be able to side step the entire issue. There is also the notion that if all else fails they can still fall back on the pension. Several of them express the view that they should seize the present because of not wanting to follow in the footsteps of their mother's 'passiveness' in retirement. While relationships and family obligations past and present are not regarded as a strong negative, it is understood that in some way their past relationships have left them somewhat disadvantaged, financially speaking. However, they speak warmly of their children and several still support or contribute to their adult children's upkeep aligning with the life course concept of 'linked lives' as understood in interdependent dyadic relationships (Gilligan, Sutor and Pillemer, 2014).

## Conclusions

This study seeks to make extend extant theory through an investigation of baby boomer women's experiences, making a contribution to the literature regarding retirement preparation. Although the outcomes are in line with prior research that more women report that have made no financial plans and felt poorly prepared for retirement (Glass and Kilpatrick, 1998), this cohort of women however highlight their resilience, determination and positive attitude of how to view retirement during life transitions. Their voice and experience reinforces retirement should not be viewed as a linear 'monochromatic' stage of life (Price and Nesteruk, 2010) but be understood as a subjective developmental and socio psychological transformation (Kim and Moen, 2002). Viewed in the framework of the life course approach, the findings of relationships, funding, advice seeking, employment and housing themes driving retirement planning recognise the 'multiple conflicting and dynamic influences' (Elder et al., 2003) that interplay through the different roles and somewhat conflicting age identities baby boomer women assume roles throughout life (Sudbury-Riley, Kohlbacher and Hofmeister, 2015). Importantly, these findings have added to the historically prediction factors to retirement of demographics, such as income, age and health (Adams and Rau, 2011; Bucher-Koenen and Lusardi, 2011). In summary, the findings of this study highlight the need to offer educational financial literacy programs on retirement planning that are customised specifically for women either in the work place or as part of community initiatives (Kopanidis, Robinson and Reid, 2016). Social marketers need to carefully consider how best to create awareness messages and develop interventions strategies to ensure baby boomer women have the information to make better decisions regarding their long term well-being.

It is important to recognise this is a pilot study in this field and thus findings cannot be generalised. A recommendation for future analysis and research in this project includes employing a larger sample size to develop lifestyle segments and or personas to allow for better customisation of effective interventions and awareness. Moreover, the complexity of how retirement is viewed will demand future research to move beyond historical factors and embrace a wider set of opinions, understandings, behaviours and lifestyle and recognition of a very diverse and heterogenous cohort.

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**Number: 94**

### **Exploring cognitive and affective psychological drivers of help-seeking in at-risk gamblers.**

Conference track: Track 8: Reducing the impact of addiction including substance, misuse alcohol, tobacco and gambling

**Authors: Svetlana De Vos , Assistant Professor, Australian Institute of Business, Jasmina Ilicic, Associate Professor, Monash Business School, Australia, Pascale Quester, Professor, University of Adelaide, Australia, Roberta Crouch, Professor, Flinders University, Australia**

#### **Abstract**

This research applies McGuire's Psychological Motives Framework to unlock various cognitive and affective psychological motives (i.e., preservation and growth) that influence health-seeking in at-risk gamblers. Qualitative data was collected via focus groups and analysed in stages using a theme-building approach. Results of qualitative analysis reveal several salient psychological motivators that may have the capacity to encourage help-seeking intentions in at-risk gamblers. Specifically, findings show that affective growth motives, such as the need to adopt new roles (i.e., identification motive), including an affiliation motive (i.e., the need to develop mutually satisfying relationships with others) and assertion motive (i.e., the need to increase self-esteem), are regarded as important to facilitate help-seeking, and also to maintain prolonged engagement with the service. Likewise, cognitive growth motives, such as stimulation motive (i.e., the need for variety and difference), including an autonomy/independence motive (i.e., the need for a feeling of self-governance or self-control) and utilitarian motive (i.e., the need to learn new information to solve problems), emerge as frequently expressed psychological help-seeking motivators. Cognitive and affective preservation motives also manifest as important themes, however, are expressed less frequently. In particular, an affective preservation motive, such as need for ego-defence and need for tension reduction, and cognitive preservation motive, such as need for consistency, are considered meaningful by at-risk gamblers to prompt their help-seeking intentions. Overall, both, cognitive and affective preservation motives appear to be especially salient for respondents at the early stages of their help-seeking decision making process.

**Number: 100**

### **Exploring the influence of pre-marriage counselling on fertility decisions in Lusaka District, Zambia**

Conference Track: Interdisciplinary and cross sector action to influence behaviour for social good.

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#### **Abstract**

Africa continues to record high demand for family planning but low uptake of modern contraceptives (United Nations, 2017). This does not necessarily translate into non-practise of family planning (Mairiga et al, 2010; Audu, Yahya & Bassi, 2006). African societies have always appreciated the concept of child spacing which from early days was attained through traditional methods (Waife, 1978). To date 40% of women prefer natural or traditional methods (Gebreselassie, et al, 2017; United Nations, 2015) but the level of correct practice of these traditional methods is low (Audu, Yahya & Bassi, 2006).

Caldwell and Caldwell (1986) postulated that social and cultural factors such as lineage-based systems would delay rapid fertility decline in Africa. Indeed, decline in fertility rate in Sub-Sahara Africa is not only later than other regions but slow due to various reasons including cultural diversity (Casterline, 2017; May, 2016). Korotayev, et al (2016) notes the

importance of establishing sociocultural and behaviour patterns that support high fertility. Therefore, Caldwell, Phillips and Barkat-e-kuda (2002) emphasized the need for 21st Century family planning interventions to be more socially and culturally sensitive in order to yield the anticipated results.

In Africa, there exists some cultural and social structures/systems and practices that can be used to increase the use of effective contraceptives (Baudin, 2007; Bloom, Standing, & Lloyd, 2008). This study identifies pre-marriage counselling (traditional or religious)-which is a social or cultural practice in Zambia as an avenue that can be used to empower couples to make informed fertility choices and contraceptives. Therefore, this study provides evidence for the design of research-informed social marketing strategies.

A pilot study (n=20) was conducted using a questionnaire developed using Epi Info. The data was collected from a purposively selected health facility (Chilenge Level 1 hospital) in Lusaka district. Respondents were randomly recruited and screened (at least 15 yrs. of age, married/engaged/once married/widowed) before the questionnaire could be administered. The preliminary results show that pre-marriage counselling has strong influence on the understanding of sexuality, roles and responsibilities, leadership and authority. However, the influence on family size and contraceptive choices is weak.

#### **Introduction and background / rationale**

In Zambian society, pre-marriage counselling (traditional or religious) is a mandatory undertaking for persons who want to get married through a socially acceptable and culturally appropriate marriage procedure. Therefore, marriage counsellors form part of a person's social network. However, these actors are sparsely examined in extant fertility research in Zambia. Although Kapambwe et al (2013) have established that pre-marriage counselling is an alternative to the conventional platforms for effectively disseminating reproductive health information, the influence of pre-marriage counselling on fertility choices and behaviour is yet to be established. Therefore, this study addresses the question, how best, can Social Marketing strategies that are fit for and sensitive to cultural and social structures, be tailored to accelerate a couple's ability to make appropriate choices about fertility and contraceptives?

#### **Aim of the session**

To present evidence that can be used to inform the design of socially and culturally sensitive social marketing programs for family planning in high fertility regions like Sub-Saharan Africa.

#### **Method / Approach**

This study forms part of a three stage project that aims to construct the fertility decision making process in Zambia. The first stage of the project (study 1) explores the influence of pre-marriage counselling on fertility decisions. In October 2018, a pilot study (n=20) was conducted in Lusaka district, Zambia for purposes of testing the research instrument (questionnaire) which was developed using Epi Info. The pilot aimed to;

- a) Establish the average time required to administer the questionnaire
- b) Identify practical challenges of collecting data
- c) Assess the data collection skills of the research assistants and gauge if the data was authentic or not (i.e. not filled in by RAs pretending to be different respondents).

Data was collected from Chilenge Level 1 hospital. This health facility was purposively selected because it had recently been upgraded from a clinic status and serves an area with a mix of residential areas (high, middle and low socio-economic levels). The respondents were randomly recruited and screened before the questionnaire was administered. Epi Info was used to store and analyse the data.

#### **Results / Findings (Pilot results)**

The results show that although the questionnaire had some weaknesses such as unclear wording/phrasing of some questions, the instrument collected data required to answer the set research questions of the first stage of the project.

##### **1) Effectiveness of the Tool**

The response rate was 95%, however, the Research Assistants (RA) reported difficulty in comprehension of some questions and suggested responses in the instrument. For instance, the pattern of responses to the question "What is your main household income?" Were either misunderstood or not clear. This is because some of the responses under the suggested answer of "other" produced responses such as: own business, self-employment, bricklayer and salaula (i.e. sale of second hand

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clothes) - which all fall under the category of "Own informal employment". Therefore, such questions/suggested answers were revised using the feedback from the pilot.

After revising the instrument and re-testing it (n=5) a survey (n=150) is to be carried out in four purposively selected health facilities within Lusaka District. A gender quota of 30%-70% has been set to ensure that the men's voice in fertility decision-making research is captured (Vouking, Evina, & Tadenfok, 2014). However, a lower proportion of male respondents (30%) is set because most fertility interventions target women (Adelekan, Omoregie & Edoni, 2014).

The sample size for the actual study (n=150) was determined using the GPower Calculators by taking into consideration basic statistics about the Zambian population (i.e. 48.72% of population within the reproductive age -15 to 49, 49% Contraceptive Prevalence Rate and 59.6% of population are married). Table 1.0 gives the sample sizes and indicative tests for the study.

Table 1: Sample Size and Indicative Test

GPower Calculator	Study
Effect size	0.5
Prob.	0.05
Power	0.8
Indicative Test	T-Test
Sample size (n)	128

## 2) Authenticity of the Data

The data collected in the absence of the Principle Investigator (PI) by the RAs was tested using basic analysis to check if the data was making sense and believable. For example, it is logical that since the majority (60%) of the respondents had at least secondary level of education, the main household income was that of the spouse and this could explain the possible misunderstanding of the suggested answers to some of the questions in the instrument. To ensure data quality, the PI made it mandatory to undertake field spot checks during the actual study.

## 3) Skills of the Research Assistants

The average time recorded by the two RAs varied between 5 and 8 minutes, which was significantly below the Principal Investigator's recorded minimum time of 15 minutes. This revealed that the RAs were not taking time on the probing questions and it was clear from the number of blank spaces on the sections that required RAs to probe the respondents. Therefore, probing skills and techniques were identified as key areas of training needs for the RAs.

## 4) Data Collection Challenges

Some of the data collection challenges reported by the RAs included:

- Possible language barrier due to the diversity of languages in Lusaka province, although Nyanja is the main native language in Lusaka.
- Respondents expressed discomfort in discussing fertility issues.
- The perception by male respondents that family planning is a topic for women.

## 5) Classification of Residential areas by Income levels

The Pilot results show that new and new emerging residential areas such as Chalala, Salama Park and Woodland extension-which are regarded as middle income areas, in reality have a mix of income levels. This is because these areas are characterised by privately built houses that are of varying sizes, designs and quality. Thereby, accommodate both middle and high income earners. Low income earners are also likely to temporary reside in such areas as caretakers during the construction phase.

## Discussion

Pre-marriage counselling is one of the existing social and cultural structures within the Zambian society. Although it is expected that a couple must undergo pre-marriage counselling, in exceptional and undesirable circumstances, a couple may not undergo pre-marriage counselling as punishment for breaking the social or cultural rules such as getting pregnant outside wedlock, as the following quote illustrates.

*"When my guardians discovered that I was pregnant, they took me straight to the man responsible and they left me at his house. I stayed and that is how he became my husband" R08.*

Pre-marriage counselling (religious and traditional) is valuable and

appreciated across different tribes and persons of different educational levels.

*"I regret not undergoing pre-marriage counselling but over time, I have learnt by talking to elders" R02*

*"I would recommend marriage counselling because we are Africans and that is how we can preserve our norms about marriage...I have really benefited and would like others to benefit as well." R18*

A five point Likert scale was used where 0=Strongly Agree and 4 =strongly Disagree the influence of marriage counselling on key constructs of the husband-wife relationship. Table 2 shows the basic descriptive statistics of this data.

Table 2: Descriptive Statistics on Likert Scale questions

Responses	Sexuality	Communication	Roles & Responsibilities	Leadership & Authority	Family Size	Contraceptive Choices
	Q25	Q26	Q27	Q28	Q29	Q30
Strongly Agree	6	5	5	1	1	1
Agree	9	10	12	12	4	6
Neither Agree/Disagree	1	0	2	2	3	4
Disagree	3	4	1	5	10	9
Strongly Disagree	1	1	0	0	0	0
<b>Total</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>18</b>	<b>20</b>
Strongly Agree (%)	30%	25%	25%	5%	6%	5%
<b>Agree (%)</b>	<b>45%</b>	<b>50%</b>	<b>60%</b>	<b>60%</b>	22%	30%
Neither Agree/Disagree	5%	0%	10%	10%	17%	20%
<b>Disagree</b>	15%	20%	5%	25%	<b>56%</b>	<b>45%</b>
Strongly Disagree (%)	5%	5%	0%	0%	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Conclusions

Although majority agree that pre-marriage counselling influences a couples understanding of Sexuality (Q25), Communication (Q26), Roles and Responsibilities (Q27), Leadership and Authority (Q28), they do not see it as a strong influence on fertility decisions, (a) no of children to have (b) contraceptive choices. However, these results are not conclusive because of the sample size (n=20) until the actual study is concluded (n=150). Tentatively, it can be concluded that marriage counselling sessions do not include the necessary information that couples can use to make fertility choices. However, marriage counselling influences the undertaking of sexuality, roles, responsibility, leadership and authority in marriage, which are key in fertility decision making. Therefore, this platform (marriage counselling) can be used to pass on customized information about family planning which can be used to make informed choices about family size and method choice.

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**Number: 102**

### **Reducing food insecurity and vulnerability for older people**

Conference track: Using citizen focused design thinking, participative design, actor engagement and cocreation

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#### **Abstract**

Increasing longevity in developed economies is presenting both opportunities and challenges as we seek to understand consumer behaviour in later life. This study focuses on food insecurity among older people which has a major impact on societal well-being. Current numbers of older people being food insecure pose a grand challenge for policy makers and organisations in how to create structures that can serve the growing ageing population by eliminating those factors that can lead to vulnerability.

The aim of the study is to explore the factors that lead older people to food (in)security while they acquire and consume food and based on these, to inform social marketing initiatives and public policies.

We investigated the food-related lived experience by older consumers through a practice theory lens adopting an ethnographic approach. Fieldwork in 25 households of individuals aged 60+ resulted in everyday food consumption practices being recorded over one year.

An integrated vulnerability framework was developed to show how older people move from food security to insecurity/vulnerability and (sometimes) back to security when appropriate resources are allocated.

The findings have implications for social marketing programmes, organisation structures and public policy development to support older people remain food secure and avoid vulnerability.

#### **Introduction and background / rationale**

Current increases in life expectancy lead to a demographic transition to older populations with individual and societal implications. One of these challenges is maintaining people's food security. Food security exists when individuals and populations have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. The four pillars of food security are availability, access, utilization and stability (FAO, 2009).

An estimated 1.3 million older people (60+) are malnourished or at risk of malnourishment in the UK (Age UK, 2014), and "millions of households across the United States" are impacted by food insecurity (Taylor et al. 2017, 549). High malnutrition rates costed the NHS in England £19.6 billion in 2011-12 which was predominantly spent on older people (Elia, 2015). Studies show that food insecurity is a multidimensional phenomenon with mental and physical health implications (Sengupta, 2016). For older people, limited mobility, low income and poor health contribute to food insecurity as they can lead to altered food use and difficulties in accessing food (Coleman-Jensen & Nord, 2013). So,

attention now needs to be paid to supporting older people in maintaining their food security (Sengupta, 2016).

To understand food insecurity in later life, we use the theoretical frameworks on vulnerability as they have been shaped by Baker, Gentry, and Rittenburg (2005) and Schröder-Butterfill and Marianti (2006). Baker et al's (2005) definition of consumer vulnerability focuses on the experience of consumer vulnerability; it does not say who is vulnerable, because everyone has the potential to become vulnerable. Baker et al. (2005) create a basis for understanding why consumers should not be perceived as vulnerable a priori and what are some of the factors that may expose them to vulnerability. For example, vulnerability may not occur to members of 'high-risk' populations because they have developed coping capacities that help them eliminate those threats that create vulnerability (Schröder-Butterfill & Marianti, 2006). Schröder-Butterfill and Marianti (2006) also support the importance of agency and power when studying vulnerability in older populations. Moschis, Mosteller, and Fatt (2011) highlights the importance of early life experiences and it is also affected by both individual and societal impacts that can accumulate over the life-span such that threats eventually pose options between positive adaptations and maladaptations. So, vulnerability is influenced by internal and external factors (Baker et al., 2005), their combinations (Schröder-Butterfill & Marianti, 2006) and it can differ based on the context (Moschis et al., 2011). "Actual vulnerability occurs when vulnerability is, in fact, experienced and only can be understood by listening to and observing the experiences of the consumer" (Baker et al., 2005). Since current knowledge of older adults' food practices is limited, we designed a more detailed investigation around this area of the life of the older household. We approach food and eating as a social practice (Delormier, Frohlich, & Potvin, 2009) that can help us understand how food practices for older consumers are co-created based on their interactions with organisations and the food system in general.

#### **Aim of the session**

The aim of this study is to understand vulnerability and how this can be avoided for older people by identifying food-related practices that may promote or hinder older consumers' food security.

#### **Method / approach**

This research is based on the everyday practices of 25 households aged 60+ resident in the East of England. The premise of the research was to explore how such households managed a variety of food activities including cooking, shopping and growing food within and outside the home. The study also sought to explore the role of community networks, families, retail and other food environments and the impact that experiences over the life course had on making decisions about food in typical everyday situations.

We adopted an ethnographic approach to capture older people's food acquisition and consumption practices (Wills, Meah, Dickinson, & Short, 2015; Wolcott, 2008). Mixed methods supported the ethnographic approach: interviews, video-recorded and photographed observation of shopping trips and kitchen tours, photo-voice methods, researcher generated photographs and food logs completed by each household.

We use practice theory (Schatzki, 2012) as our analytical lens (Seregina & Weijo, 2016) to address consumer behaviour within contexts and structures. Focusing on each practice enables a fine-grained understanding of the interplay between structure and agency, which is a key issue in addressing vulnerability (Baker et al., 2005).

The 25 households recruited for the study reflected a diverse demographic mix, with a cross-section of ages, gender, living status (alone, co-habiting, sheltered housing), residential area (urban, rural), ethnic origin and use of different means of transport. All were sampled purposively and recruited via lunch clubs, older people's networks, and sheltered housing units and through personal networks of the researchers.

Data collection was completed by a team of four researchers. A total of 79 separate visits were conducted across the 25 households participating in the study. Each participating household was visited at least twice. Interviews were audio-recorded. Data collected amounted to 50 interview transcripts, 1,270 photographs, 22 hrs 51mins of filming, 20 food log/household notes and 25 sets of fieldnotes. Data was imported into NVivo 11, inductively coded, with codes being discussed by the research team. None of the names given in this paper are actual names of participants.

# RESEARCH AND EVALUATION

## Results / Findings

The analysis of the findings revealed three key practice areas (i) practices that support food security (number 1 in Fig. 1) (ii) practices that compromise food security (number 2 in Fig. 1) and (iii) practices of adaptation to become food secure (number 3 in Fig. 1).

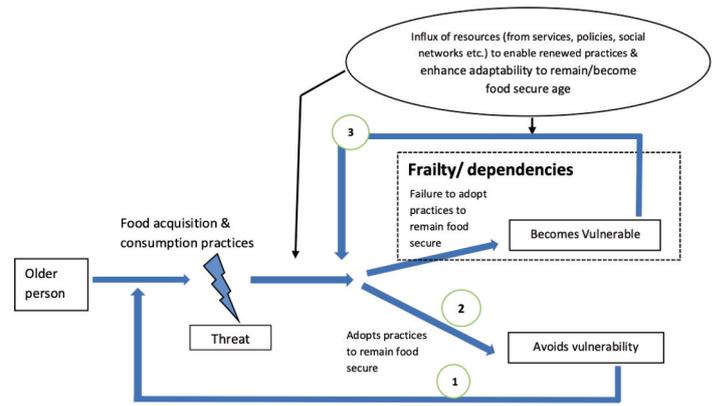
Within these practice areas, certain aspects were identified that could enhance, support or hinder the participants' food security leading to vulnerability. These factors were categorised into assets (that enhance food security), obstacles (that hinder food security and increase vulnerability) and adaptations (actions used to reverse vulnerability and become food secure).

For example, one of the participants, Gerald (94 years old), uses assets such as home delivered food and a microwave to prepare food since his wife died 4 years ago. These practices support his food security. In terms of practices that threaten food security, Roland (80 years old) finds it difficult to visit the nearest supermarket due to accessibility issues as it requires two buses to get there and Maya (64 years old) washes raw chicken which goes against current recommendations but is firmly embedded in her food preparation routines.

Dexter (70 years old), had difficulties shopping at the supermarket as he had to use a walker and he found it hard to manage his walker and the supermarket trolley at the same time. Therefore, he adapted [practices that reverse vulnerability] and he now has a carer to help him shop for food. Kate (90 years old) uses a scooter to visit the supermarket as she has mobility issues [adaptation to remain food secure]. Finally, another example of an adaptive practice is the case of Chris, 82 years old, who reported the importance of lunch clubs for supporting him with food and socialisation prior to and after he lost his wife.

## Discussion

Our findings show that everyone has the potential to become vulnerable (Baker et al., 2005). How individuals adapt to those factors that trigger vulnerability (Baker et al., 2005) is what is crucial in determining vulnerability as opportunities to marshal support (agency) or as a problem that overwhelm and cause a decline into dependency (lack of agency). So, in contrast to the model of Schröder-Butterfill and Marianti (2006) that sees all older people coping with threats to remain invulnerable, our findings suggest that adaptations, through particular practices that take advantage of specific assets available to older people, can keep individuals food secure, away from vulnerability (see Figure 1). So, individuals with agency are able to adapt while on the other hand, those with weak (or lost) agency do not manage to completely adapt to the changes of the food environment. Based on our findings, lack of adaptability was linked to mental health issues, emotional vulnerability, and being anti-social, leading to decreasing cultural competence and skills to prepare and acquire food. For these cases, therefore, the importance of a social system for support is raised. In addition to agency, resources from services, policies and social networks enhance older people's adaptability and have the potential to enable new practices so that those already food insecure might return to a less vulnerable state. Our findings also show that those who change practices to overcome obstacles and use assets to adapt have better chance of remaining food secure, while those who are prone to vulnerability are less flexible and show inability to adapt to the new circumstances. So, for example, participants who were planning ahead to enhance their assets for the future have managed to remain food secure when threats occurred (e.g. loss of a spouse or inability to drive). Having access to a range of resources, using time and money to create, maintain and manipulate a social system to their benefit provides agency. Agency is furthered by taking advantage of mental energy and competence to develop assets, to critique, reflect and question and in combination to be able to adapt and learn new skills.



**Figure 1:** an adaptation of the framework for understanding vulnerability (Schröder-Butterfill & Marianti, 2006)

## Conclusions

Our research shows that older people are exposed to many factors that can lead to vulnerability as they get, prepare and consume food. Failure to adapt to adverse changes can lead them to become vulnerable. Our findings provide directions for social marketers to foster individual behaviour and societal change through a better understanding of how vulnerability is created in everyday food-related practices. Those who work with older people, such as carers, GPs, social enterprises, charities and food retailers could be re-organised in ways to better provision older people and their family/carers to avoid food insecurity. Also, community food services such as lunch clubs and meals-on-wheels services are vital to enable food security for older people. So, practical conclusions that flow from this study are linked to assets reinforcement and obstacles elimination to ensure that older people have the resources to positively adapt, to avoid food insecurity and vulnerability.

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**Number: 107**

**Normative influence and effectiveness of recycling policy on household waste separation**

Conference track: Global climate change, environment protection, overconsumption and sustainability

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**Abstract**

The influence of norms on pro-environmental behaviours is well supported in the social marketing literature. This study examines the respective roles of personal norms and social norms (descriptive and injunctive norms) on the intention to engage in household waste separation for recycling purpose and further evaluates the potential moderating effect of recycling policy implementation on the proposed relationships. A survey was conducted to collect quantitative data from 350 households residing in a city that is currently implementing a mandatory recycling policy (Johannesburg) and 349 households from a city that is not (Tshwane). The findings underline the importance of personal norms in influencing pro-environmental behaviour and highlight the limited moderating effect of policy implementation. Policymakers are therefore urged to activate personal norms and apply more persuasive approaches such as financial incentives that will motivate households to comply with recycling policies.

**Introduction and background / rationale**

The household solid waste management (HSWM) has been a pressing challenge worldwide due to landfill spaces that are getting limited (Strydom, 2018; Xu et al., 2017). Effective management of solid waste in households requires a systematic separation of waste materials such as leftovers, plastic, garden waste, recyclable materials for the purpose of reuse, recycling, composting or further processing (DoE, 2018; Nguyen et al., 2015). In South Africa, despite the targeted 50% diversion of waste from landfills and a 50% of households separating waste at source by 2023 (DEA, 2018; Strydom, 2018), the current levels of adoption of household waste separation (HWS) is below 10% (Simatele et al., 2017; Strydom, 2018). It is against this backdrop that the city of Johannesburg – the economic hub of South Africa – has launched a mandatory separation at source program in July 2018. Through this upstream social marketing intervention, the city of Johannesburg expects to reduce the pressure on the landfills which will ultimately protect the environment.

Prior research has widely investigated the factors shaping individuals' decision to perform HWS (Alhassan et al., 2018; Nguyen et al., 2015; Oyekale, 2018; Xu et al., 2017). Despite these previous attempts, most studies are anchored in the rational reasoning of behaviour with a focus on the theories of reasoned action and planned behaviour (for example Alhassan et al., 2018; Khalil et al., 2017; Xu et al., 2017). This study takes a different approach and focuses on the normative influences applied to the context of South Africa, an emerging African country. The present research draws from the Focus Theory of Normative Conduct (FTNC) (Cialdini et al., 1990) and the Norm-Activation Model (Schwartz, 1977) (NAM). The FTNC outlines the dual influence of two types of social norms namely, the descriptive and injunctive norms on behaviours. Descriptive norms reflect the extent to which individuals perceive how others actually behave in a given situation, and the injunctive norms refer to what is approved or disapproved by most people in the society (Cialdini et al., 1990; Kenny and Hastings, 2011; Schuster et al., 2015). The NAM is an established theoretical framework in the pro-environmental literature. The model uncovers the proximal role of personal norms in influencing behaviours (Schuster et al., 2015; Schwartz, 1977). Personal norms are described as the individuals' internal expectations of how they should act anchored in their inner values (Onel, 2017; Schuster et al., 2015).

Research has demonstrated that individuals tend to conform to perceived norms (Kenny and Hastings, 2011; Sorkun, 2018). In the social marketing field, initiatives have heavily relied on social norms to bring about behaviour change (Ibrahim et al., 2018; Schuster et al., 2016; Xu et al., 2017;). For example, the community-based social marketing framework which is widely used for environmental protection (McKenzie-Mohr and Schultz, 2014; McKenzie-Mohr et al., 2012), outlines the strategic role of norms in the behaviour change process. Empirical evidence strongly supports the effects of social norms on the intention to adopt pro-environmental behaviours (Onel, 2017; Schuster et al., 2016). In the same way, the influence of personal norms on the intention to behave in

an eco-friendly way has been established in the literature (Nguyen et al., 2015; Stoeva and Alriksson, 2017).

However, the success of such behaviour change initiatives relies on the support received at the upstream level (government, policy makers) through effective policy implementation (Dressart and van Bavel, 2017; French, 2011; Khalil et al., 2017; Schuster et al., 2015). The mandatory HWS policy implemented in the city of Johannesburg can be a game changer in the pursuit of environmental protection.

This research has two overarching objectives. The first is to examine how descriptive, injunctive and personal norms can shape households' intention to adopt HWS. The second objective is to assess whether these effects of norms on intention vary across the city of Johannesburg that implements HWS policy and the city of Tshwane that does not. Four hypotheses are tested in this study. H1: Descriptive norms positively influence the intention to adopt HWS in both cities; H2: Injunctive norms positively influence the intention to adopt HWS in both cities; H3: Personal norms positively influence the intention to adopt HWS in both cities. H4: The effects of norms on behavioural intention significantly vary across the cities of Johannesburg and Tshwane.

**Method / approach**

A quantitative research method using a cross-sectional design was applied in this study. The data collection was carried out from November 2018 to January 2019. A quota sampling technique was used to select respondents primarily based on the geographic location and a further selection was based on the gender, racial and income groups so as to ensure that not just one, but different respondent groups are represented in the sample. Respondents were selected equitably from two major cities in South Africa: the city of Johannesburg where a mandatory policy of separation of household waste is being implemented since July 2018, and the city of Tshwane (also known as Pretoria) that is currently not implementing a mandatory HWS policy. Before collecting the data, the questionnaire was pre-tested on samples from the two cities. The data was collected by trained field workers and the respondents were found in various settings including malls, place of work and worship, houses etc. Out of the 900 respondents initially contacted from the two cities, 350 and 349 questionnaires from the cities of Johannesburg and Tshwane respectively were retained in the study, which makes a response rate of 78%.

The questionnaire used in this study was divided into two sections. The first section recorded socio-demographic information of respondents. Most respondents were male (60%), aged between 26 and 35 years old (40%), having a university degree or diploma (52%). The second section captured the scores of the four constructs involved in this model. A five-point Likert scale ranging from "strongly agree" to "strongly disagree" was used to measure the four constructs. The social norms constructs were adapted from He and Zhan (2018) and Schuster et al. (2016), personal norms emanate from studies by Sorkun (2018) as well as Onel (2017). The intention to adopt HWS was adapted from Stoeva and Alriksson (2017).

**Results / Findings**

The study used the structural equation modelling (SEM) to validate the hypothesised relationships using IBM AMOS version 25. The measurement model was tested through the confirmatory factor analysis (CFA) approach. The results of the CFA summarised in Table 1 below show that the convergent and discriminant validity of each scale is established because the AVE is above 0.5 and  $\sqrt{\text{AVE}}$  is above the inter-construct correlations. The reliability of each construct is validated by the composite reliability (CR) being above 0.7. The hypothesised effects of norms on behavioural intention to adopt HWS was tested through the structural model. The results show that the model fits the data as revealed by the model fit indices:  $\chi^2/DF= 3.305$ ; Goodness of Fit Index (GFI)= 0.956; Comparative Fit Index (CFI)= 0.979; Tucker-Lewis Index (TLI)= 0.972 and Root Mean Square Error of Approximation (RMSEA)= 0.057. The hypothesised relationships were tested and compared across the cities of Johannesburg and Tshwane. The results depicted in Figure 1 indicate that in the city of Johannesburg, social norms (descriptive and injunctive) have no effect on the intention to separate household waste, whereas personal norms have a significant and positive effect. The data from the city of Tshwane revealed that the impact of descriptive norms on behaviour intention is still not significant, whereas injunctive and personal norms have a positive and statistically significant influence on individual's intention to separate household waste. The hypotheses H1 and H2 were thus rejected, while the hypothesis H3 was accepted. A multi-group analysis using a metric invariance test – the Chi-square difference test

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(Joreskog and Sorbom, 1993) – was conducted to test whether the model significantly differs across the two cities. The results revealed that there is no statistically significant difference ( $p > 0.05$ ;  $\Delta X^2 = 12.42$ ) in the effects that descriptive, injunctive and personal norms have on behavioural intention respectively. This suggests that the implementation of a mandatory HWS policy does not moderate the influence that norms might have on the intention to separate waste at source. The hypothesis H4 was therefore rejected.

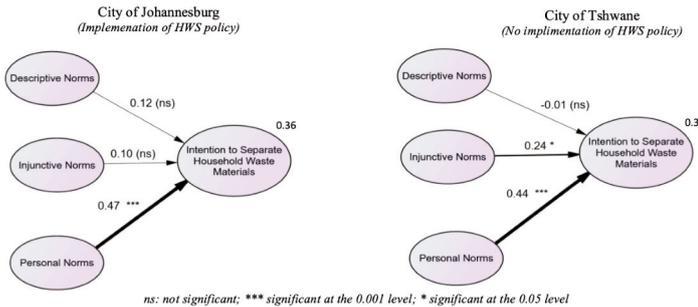
## Figures and tables

**Table 1.** Reliability, convergent and discriminant validity assessment.

Inter-construct correlation matrix and $\sqrt{AVE}$					Mean	CR	AVE
	PN	DN	IN	INT			
PN	<b>0.824</b>				3.352	0.893	0.679
DN	0.500	<b>0.876</b>			2.670	0.929	0.767
IN	0.647	0.689	<b>0.767</b>		3.026	0.811	0.589
INT	0.552	0.376	0.467	<b>0.897</b>	3.584	0.925	0.805

PN: Personal Norms; DN: Descriptive Norms; IN: Injunctive Norms; INT: Intention to separate household waste materials; CR: composite reliability; AVE: Average Variance Extracted. The values in bold on the diagonal represents the  $\sqrt{AVE}$  of each construct.

**Figure 1.** Structural models across



## Discussion

The positive influence of personal norms reported in the two cities is consistent with the view that personal norms are stronger and more stable drivers of pro-environmental behaviours compared to social norms (Sorkun, 2018; Khalil et al., 2017; Onel, 2017; Stoeva and Aliksson, 2017; Nguyen et al., 2015). Social marketers therefore need to activate individuals' internal moral obligations that lead them to do the 'right thing'. This can be done through increased awareness of the detrimental consequences of their behaviours on the environment and ascription of responsibility for such actions (Onel, 2017; Sorkun, 2018).

Surprisingly, the findings indicate that descriptive norms have no effect on behavioural intention across the two cities. This finding was unexpected given that descriptive norms are often considered a stronger predictor than injunctive norms (Schuster et al., 2016; Smith et al., 2012). A possible reason for this discrepant result is the low level of implementation of HWS reported in South Africa (Strydom, 2017; Simatele et al., 2017). Given that descriptive norms are derived from what other people actually do, the fact that there is only a minority of households that separate waste materials, people have limited or no reference of proper recycling practices to emulate. Equally surprising is the positive and significant effect of injunctive norms in the city of Tshwane and the none significant effect in the city of Johannesburg. This finding confirms that notwithstanding the HWS policy implementation in the city of Johannesburg, households have not yet integrated HWS as a norm. A potential explanation is the fact that this study was conducted only five months after the mandatory HWS policy was implemented. Moreover, this weak effect of social norms on intention to adopt HWS in the city of Johannesburg results from the fact that no disincentive or penalty is currently applied to persuade non-compliant households to adopt HWS (DEA, 2017).

Given that social marketing programs are based on persuasion and not coercion (Dressart and van Bavel, 2017; French and Russell-Bennett, 2015), it is therefore incumbent on the policymakers to apply cohesive and more persuasive measures to bring about behavioural change. Offering a reward for adopting HWS can be effective. Direct rebate on the municipality waste collection monthly fees can encourage households to engage on HWS. Normative messages highlighting the number of individuals who already separate household waste materials, and the number of pledges supporting the HWS in a neighbourhood, a community, or a city, should be communicated in order to establish HWS as a norm (McKenzie-Mohr et al., 2014; Nolan et al., 2008).

## Conclusions

This study sheds important light on social marketing theory and best practices. The empirical evidence on the role of personal and social

norms points to the fact that at this early stage of implementation of HWS policy, behaviour change is more likely to be shaped by the individual's internal or moral obligation to protect the environment (personal norms) rather than the perceived influence of norms dictated by the society (social norms). From an upstream social marketing perspective, this study corroborates that having a strategic policy intervention is not enough, the compliance of the target audience is crucial for effective behaviour change (French and Russell-Bennett, 2015; French, 2011; Dressart and van Bavel, 2017). Future studies need to re-examine the effect of norms after two or three years of HWS policy implementation in order to better appraise the moderating effect of HWS policy.

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**Exploring the impact of stereotype threats to the older consumer's identity and the influence of commercial marketing efforts in perpetuating ageist stereotypes**

Conference Track: Critical Social Marketing

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**Abstract**

Using semi structured depth interviews with Australian consumers aged 55+, this paper explores the self-protection mechanisms that older consumers use to distance themselves from negative stereotypes of aging and the specific marketing practices experienced by older consumers that constitute a stereotype threat to their age identity. The findings suggest that older people engage in a range of activities to challenge stereotypes associated with the physical and mental aspects of aging pertaining to fitness, physical appearance, social activities and technological mastery. Older consumers are also exposed to negative stereotypes and a lack of acknowledgement from marketers, primarily in relation to advertising and more even more confronting, through customer service interactions. Implications and opportunities are discussed for both commercial and social marketers to counter negative stereotypes and to facilitate positive aging and identities.

**Introduction and Background**

Growth in the number of older people is a global phenomenon. It is expected that between 2017 and 2050, virtually every country in the world will experience a substantial increase in the size of the population aged 60 years or over (Global Aging Institute, 2018). Australia has one of the highest life expectancies in the world – ranking 8th in the world (MacCallum and Rees, 2017) – which, combined with a declining birth rate, signals a growing segment of older consumers. As of 2016, 15% (3.7 million) Australians were aged 65 and over; this proportion is projected to grow steadily over the coming decades. By 2056, it is estimated there will be 8.7 million older Australians (22% of the population) (AIHW, 2016).

Baby Boomers, those born between 1946 and 1964, are less conservative than previous generations and actively seek to remain youthful, healthy and energetic. The highest net worth generation in Australia are the Boomers aged 55-64 (McCrindle, 2016). Yet despite the size, veracity and economic power of this consumer group, studies suggest that older Australians are confronted with ageist attitudes and

behaviours in various contexts including their role as consumers.

In a survey by the Australian Human Rights Commission, 71% of Australians felt that age discrimination in Australia was common. Further, more than a third of Australians 55+ feel they have experienced age discrimination, including being overlooked by service staff and marketers more generally. Older Australians are both under-represented, and poorly portrayed in the media; there is a belief that the media has a significant influence on the negative perceptions of older Australians (Wallace et al., 2013).

This discrimination influences older Australians' self-worth and their experience of aging. Aging is a multidimensional process encompassing biological, social and psychological changes (Moschis, 2012). The events or circumstances that people experience at different stages influence their attitudes and behaviour. For example, events such as: health issues or chronic illness, retirement or becoming a grandparent. These transitions can influence a person's 'age identity'. However, it is not the transition in and of itself, but how the person internalises that event that can influence their self-concept.

Globally, particularly in developed countries, Baby Boomers feel middle-aged, not old, and have cognitive identities younger than their chronological age. In Australia, 75% of older people feel 5-10 years younger than their chronological age (Kohlbacher et al., 2016). While it can be argued that this cohort is healthier, more active and have a younger mentality than previous generations of a similar age, the literature suggests that this younger perceived age may be a self-protection mechanism triggered by negative Western cultural attitudes towards age (Hess et al., 2017). Older consumers are uncomfortable with stereotypes associated with their chronological age, and therefore may feel, dress, act and seek to look younger (McCallum and Rees, 2017). In particular, a younger self-perceived age or 'feel age' may help older consumers distance themselves from negative stereotypes (Amatulli et al., 2018).

Negative stereotypes can pose a psychological threat to the social identity of older people. This 'stereotype threat' can even prompt individuals to distance themselves from their own social group (e.g., Abrams et al., 2006). In addition, the marketers can perpetuate negative stereotypes and influence the self-efficacy of older consumers (Amatulli et al., 2018; Ford et al., 2016). And, using negative stereotypes in advertising may impact on older people's self-esteem as well as impair cognitive performance, thereby affecting their ability to process advertising, product and brand information (Ford et al., 2016). As a result, negative stereotypes in marketing activities can prompt older consumers to engage in self-protective strategies, including rejecting stereotypes and finding cues that support their negotiated self-identity, to distance themselves from others they see as 'old' (Hess et al., 2017).

However, there is limited research that explores the way in which older people distance themselves from negative stereotypes. Further, while marketers and their actions are viewed as either not adequately catering for, or underrepresenting older consumers, or as perpetuating discrimination and negative stereotypes, more knowledge is needed in relation to the specific practices that occur in this regard and how they may act as stereotype threats to the older consumer's identity.

Following the preceding discussion, this research sought to explore two research questions: 1) The self-protection mechanisms that older consumers use to distance themselves from negative stereotypes of aging; and, 2) What are the specific marketing practices experienced by older consumers that constitute a stereotype threat to their age identity.

**Method**

The research questions explored in this paper were part of a larger study exploring the daily lives of older consumers and the lived experience of aging, their attitude toward aging, consumption decisions and influences as well as perceptions of how well marketers are catering for older consumers.

This project adopted an exploratory approach using semi structured depth interviews to gain a deep understanding of the perceptions, attitudes and experiences of older Australians. The value of qualitative research in policymaking and in business decisions regarding aging and older consumers is increasingly recognised. There is a large body of qualitative research informed by social science perspectives which has enriched our understanding of the meaning and process of aging in relation to consumption (e.g. Amatulli et al., 2015; Ford et al., 2016; Schau et al. 2009). Qualitative design is largely driven by participants' accounts, rather than researchers' assumption. In-depth interviews are

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well-suited to capturing detailed, richly textured, person-centred information (Gubriam and Sankar, 1994). The interviews were conducted in the participants' homes and were between 1.5 and 2 hours in length. Initial exploratory research was undertaken with eleven participants purposively selected to represent a gender balance (6 female, 5 male), a range of ages (55-69) reflecting the Baby Boomer segment, a mix in terms of working status (5 in full time employment, 2 part time, 4 retired) and ethnic backgrounds (5 born in a country other than Australia). To meet these requirements, participants were recruited using a professional research firm.

Participants were asked to undertake a pre-interview task to take note of a few advertisements that they either liked or disliked. This was designed to facilitate discussion of their attitudes to marketing activities. Interviews were video-recorded and transcribed. The questions in relation to the focus of this paper asked participants to talk about their lives, the aging process, how old they felt and why, their shopping experiences and media consumption and advertising. In addition, participants were shown two or three advertisements featuring older people to further prompt discussion.

Thematic analysis was used to identify patterned meanings emerging from the data to provide insight to the research questions. The researchers followed a rigorous process of data familiarisation, data coding, and theme development and revision. The analysis approach follows that advocated by Braun and Clarke (2013) and includes six phases: familiarisation through reading and re-reading interview transcripts, generating the initial codes, grouping codes to create initial themes, reviewing initial themes against the data, naming and defining the themes and writing up the analytic narrative.

## Findings

Consistent with the literature in this area, all but one of our participants described themselves as feeling younger than their chronological age. In commenting on their 'feel age', participants explained this difference from their chronological age based on personal attributes such as health, physical appearance or mental acuity. In doing so, they often directly compared themselves to negative stereotypes that characterise of people their age, lending credence to the concept of stereotype threat and its influence on age identity.

These stereotypes that influence an individual's age identity are part of the macro-level socio-cultural beliefs about older people. In addition, these stereotypes are perpetuated through several societal institutions including the actions of commercial marketers. Our participants identified a number of ways in which marketing activities, particularly advertising and customer service but also accessibility in parking and store layout, challenged them with negative stereotypes related to age, and as a result were a further source of stereotype threat which prompted them to distance themselves from an 'old age identity'.

Given the space limitations, only some aspects of these findings, and supporting data, are presented as follows:

### Self-protection mechanisms against stereotype threats

The physical signs of aging are the most obvious cues that signal a person's age and expose them to being stereotyped. As a result, managing their physical appearance and fitness was an important practice and was often used to justify their younger cognitive age. For example, when asked about how old he felt, Raju (55) immediately launched into a description of his sporting activity:

*Oh, I am jogging, I can run, I play my badminton, in a very fiercely competitive place...I play each fortnightly, so I can bowl ten-overs, I can bat at any order, so I really keep myself fit, so I really don't feel like I'm weak at this stage, yeah.*

In this passage, Raju highlights his physical fitness to distance himself from feeling 'weak', as frailty is a commonly associated with aging (Amatuli et al., 2018).

Another aspect of physical appearance which provides a cue to age, is one's hair – either the colour, or as is the case for some men, its absence. Brian (61), who felt he identified more with the 30-year olds he worked with, as opposed to his 60-year old contemporaries, was also very focused on remaining physically fit, commenting that 'most older people aren't particularly fit, are they?' He further distinguished himself by highlighting that by his age, most men are 'fat and balding' (he sported a reasonably full head of dark blond hair).

For Helen (69), it was a turning point in her aging process when she decided not to continue colouring her hair and embraced the grey. As a

result, however, she was felt she was treated differently:

*I suppose being a teacher you observe things a lot ...and people look at you differently, really interesting, and I confuse people because they look at me and they put me in a certain 'box' and then I open my mouth and I can talk to them about anything...*

Helen expressed frustration at how she was frequently addressed in a particular tone of voice and called 'dear', exclaiming that 'grey hair doesn't make you stupid!'

Following on from Helen's pronouncement, mental deficiencies are another stereotype often automatically attributed to older people and is another means by which our participants distanced themselves from an old identity. Technological ability was an area frequently highlighted in the interviews to align themselves with a younger age identity. Theresa (55) spoke of herself as an experienced early adopter of online purchasing, while Jerry (62) modestly admitted 'despite my age, I'm pretty good online' revealing an assumption that older people are not expected to be adept in an online environment. Jerry then proceeded to describe how he was able to use flight comparison sites, and successfully 'worked through the mumbo-jumbo that they all do', to secure airline tickets at half the price that his travel agent quoted him.

Finally, our participants recounted behaviours that they engaged in to reflect their perceived younger age identity. For example, Jerry (62) suggests that the way he plays with his grandchildren is not consistent with how older people behave:

*...there are perceptions that people have that maybe I shouldn't be running with the kids, or holding them, or playing with them acting a fool, and swinging them, and swinging next to them. Yeah, and just enjoying life...*

Similarly, Raju (55) rallies against stereotypes by being the one to offer up his seat to women, even younger women, on the train.

### Marketing actions perpetuating stereotype threats

Two key areas in which older people were confronted with ageist stereotypes were in advertising creative executions and customer service experiences and interactions. These marketing-related activities are perceived to reinforce and perpetuate many of the stereotypes that our participants were trying to distance themselves from. While acknowledging the frustration of negative stereotypes in advertising materials, our participants were even more aggrieved by the more personalised ageist attitudes experienced in customer service settings.

A common theme in relation to in-store experiences was the lack of acknowledgement experienced by older consumers. As Julia (55) expressed, 'Sometimes I walk into a shop and I feel like I'm invisible'. Julia also used the term 'invisible' in relation to the experience of aging and her attractiveness:

*I think the only thing that I'm noticing is, I think just my sexuality and my ... Just for want of a better expression, more invisible I think to males...I've been challenged by that, I think, probably for about a year, and then I've just thought, "Oh well, stuff it."*

Media and advertising of course are powerful influences in shaping society's perception of physical attractiveness and desirability, with older models seldom being portrayed in that context.

Further, when older consumers are acknowledged, they are often exposed to ageist attitudes and behaviours, such as being spoken to in a loud voice, being called 'dear' or being 'talked down to'. In relation to how older customers should be treated, Ana (64) simply suggests 'don't insult older people' and don't assume they are automatically at the 'invalid stage.' Helen (69) describes a service interaction which highlights the negative stereotypes of older people in terms of both mental acuity and technological competence:

*I had someone in a shop where I was asking about something, and she said, "Now, ask your children to go on the internet and look it up." And I was standing there thinking, "Lady, I've got a science degree with majors in pure and applied maths and you are telling me that I can't use a lousy computer?" So I just stood there, took a deep breath.*

In relation to advertising, our participants were frustrated not only by the stereotypical manner in which older consumers are depicted, but also by the sense that brands and marketers are not targeting an older audience, unless it is a product specifically for seniors.

The depiction of older people in ads was generally thought to be poorly executed, even when specifically targeting the older consumer, often

reducing this heterogeneous group to caricatures. Helen (69) articulated this sense of frustration when commenting:

*If I see another ad with 'grey nomads' in a caravan... I would go on a holiday in a caravan as much as I would pull my nails out! (Helen, 69)*

Further, many of our participants expressed the sentiment that marketers think that young people are the 'spenders'. As a result, our participants were frustrated by many ads that did not deliver what they were looking for, making them feel unacknowledged as customers. Our participants universally wanted advertisements that provided them with useful information to make them aware of products and services and to help aid their buying decision. However, ads that adopted a more abstract creative approach served to frustrate and alienate older consumers. Jack's (59) advice to marketers is 'don't fluff us around' commenting:

*You've only got 15 or 30 seconds and don't spend a lot of time with beautiful colours, because when that happens, I go out and have a cup of tea.*

## Discussion

The findings of this research contribute to better understanding the experience of aging, which is critical given the growing proportion of older people found in many countries. Further it provides more nuanced insight into the self-protection mechanisms used by older consumers to distance themselves from the negative stereotypes of aging as well as the role of marketing activities, such as advertising and the customer service experience, in perpetuating these stereotypes. The stereotype threat which triggers these self-protective mechanisms also threatens the self-esteem of older people and their experience of aging. Both commercial marketers as well as social marketers need to consider how to better cater for this consumer group. From the commercial marketing perspective, stereotypes can interfere with the cognitive processing of advertising messages and ageist customer experiences alienate a sizable consumer group. Social marketers and policy makers need to consider programs to counter these negative stereotypes and to promote positive aging. Positive aging is influenced by elements such as feeling capable, productive, engaged with life and establishing and maintaining harmonious relationships (27). Social marketing campaigns should focus on promoting a more realistic view of aging, highlighting the similarities between older and younger people as opposed to often superficial differences.

## Conclusion

While this research provides interesting insight into the experience of aging and adds to the literature on stereotype threats and age identity as well as how commercial marketing activity perpetuates stereotype threats, several limitations must be noted. This exploratory work reflects a small sample of older consumers. Further, most of the sample was relatively well educated and of mid to high economic status. Future research should encompass a larger sample and more diversity in terms of socioeconomic status. In addition, the stereotypes associated with aging in Australia and other Western cultures may not be reflective of other cultures, so research in other cultural contexts would be beneficial.

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## Number: 121

### Cancer Research UK's First UK-wide Obesity Awareness Raising Campaign: The Evaluation

Conference track: Using systems thinking to solve complex societal problems and influence social policy

**Authors: Charlotte Ide; Hollie Webb; Sam Throssell; Debi Rennie**

#### Abstract

Cancer Research UK (CRUK) ran a UK-wide campaign in February-March 2018 targeting all adults. The aim of this campaign was to raise awareness of the link between obesity and cancer to create a more supportive environment for policy change, that can encourage Government action on obesity.

This was evaluated using mixed methods including online surveys, and online focus groups. Evaluation objectives included: to evaluate if the campaign had achieved its objectives to increase awareness of the link between overweight/obesity and cancer. Secondary evaluation objectives looked at 1) campaign performance (recall, recognition, and perception) 2) the impact of this awareness campaign on obesity related health policy support; as well as 2) unintended consequences around social attitudes/stigmatisation of overweight/obese people.

Results showed a significant increase in prompted and unprompted awareness wave 1 (pre) to wave2 (post) ( $p < .05$ ). This significance was sustained at wave 3 compared to baseline in a 2 month follow up wave. The campaign performed well compared to other internal benchmarks for recall and recognition of adverts, and overall the campaign was well received. 84% stated that they felt it was an important message, whilst only a minority reported they felt it was offensive (8%). No change in policy support was seen pre to post; and no change in attitudes towards overweight or obese people was observed pre to post the campaign, suggesting in the short term there is no evidence of an impact on stigma. These findings were used to inform decisions on how CRUK should continue to use public awareness campaigns alongside other activities to help to turn around rising obesity levels in the UK.

#### Introduction and background / rationale

Obesity is the second biggest preventable cause of cancer after smoking (Brown et al., 2018) and every year around 22,800 cases of cancer in the UK are caused by overweight and obesity. However, the Cancer Awareness Measure (CAM) in 2014 showed that awareness of this was

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low, with only 11% reporting this unprompted as a risk factor (Cancer Research UK, 2018), and when measured again in 2017, this had only increased to 15% (Cancer Research UK, 2018). This is something that needed to change.

Despite public perceptions, obesity is not an individual issue but a result of many environmental factors such as price promotions, advertising and excess sugar, fat and salt in food and drink commonly described as an obesogenic environment. CRUK's ultimate goal is to influence the Government to introduce population level measures which can help lead to healthier behaviours (CRUK, 2017). Evidence from alcohol and tobacco research (Buykx et al., 2015; Blake, Viswanath, Blendon & Vallone, 2010) suggests that knowledge/awareness of health risks may be a modifiable factor in perceptions and support action at a policy level.

Alongside communications with MPs and officials we wanted to use public awareness advertising to really cut-through and get the issue of obesity discussed so that it becomes an issue the UK Government cannot ignore. Over the last 50 years smoking rates in the UK have dramatically declined as a result of increased public awareness of the health risks and introducing policies such as increased taxation and removing tobacco marketing. CRUK's aim is to apply a similar approach to reduce the levels of obesity in the UK.

Preliminary qualitative research supported the campaign development (Cancer Research UK & Kindling, 2016), the key findings were:

- The fact that 'obesity is the second biggest preventable cause of cancer after smoking' communicated the link in a way that got people's attention
- Obesity is a sensitive and often emotional issue for some people, so communications should be clear and factual
- People felt that CRUK had an obligation to inform the public

Based on a successful regional pilot (Cancer Research UK, 2017; awareness of obesity as a cancer risk factor increased by 22% points) in the West Midlands in 2016, CRUK launched a UK-wide campaign in February-March 2018 and have since run a repeat campaign in September-October 2018. This submission will detail the findings from the evaluation of this first UK-wide obesity awareness campaign.

**Aim of the session** The aim of this session is to disseminate and discuss the findings from the first UK-wide campaign by CRUK to communicate the link between obesity and cancer. This session will cover why we ran this campaign, what we did, what we found, key learnings and actions.

## Method / approach

Mixed method evaluation:

Quantitative online surveys at three-time points: pre-campaign, post-campaign, and 2-month post-campaign (follow up). The survey was distributed to the public by a research agency (n=2000 per wave weighted to be representative of the UK)

Online surveys were distributed to MP's by a research agency (N=143 wave 1 and 150 wave 2; weighted to be representative of the house of commons)

Qualitative online focus groups (x4) were conducted with people (general public) from across the country: split by SES and gender (n=6-8 per group)

This was also corroborated with digital campaign analytics and other campaign responses such as social media comments and articles in the media.

## Results / Findings

**Public awareness of the obesity/cancer link:** Unprompted and prompted awareness of the link between obesity and cancer significantly increased pre to post, however, both dropped off significantly at wave 3 compared to wave 2 but remained significantly higher than baseline scores (figures 1 and 2).

**MP awareness of the obesity/cancer link:** Unprompted awareness of the link between obesity and cancer saw a significant up lift pre (23%) to post the campaign (34%). Prompted awareness also saw a significant uplift from 85% to 94%.

## Campaign performance:

- The campaign had a strong recognition rate of 55% amongst general public, with the poster and radio performing the best at wave 1 (poster: 37%; radio 20%). At the follow up wave (wave 3) radio recognition rates decreased (to 18%), whilst PR rate increased to 20%, this meant PR was the second best performing activity at

wave 3.

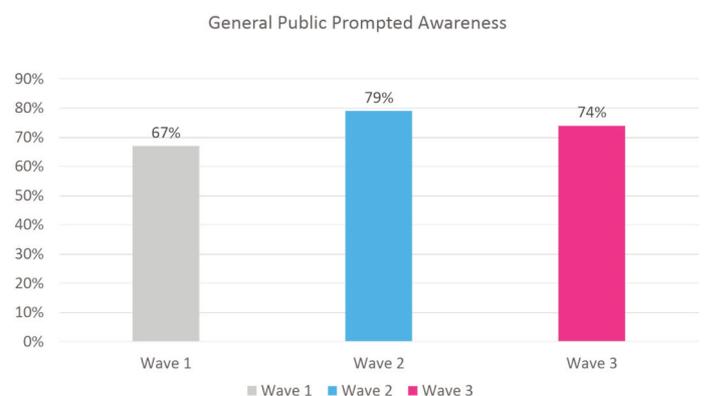
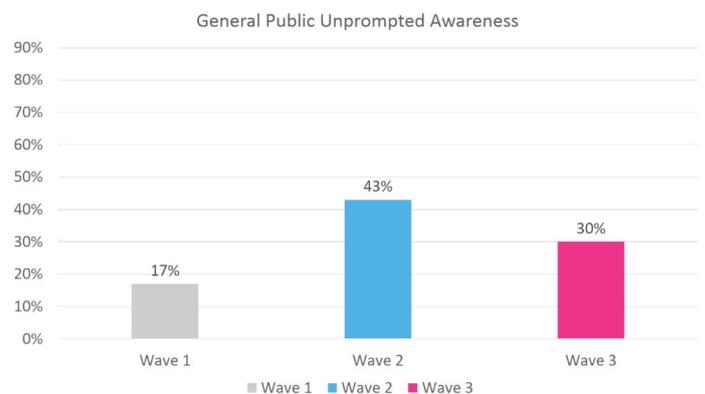
- This outperformed benchmarks from internal brand tracking metrics (set by external agency for not for profit marketing activity, who are responsible for measuring and tracking perception of CRUK's brand).
- 60% of MP's recognised at least one element of the campaign. The best performing material was the press material (X%), followed closely by the poster (X%).
- People generally seemed to view the campaign positively: 84% agreed that the campaign was an important message, and X% agreed it would encourage change for good.
- Only a minority found the campaign offensive (8%) or inappropriate (7%).
- 96% of MP's felt this was an important message, 90% of MP's said they would support campaigns like this, and 82% said it was relevant to them in their role as an MP.

## Policy Support:

- There was no significant change in support for any health policy measures to tackle obesity pre to post, amongst the public. However, focus group participants revealed respondents had taken an individual message from the campaign rather than population level. There was some increase in support for policies following explanation of health policies and a whole system approach, with some stating that hearing about CRUK's government lobbying, makes them like the campaign more.
- Overall there was no significant change for support in relevant health policies pre to post amongst MPs. Over half (55%) agreed that government changes are the most effective ways to tackle rising levels of obesity, and a majority of MP's (83%) agreed there is more the government can do to help tackle the high levels of obesity.

**Social stigma:** There were no significant changes in attitudes towards overweight or obese individuals pre to post (p > .05) within the public surveyed.

## Figures and tables



## Discussion

The evaluation demonstrated that the campaign was successful in its aim to raise awareness of the link between obesity and cancer, but that in the absence of advertising awareness does begin to decline again. Further bursts could help to ensure this fact becomes more widely known and is remembered. The awareness increases amongst MPs, as well as a

number of positive comments (including tweets and mentions in parliamentary debates) showed that the campaign helped CRUK's voice to be heard by Government. It was these things that encouraged CRUK to run a second burst of this advertising campaign.

The campaign performed well with recognition and recall that outperformed not for profit benchmarks (taken from CRUK brand tracking mentioned above) and compared to previous similar campaigns suggesting that the advertising had good cut-through and the media buy was effective in reaching the public. Public reaction on social media and opinion pieces in the media showed a debate on the approach of the campaign, although his was a balanced argument, with many in support, there were some people that didn't welcome the campaign, with some being critical that it is 'fat-shaming' and blames individuals. However social media is just a small fraction of the population. The evaluation showed a more representative picture and re-iterated findings from the pre-campaign research that people felt it was an important message and would encourage change for good, with only a minority feeling it was offensive. Further to this, social attitudes were assessed before and after the campaign, and no significant changes in attitudes towards overweight or obese individuals was seen pre to post, suggesting that the campaign did not have a negative, or positive impact on beliefs about obese/overweight individuals in the short term. However, CRUK is continuing to track this long term as the campaign continues in further bursts.

No change in policy support was seen before to after the campaign ( $p > .05$ ) although we did not expect to see a significant change for support for CRUK's policy calls, reasons for this may be due to the results from both the quantitative survey responses and qualitative focus group discussions seem to support 1) policy support for several calls were already high; 2) people were taking out an individual message, and that parents (X%) and individuals (X%) were seen as the most responsible to tackle the issue of obesity. 3) participants who had little understanding of environmental drivers of obesity and almost no awareness of CRUK's work to tackle obesity from that angle. This highlights a need for greater public education and to re-frame the narrative around obesity away from an emphasis on personal responsibility, which was reviewed for later bursts of the campaign in Oct 2018.

## Conclusions

The campaign was successful in its objective to raise awareness of the link between obesity and cancer and outperformed benchmarks. As desired the campaign created huge buzz around the issue and played an important role in getting obesity on the Government's agenda. Since the campaign launch the Government has published chapter 2 of their Childhood Obesity Plan which was welcomed by CRUK and included several measures we have been calling for.

In the short term there was no impact on social stigma/attitudes towards overweight or obese people suggesting that despite a heated twitter debate on the topic, there is no evidence the campaign had any adverse unintended consequences. CRUK is mindful of its responsibility to communicate sensitively to the public about a very complex issue and will continue to listen to public and professional reaction to their obesity communications.

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Number: 145

## Promoting family planning, maternal and child health through beauty parlors in Afghanistan

Conference track: Promoting global health and reducing the global impact of disease through behavioral influence

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### Abstract:

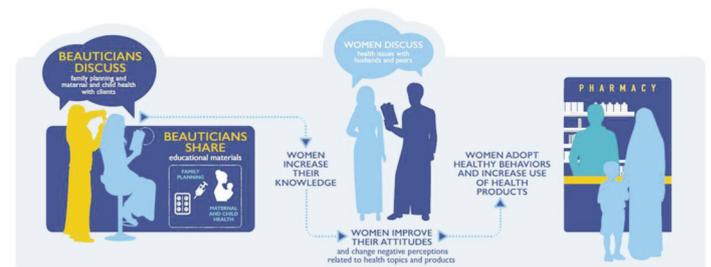
In Afghanistan, women have insufficient and inaccurate knowledge of family planning (FP) and a lack of understanding of the threat posed by childhood diarrhea and the appropriate treatment options (Shiras et al. 2018). Their lack of opportunity and ability to seek information perpetuates myths and misconceptions about health products and practices. The Afghan Social Marketing Organization (ASMO), supported by the USAID-funded SHOPS Plus project, is implementing an innovative pilot in Kabul to train beauty parlor staff to deliver FP and maternal and child health (MCH) information and educational materials to female clients. The project is conducting a mixed-method study approach with a randomized controlled trial design to evaluate the pilot intervention. The baseline study implemented in September-October 2018, covered married female clients ages 18-49, selected from 122 parlors (78 intervention parlors, 44 control parlors). On average, six client were interviewed per parlor with a total sample size of 530. Interviews were conducted at parlors or client's home (based on availability and client preference). This presentation will share the baseline survey findings on parlor clients' health attitudes and practices in addition to initial qualitative findings on the pilot's successes and challenges.

### Background/Rationale:

The pregnancy-related mortality ratio and under-five mortality rate in Afghanistan are among the world's highest (CSO et al. 2017). Afghan women face barriers to health access; social and cultural norms restrict women's autonomy in health decision making (Haider et al. 2009, Mashal 2008). Women have insufficient and inaccurate knowledge of family planning a lack of understanding of the threat posed by childhood diarrhea and appropriate treatment options (Shiras et al. 2018). The lack of opportunity and ability to seek information perpetuates myths and misconceptions about health products and practices.

To address these constraints, the Afghan Social Marketing Organization (ASMO), supported by the USAID-funded SHOPS Plus project, is implementing an innovative pilot in Kabul to train beauty parlor staff to deliver FP and MCH information and educational materials to female clients. Afghanistan has over 10,000 beauty parlors. Beauty parlors represent a unique space in Afghanistan. They are an important part of daily life (women spend on average five to six hours/month in parlors) and they are one of the few places where women can freely gather and exchange information. The ultimate goal is to encourage open dialogue, shift negative and ill-informed attitudes and perceptions, and promote healthy practices. Using these safe spaces presents the opportunity to reduce women's barriers in accessing health information and to improve women's uptake of healthy behaviors, including through referrals to nearby health outlets.

Figure 1. Intervention theory of change



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ASMO's beauty parlor intervention rests on the theory of change that assumes that social and peer support extended by the trained parlor staff through two-way communication can increase the clients' awareness and knowledge of the health topics. In turn, parlor staff can enable and motivate their clients to have further discussions with their partners, peers and family members, resulting in improved attitudes for behaviour change and leading to the adoption of health behaviors by using priority health products (see Figure 1).. Once scaled up, this intervention has the potential to lead to significant improvement of FP and MCH outcomes on a sustainable basis.

ASMO recruited 198 beauty parlors for the pilot, located in middle- and lower middle-income neighborhoods in both commercial market and residential areas in Kabul. Each parlor has on average two to three staff and receives five to eight customers per day. ASMO conducts one-day training sessions with staff from each parlor and provides them with promotional materials for display. ASMO's coordinators conduct parlor monitoring visits to assess staff/client interactions and provide supportive supervision to parlor staff. Parlor staff do not receive any financial incentives for their participation in this intervention.

## Aim of the session:

Beauty parlors in Africa have been used successfully for FP promotion and HIV prevention activities including, male and female condom distribution (MCHIP, 2014; MCSP, 2016). In the United States, barber shop and beauty parlor staff have been trained to help clients prevent non-communicable diseases with a focus on African American populations (Linnan et al., 2014; Leader, 2014; Johnson et al., 2010). There is no literature to date on the use of beauty parlors to promote child health best practices and few studies have rigorously evaluated beauty parlor or barber shop interventions. This presentation will share baseline survey findings on parlor clients' health attitudes and practices in addition to initial qualitative findings on the pilot's successes and challenges.

## Method / approach:

ASMO, supported by the USAID-funded SHOPS Plus project, adopted a mixed-method study approach with a randomized controlled trial design to evaluate the pilot intervention. ASMO and SHOPS Plus obtained local IRB and Abt IRB approvals. The intervention comprises of the following components:

- **Formative research (Quantitative)** - Baseline survey of female clients to inform pilot design and implementation
- **Operations research (Qualitative)** - Interviews and focus group discussions with parlor staff; feedback used to monitor pilot progress and inform mid-course improvements.
- **Evaluation research (Quantitative)** - Endline survey of clients to evaluate the impact of the pilot and assess the feasibility of scale-up.

Following the theory of change, the study focused on the following research questions:

- *Formative:* What do we know about beauty parlor clients? What are their knowledge, attitudes and practices in FP and MCH?
- *Operations:* To what extent are beauty parlor staff equipped and prepared to implement the intervention as planned? How have they experienced program implementation? What are their clients' perceptions and reactions? What challenges have they encountered?
- *Evaluation:* What is the impact of the beauty parlor pilot intervention on clients' knowledge, attitudes, discussions with their spouses, and intended practices related to key health topics?

The research design for the baseline study was implemented in September-October 2018 and included the following:

- 198 recruited parlors randomized into intervention (2/3) and control (1/3) groups
- 135 parlors consented to participate in the baseline survey: 78 intervention parlors, 44 control parlors and 13 survey pilot parlors (removed from survey)
- Eligibility for survey: married women, ages 18-49
- On average, six client interviews per parlor with total sample size of 530
- Interviews conducted at parlors or client's home (based on availability and client preference)

## Results / Findings

Survey results show promising potential:

- Hair, makeup, and eyebrows are the most popular beauty parlor services
- Opportunity for high intervention exposure
  - Clients visit beauty parlors frequently—on average, women go to their parlor once every 10 days and spend 2 hours per visit
  - 71% of clients have been going to the same parlor for 6 or more months.
- Over 80% of clients are comfortable discussing their own and their child's health with a beautician.

The survey reinforces key behavioral issues along with addressing barriers and potential motivators for behavior change in the priority health areas.

- **Family Planning:** The CPR is high, though the mCPR is much lower due to high withdrawal use. Condoms, pills, and withdrawal are the most common methods and the use of long-acting reversible contraceptives (LARC) is low.

The perceived barriers to modern FP uptake and LARCs in particular, included return to fertility misperceptions, birth spacing misperceptions, shopkeeper stigma, unsupportive husbands, and fear of bodily harm.

The potential motivators for behavior change among modern FP users included:

- Knowledge of the benefits of modern methods relative to withdrawal, the reversibility of short-term and long-acting reversible methods, the quick return to fertility after using these methods,
- Knowledge of the differences between temporary side effects and permanent harm,
- Significance of spacing between births to protect the mother and baby's health and improving the family's well-being and the timing of the return to fertility after giving birth and breastfeeding,
- Referral mechanisms with private providers located nearby for more detailed information,
- Confidence to address stigma,
- Partner communication and guidance on ways to initiate open dialogue with partners on FP.
- Childhood diarrhea: The study found that only 15% of mothers gave ORS and zinc to their child with diarrhea and nearly half gave antibiotics, suggesting the need to focus diarrhea messaging on ORS/zinc effectiveness and risks of antibiotics.
- Safe drinking Water: Knowledge of and access to chlorine is high, but ever and current use of chlorine is low. One in four women do not treat their water at all. Most women believe that water that looks clear is safe to drink implying the threat perception of untreated water is low. In addition, non-chlorine users have more negative attitudes towards the product in terms taste, smell and convenience of use in comparison to other alternatives.

## Discussion:

The study will augment the body of evidence evaluating unconventional channels to deliver health information and products. To our knowledge, this pilot is the first of its kind in Afghanistan. If proven effective, this model has the opportunity to impact the lives of Afghan women by creating new and safe platforms through which they can access important health information, and learn health practices to protect their children from preventable diseases, and understand the benefits of modern contraception for birth spacing and healthy future pregnancies.

The low use of FP and MCH products and access barriers are problems that cut across all geographic areas and wealth quintiles, including in Kabul, which has the highest number of women intending to use FP (Ganesan et al. 2017). People from middle wealth quintiles are more likely to be early adopters of new practices (Rogers, 1971) and ASMO is implementing this intervention in areas where people have the ability to pay a (subsidized) price for health products. USAID/Afghanistan's health strategy prioritizes investments in five urban provinces, including Kabul. There is potential for scale up of this intervention to other urban provinces in Afghanistan.

## Conclusions:

The baseline research validates the pilot's approach and informed priority focus areas demonstrating that there is an opportunity for high intervention exposure through client's repeated visits. Despite these

client's having a higher degree of wealth and education compared to the national average, there is still a need to improve their access to accurate information to address their misperceptions and negative attitudes that hinder healthy behavior. ASMO will incorporate the survey findings and recommendations into the child health training and pilot implementation. SHOPS Plus project will conduct operations research and an impact evaluation in 2019.

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**Number: 158**

## Alcohol Brands and Drinking Identities: Implications for Social Marketing and Public Health Interventions

Conference Track: Reducing the impact of addiction including substance, misuse alcohol, tobacco and gambling

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### Abstract

Alcohol brands play an important role in consumers' self-identification and consumption behaviour. Existing studies, however, provide limited insight into the complex interplay between self-identity and alcohol brand consumption — asserting that self-identity influences alcohol brand consumption without explaining what reinforces this relationship. To fill this gap, this ethnographic study deepens understanding of alcohol consumption on a brand-level and expands previous research by formulating nine types of drinking identities which act as a mediator to individuals' self-concept, thus providing insight into how self-identity stimulates consumption or purposive avoidance of specific alcohol brands. We also establish the potential of these insights to inform practice, by allowing social marketers and health organisations to create more dynamic targeted interventions aimed at reducing alcohol consumption.

### Introduction and Background / Rationale

Alcohol consumption is a social practice strongly embedded in many Western cultures and their way of life, reflecting a national drinking habit so normalised that we applaud it (Allsop, 2018). This social context has cemented the integral role alcohol plays, whether we are socializing, relaxing, celebrating or commiserating. Heavy drinking and high tolerance of alcohol consumption is acceptable; it is multifaceted, ritualistic and habitual, providing structure, establishing roles, establishing rites of passage, consolidating social ties and generating a sense of belonging in a communal setting.

A myriad of socialization factors, internal and external pressures, including both overt and subtle encouragement from others, are a powerful means to influence consumption behaviour, giving way to the relationship we have with alcohol. Our drinking behaviour is continually being reinforced by our consumption driven culture, resulting in the manifestation of a drinking language that provides a canvas for self-expression through the consumption of specific alcohol brands. Literature has addressed this phenomenon, acknowledging that in consumer-driven societies characterised by self-expression and social influence, people are increasingly reliant on consumption of specific brands to construct and express their identity (McCreanor et al., 2013). Alcohol brands, in particular, are instilled with symbolic meanings that allow consumers to express different aspects of 'self' (Jackson et al., 2000), with the choices of specific brands being tangible manifestations of the intangible consumer identities. Alcohol brands are potent symbols for the

communication of social status (Jackson et al., 2000) and to express lifestyle and desired identity (Elliott and Wattanasuwan, 1998). Consumers harness alcohol brands to signal specific tastes, images and identities. The vast selection of alcoholic beverage brands allows consumers to find brands that resonate with their own individual preferences and personal identity (Purves et al., 2018), igniting a desire to find 'their' brand.

While a growing body of research focuses on factors that underpin decisions involved in alcohol consumption (see for example, Wilcox et al., 2015), these studies examine factors related to alcohol consumption on an aggregate level, with little consideration of brand-specific consumption (Siegel et al., 2016), which calls for more research to address this gap. In addition, there remains a lack of qualitative research studying the role of self-identity in the context of selecting alcohol brands to inform social marketing interventions related to alcohol consumption. Extant literature (see for example Purves et al., 2018; Heydon et al., 2018; Griffin, 2009; Griffin et al., 2009; Lyons et al., 2008) has recognised that gender, age, social status, social networks and individual factors play an important role in constructing consumers' self-identity and how they respond to different brands. However, these studies provide limited insight into the complex interplay between self-identity and alcohol brand consumption by only asserting that self-identity influences alcohol brand consumption, without seeking to identify the driving factors that reinforce this relationship. Addressing this gap, this ethnographic study identifies nine drinking identities that play a mediator role to an individual's self-concept, providing insight into how self-identity stimulates consumption of specific alcohol brands. We adopt a self-identity perspective to create a deeper understanding of alcohol consumption on a brand-level, allowing us to gain conceptual clarity and in-depth interpretation of the influence of alcohol brands.

Given the degree to which dangerous consumption of alcohol has become a significant preventative health challenges for governments and health organisations broadly, this study provides insights which can be applied in a behavioural change context by informing future social marketing interventions and public policy focused on reducing alcohol consumption. This contribution is valuable in light of recent evidence presented by Heydon et al. (2018), who recognised self-identity to be a predictor for determining risky alcohol consumption.

### Method / Approach

Ethnography is a qualitative method originating from anthropology and sociology to describe cultures, societies and groups through the traditional means in the development of rich description (Carson et al., 2001). The study comprises of an exploratory multi-method ethnographic design to capture fresh and unexpected insights into the exploration and explanation of brands and alcohol consumption that occurs in natural settings (Wells, 1993). The alcohol brand consumption practices of 30 young Australian informants between the age of 18 – 28 were investigated over a 24-month immersive study. The study sample and informant profile used purposely a maximum variation sampling rationale (Miles and Huberman, 1994), including a diverse pool of participants with varying lives and experiences, that range across gender, age, educational background, occupation, marital status, life stage, environmental composition, household composition, and consumption experiences, to ensure an extensive range of perspectives and experiences were integrated into the research study (Cherrier, 2005). Commencing with the extreme cases purposely in the initial analytic cycle, snowballing from the original source along a spectrum of consumption behaviours in subsequent recruitment cycles, transpired to further strengthen/broaden the collective research findings and attain theoretical saturation (Corbin and Strauss, 2008).

An initial screening questionnaire was utilized for recruitment to profile their current values, lifestyle and drinking behaviour. Recruitment ensured a cross-sectional categorisation of nine alcohol drinking levels and risk across light, moderate and heavy drinkers. Categories were not rigid in their definition and informants could 'cross' multiple categories, adopting a self-classification rationale, subject to volume and frequency of their alcohol consumption behaviours.

All informants participated in semi-structured interviews, participant observations and informal interviews. We combined this multi-method approach with selective member-checks and constant comparative analysis to enhance the trustworthiness of the data (Wallendorf and Belk, 1989). The data was analysed using an interpretive, hermeneutic approach (Thompson 1997), in line with the study aims and the emergent state of literature (Edmondson and McManus, 2007). The nature of this

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study enabled us to capture fresh and unexpected insights divergent of the current underpinned literature. To further broaden the scope and emerging phenomena, a discovery-oriented approach was also incorporated (Wells, 1993).

## Results / Findings

Our study found that some participants show tendency to congregate with other groups of people who share the same (actual or desired) identity, values and behaviours towards consumption of specific alcohol brands, developing unique micro-cultures over time, which also act as a factor in the creation of self-identity. Thus, for some informants, identification with alcohol brands was socialised. On the other hand, some participants, showed very low preference for specific alcohol brands, instead exhibiting loyalty on a product-level, rather than brand-level. However, despite this, when given an opportunity to consume some specific alcohol brands, they rejected the brand – this decision was not entirely associated with the taste of the alcoholic beverage, but rather a function of what the brand signifies to the consumer. This finding draws parallels with results reported by Lee et al (2009) and Purves et al (2018), who suggest that consumers consciously avoid certain brands when the brand image is symbolically incongruent with the individual's identity. Our study showed that, although these consumers did not have loyalty towards any alcohol brands, they exhibited a strong reflection of their self-concept in the context of brand consumption by purposefully rejecting particular brands. This further accentuated the complex relationship consumers have with alcohol brands.

Our study identified nine categories of attributes and underlying drinking identities that may be used to categorise consumers by the type of drinkers they are: 1) The Moderator; 2) The Follower; 3) The Curious; 4) The Celebrant; 5) The Enjoyer; 6) The Look-at-me; 7) The Confidence Booster; 8) The Escapist; and 9) The Ritualist. A more detailed description of the drinking identities is presented in Table 1 below. We found that self-identity, applied in the context of alcohol brand consumption, is reinforced by these behavioural dimensions (or categorisations). While some consumers may belong to one category, others belong to a few, and this may change throughout time (with the change of consumers' age, social status, social networks and individual factors). Nevertheless, while demographics and societal beliefs, which are culturally grounded, act as a moderator, the nine drinking identities are a mediator to the consumers' self-concept, and the driving force behind selection or rejection of specific alcohol brands.

## Figures and Tables

Table 1: Drinking Identities

### 1. The Moderator - (drink responsibly)

May be low to moderate drinkers who usually drinks in casual social settings, without an intent to get intoxicated. Drinks specific alcohol brands that are generally associated with a desire to stay sober.

### 2. The Follower - (drink for social acceptance)

Drinks to fit in or conform to social norms or behavioural expectations within society / community. Consumes alcohol under the influence of direct or indirect peer pressure (just because people around them are drinking, they might feel an indirect peer-pressure to drink so they aren't 'the odd one out'). Often younger people who may be more vulnerable, however it is a prominent drinking identity exhibited by people of all ages.

### 3. The Curious - (drink out of curiosity)

Mainly younger crowds, who may be curious what different types of alcohol taste like, or curious about what it feels like to be under the influence of alcohol and to experiment.

### 4. The Celebrator - (drink to celebrate)

Drinks to have fun or to help them "let loose" and enhance their experience. Also related to the feeling of euphoria, supreme happiness or contentment that people experience, particularly in the first 15-20 minutes after consuming alcohol. Their 'official' celebration begins or ends with champagne.

### 5. The Enjoyer - (drink out of preference)

Consumes alcohol because they simply enjoy the taste; may not drink as often as The Ritualist. Often indulges to satisfy their taste buds out of pleasure.

### 6. The Look-at-me - (drink to self-express)

Drinks with a desire to self-express and even as an act of rebellion – to express themselves as a rebel. Wants to defy the rules and show they are different from others. Often seen in youngsters, it is more

about creating space to get noticed and / or to feel like an adult – a trending idea among teenagers, mostly those below the legal age of drinking alcohol.

### 7. The Confidence Booster - (drink to lose inhibitions)

A way to raise levels of physiological or minimize nervous activity and stimulate confidence. Consuming alcohol gives them a sense of bravery, feeling of being more socially confident - when meeting new people, when they are nervous or even scared.

### 8. The Escapist - (drink to relieve pain or to 'escape')

Drinks to help numb their thoughts, reduce stress and anxiety or emotional pain. May drink to disconnect from themselves, to escape sadness and loneliness; to escape adverse memories or traumatic event; even consuming alcohol to forget bad relationships is a well-known 'culture' among this category consisting of people of all age.

### 9. The Ritualist - (drink out of a habit)

Drinks as a daily routine and out of habit, they are likely to enjoy the effect/feeling that alcohol gives them and don't need a reason to drink (or any reason may be good enough).

## Discussion

While participants' self-identity played a central role in guiding these consumption behaviours and establishing the nine drinking profiles, our study found that these drinking identities had implications for the choice and consumption of particular alcohol brands, which instilled with specific meanings and values, were able to channel the individual's 'self' and enable the expression of their drinking identity. We suggest that gaining a clearer understanding of the influence of self-identity on the types of drinking behaviours that individuals associate themselves with has important implications for the improvement of social marketing and public health interventions aiming to reduce problematic drinking.

Reid et al. (2013) have suggested that social marketing and health interventions should be focused on the role that alcohol plays in our social lives. Thus, they advocate for communication strategies that are broad, targeting multiple segments and a range of ages, occasions and drinking behaviours to combat long-entrenched, habitual drinking that is deeply rooted in our culture (Reid et al., 2013). The authors call for a multifaceted campaign that is holistic in its representation of the alcohol culture, to manipulate the perception of social acceptance of excess drinking in an effort to promote culturally relevant but responsible drinking. We argue that the limitation of this strategy is the assumption that a change is needed at a social acceptance level, without accounting for the fact that individuals drink for many different reasons and form a number of drinking identities, not necessarily reflecting or conforming to social norms or standards, but these behaviours may be internally-led.

Our findings suggest that drinking alcohol is so heavily embedded in Australian culture, that an attempt to change that culture may result in individuals trying to 'defend' it by increasing alcohol consumption as an act of defiance, exhibiting a sense of consumer resistance in support of, or to reinforce/sustain their self-concept. We maintain that the use of self-identity as a means to establish drinking identities may have implications for more effective hyper-personalised health prevention (alcohol consumption) campaigns, rather than employing mass communication.

## Conclusions

Our study identifies nine drinking identities which have a mediator role to individuals' self-concept, providing insight into how self-identity stimulates consumption or purposive avoidance of specific alcohol brands. These findings have a potential to provide insights into how social marketing interventions could work, and for whom they may work. The assumption that all consumers are the same and can thus be influenced by a generic approach is unsound (Parkinson et al., 2018), highlighting the importance of tactical segmentation in behaviour change interventions. Therefore, social marketing and public policy interventions might be more effective when they are based on an understanding of the nine mediators underpinning the concept of self-identity, which prior research recognises as a potent determinant of alcohol consumption (Heydon et al., 2018). Understanding these nine drinking identities which determine specific categories of drinkers will allow social marketers to create more dynamic targeted interventions aimed at reducing alcohol consumption by reducing the appeal of alcohol brands for specific segments, rather than using mass communication messages (Doshik and Silk, 2011). The verdicts could be used by policy holders to implement 'brand control' interventions (Morey et al., 2017) and propose new regulatory approaches that address normative factors and self-identity stimuli to lessen the vulnerability of consumers to alcohol industry marketing and

influences of alcohol brand consumption trends.

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**Number: 163**

## "NO TO CIRCUMCISION"- THE ROAD TO EFFECTIVE SOCIAL MARKETING CAMPAIGNS IN EGYPT

Conference track: Promoting, equality and reducing inequality

**Authors: Salma AbouHussein and Sarah Ghattass**

### Abstract:

Since the 1920s, Egypt has witnessed extensive efforts to accelerate the abandonment of female genital mutilation/cutting (FGM/C). A variety of social marketing tools have been adapted and used by programmes in Egypt, such as the FGM-Free Village, Family Empowerment and FGM/C Abandonment programme and Kamla Campaign. Despite these efforts, FGM/C remains widespread with 92 percent of ever-married women ages 15 to 49 years having been cut. However, there is progress in abandonment of FGM/C among girls ages 15 to 17 years among whom the prevalence rate dropped from 74 percent to 61 percent between 2008 and 2014.

There is a rising need to understand the perspectives of target groups who are exposed to social marketing campaigns. This study sought to understand how, where and why social marketing campaigns (SMCs) for FGM/C abandonment are working to inform design and scale up of campaigns that can foster new perspectives, expectations and behaviours. Specific aims were to:

- Understand the types of messages and abandonment approaches recognized by target audiences;
- Explore community perceptions about SMCs and their perceived impacts on attitudes and behaviours.

### Method:

A comparative, multi-site, primary qualitative research addressed these aims. To understand the rationale for approaches in FGM/C abandonment programmes and explore people's exposure to abandonment campaigns and their perceptions about them, we used a series of qualitative methods: ten focus group discussions (FGDs) with community members and parents of girls from Cairo, Upper and Lower Egypt governorates; and ten FGDs with male and female youth aged 18 to 24 years.

### Findings:

FGDs with different community members indicated that the "no to circumcision" slogan, which is part of the brand identity of the "El Bent Masriya" (the Girl is Egyptian) campaign, was the most recognised. However, this slogan was noted to cast FGM/C in a negative light and instilled fear rather than encouraging people to abandon the practice. Furthermore, study findings indicated that people are exposed to contradictory messages and that the perceived benefits of abandonment are not clear. As such, the thinking and interpretations of abandonment were noted to vary significantly across the groups interviewed. For example, although some participants expressed a preference for the abandonment of FGM/C, they noted that they would still consult a physician to confirm whether FGM/C was needed. Interviews also revealed the influential role that physicians and religious leaders play in decisions regarding FGM/C.

Most of those interviewed reported a decline in the practice of FGM/C, especially amongst younger generations. Gender differences in knowledge and attitudes were noted. Further, most mothers and young women said that FGM/C was wrong and harmful, whereas most fathers and young men were supportive of the practice as it ensures a woman's chastity. The vast majority of interviewed fathers and young men, regardless of their stance on FGM/C, described the TV advertisements as shallow and confusing. They noted that the advertisements lacked the information they were seeking, such as clear statements on religious

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rulings about FGM/C and clear medical statements on FGM/C.

## Conclusion:

The study findings show that FGM/C abandonment campaigns in Egypt are recognisable and memorable. However, they are yet to follow social marketing principles. The findings highlight the need to strengthen the development of salient and appropriate messages and to improve the design and implementation of SMCs to enhance their reach and impact.

## Introduction and background / rationale

Female genital mutilation/cutting (FGM/C) continues to be a widespread practice in Egypt. According to the Egypt Demographic and Health Survey (EDHS), in 2014, the prevalence rate of FGM/C was 92 percent among ever-married women ages 15 to 49 years (Ministry of Health and Population (MOPH), El-Zanaty and Associates, & ICF International, 2015a). Nevertheless, the practice of FGM/C has been slowly, but steadily, declining in Egypt. Among girls ages 17 years and younger, the percentage of those cut decreased by 10 percentage points between 2005 and 2014 (El-Zanaty & Way 2006; MoHP, et al., 2015a). This progress needs to be accelerated, however. Data have also shown that there is a significant rise in the medicalisation of FGM/C in Egypt, with cutting mainly by physicians. According to the 2014 EDHS, 72 percent of girls ages 19 years and younger had been cut by physicians, making Egypt the country with the highest prevalence rate of FGM/C medicalisation (MOPH, et al. 2015a; UNICEF 2013).

Efforts to end FGM/C in Egypt started as early as the 1920s. These efforts intensified following the 1994 International Conference on Population and Development (ICPD), which precipitated the creation of the Egyptian Task Force Against FGM/C. At the same time, various grassroots activities and media campaigns were initiated to address the problem and change the attitudes and behaviours of people towards the practice. Many of these activities adopted a social marketing approach, which Kotler and Lee (2008) define as a process that uses marketing principles and techniques to influence behaviours that benefit society, as well as the target audience. The peak of these social marketing activities occurred in 2003 when the National Council for Childhood and Motherhood (NCCM) launched the FGM/C-Free Villages project (Barsoud et al, 2009). This project worked towards eliminating FGM/C in Egypt using multiple top-down and bottom-up approaches. The perceived success of the FGM/C Free-Village project and El Bent Masriya campaign placed FGM/C abandonment as a priority topic for policy changes. FGM/C was, therefore, criminalised in 2008 with those found guilty subject to an imprisonment term of three months to two years. However, this heightened political will waned and many of these projects and initiatives, including the FGM/C Free-Village project, were halted after the 2011 revolution. In 2015, there was a revival of efforts to increase FGM/C abandonment following the launch of the National Strategy for FGM/C Abandonment and multiple campaigns by governmental institutions as well as the civil society.

Despite the lack of information on the empirical changes that campaigns and interventions bring on the ground, advocates and campaigners in Egypt believe the role of these marketing tools is one of the most important factors in the FGM/C abandonment efforts in Egypt. To address these knowledge gaps, this study aimed to identify the strengths and weaknesses of previous efforts, and to better understand the effectiveness of SMCs in altering attitudes and stance of different target groups (e.g., fathers, mothers, youth) towards FGM/C abandonment. We examined a range of social marketing strategies including mass media campaigns, social media advocacy, and on-ground activities, such as community gatherings and home visits.

1 This law was amended later in 2016 to change FGM/C from a misdemeanor to a felony. The new law imposes a penalty of imprisonment for a duration between 5 years to 7 years for FGM/C practitioners. The law also imposes a penalty of imprisonment for between one and three years, for anyone who requests FGM/C if the mutilation is carried out .

## Aim of the session

This study sought to understand how, where and why SMCs as abandonment interventions are working, and with what impact, in order to inform the design and scale up of campaigns that can foster new perspectives, expectations and behaviours towards FGM/C abandonment. The specific aims were to:

- Understand the types of messages and abandonment approaches that are recognised by target audiences;

- Explore community perceptions about SMCs and their perceived impacts on attitudes and behaviours.

## Method / approach

We conducted a comparative, multi-site, qualitative study taking place in Cairo, urban and rural Gharbeya (a Lower Egypt Governorate) and urban and rural Sohag (an Upper Egypt Governorate).

A series of qualitative data collection activities were conducted to deepen our understanding of the circumstances underlying anti-FGM/C approaches and the experience and perceptions of individuals and communities exposed to FGM/C abandonment campaigns.

Focus group discussions (FGDs) with parents of girls ages 10 to 14 years:

We conducted ten FGDs with eight to ten participants per group with parents of girls ages 10 to 14 years. Half of these FGDs were held with mothers and half with fathers. In Sohag and Gharbeya governorates, FGDs were even between rural and urban areas. To ensure that participants could understand the meaning of behaviour communication approaches, as well as articulate and express their views, the study was limited to those with at least some elementary schooling. Participants also had to be exposed to at least one form of communication on FGM/C to speak about the topic.

Focus group discussions (FGDs) with male and female youth ages 18 to 25 years:

We conducted ten FGDs with male and female youth ages 18 to 25 years to understand young people's perceptions about FGM/C and campaigns and activities against it, as well as to identify the elements (i.e., media) and approaches (i.e., norms) perceived as most effective on youth for changed FGM/C attitudes and behaviours. In Sohag and Gharbeya governorates, FGDs were conducted evenly between rural and urban areas. Most participants were either high school or university students or graduates and were not married.

## Results / Findings

Egypt has witnessed extensive efforts to accelerate FGM/C abandonment. Despite these efforts, FGM/C remains widespread, raising a need to understand the perspectives of different target groups to draw lessons to improve existing programmes and inform the design and scale up of effective SMCs and interventions that can drive a shift in attitudes and behaviours towards FGM/C abandonment. We found that FGM/C abandonment activities in Egypt fall within the dominant mass communication paradigm described by Lee (2008), which uses a vertical top-down approach to share information or services via mass media. However, these activities cannot be considered SMCs as they do not address the four primary components of the social marketing mix. Below we discuss the findings as they relate to the four "Ps" of the social marketing mix: product, place, price, and promotion.

For FGM/C abandonment programmes, the "product" refers to abandonment. However, interviews with community members, physicians, religious leaders and NGO staff revealed that the thinking and interpretations of abandonment varied significantly. Further, study findings indicated that people were exposed to contradictory messages and that the perceived benefits of abandonment were not always clear. As a result, many people were ambivalent about FGM/C abandonment because they could not picture the benefits of the "product", which is completely abandoning the practice. For example, although some young people noted that they were in favour of FGM/C abandonment, they still noted that they would first consult a physician before deciding on the practice.

Although the "No to Circumcision" slogan, which is part of the brand identity of the "product", was well-recognised by most participants, it reportedly tended to instil fear in people rather than encourage people to abandon the practice. Similarly, although many people recognised the "El Bent Masriya" and the "Enough Circumcision" campaigns, a recurrent description of these brands was that they were too dark and depressing. Some studies have found that fear-based appeals can be effective in changing attitudes and behaviours. For example, Durkin, Biener and Wakefield (2009) found that fear-based appeals increased smoking cessation rates. Similarly, Bayer and Fairchild (2016) argue that although fear-based public health campaigns may be controversial, a growing body of evidence suggests that they work in changing norms. In contrast, our findings suggest that negative associations and the use of fear may limit the effectiveness of FGM/C abandonment initiatives. Studies that have found that fear-based appeals are effective may not have focused

on a deeply-rooted social practice, like FGM/C. Further, most campaigns and interventions in this study were noted to emphasise the harms of FGM/C, which was perceived to have resulted in significant reliance on physicians to either perform FGM/C or to determine whether a girl needs to be cut. The over-emphasis on the health consequences of FGM/C may, therefore, drive the medicalisation of the practice in a bid to reduce the harms of FGM/C, while enabling people to preserve their traditions/culture.

Place is an important element of SMCs because the venues where messages and products are delivered must be relevant and accessible to the target groups. Study findings suggest that FGM/C abandonment campaigns and interventions were inconsistent and infrequent. Study findings also show that people's exposure to information on FGM/C is limited. This suggests that the availability of the information is insufficient in many places and thus, partnerships and collaborations among different actors involved in FGM/C abandonment efforts need to be broadened. Failure to reach men may impede abandonment efforts because men hold significant power in decision making in the family, which may contribute to the continuation of the practice. As illustrated by Mackie (1996) behaviours may be motivated by the norms of more than one group. For example, during the FGDs, some young men said that they would not marry an uncut woman or would divorce their wife if they found her uncut. Taken together, these findings suggest that information on FGM/C abandonment must be made available to both those who are involved directly and indirectly in the FGM/C decision-making process. Without clear messaging about the importance of FGM/C abandonment that speaks to both men and women, as well as other actors and stakeholders, FGM/C abandonment SMCs and interventions are unlikely to stimulate change in people's norms, attitudes and behaviours. These findings also highlight the importance of formative research to select areas where interventions will be implemented, understand the target audience's needs and to pre-test messages as a basis for developing effective strategies towards FGM/C abandonment.

Price refers to what the target audience has to give up to adopt the behaviour. Our study findings suggest that the price of shifting attitudes remains high. Many individuals recognise the harms and bodily violations of FGM/C, which limit women's sexual pleasure and autonomy over their bodies. However, many still believe that the consequences of not complying with the social practice are grave for both the young woman and her family. These findings underscore the need to have clear and strong messages communicated by people who are trusted within the community to encourage abandonment.

Promotion refers to the persuasive communication methods designed and used to change behaviours. Participants noted that they were exposed to a wide range of promotional activities. Among women, the primary source of information on FGM/C was television. However, many of the participants preferred community seminars as they provided space for face-to-face communication and dialogue. Results suggested that sources of information slightly differed from one group to the other. While some participants noted that the messages obtained were clear and appealing, many fathers found messages shallow and unconvincing because they did not address their concerns. These results underscore the need to tailor messages and communication tools based on the needs of various target groups. These findings also underscore the need for formative research before designing the campaigns and deciding on the communication methods and messages.

## Conclusions

The study findings show that FGM/C abandonment campaigns in Egypt are recognisable and memorable. However, they are yet to follow social marketing principles. The findings highlight the need to strengthen the development of salient and appropriate messages and to improve the design and implementation of SMCs to enhance their reach and impact. To improve delivery, reach and impact, FGM/C abandonment programmes should:

- Promote FGM/C abandonment as a new social norm that is widespread and that conveys great benefits to families and individuals within the community.
- Train programme managers and implementers to ensure that programmes are based on SMC principles, and that these programmes have strong and effective monitoring and evaluation systems that can inform programme implementation and scale up.
- Target men (fathers and young men) using messages that address their concerns (e.g., religious and medical standpoints) given their

role in the gender dynamics within the family.

- Provide a unified medical and religious message regarding FGM/C abandonment through targeting midstream actors such as religious leaders and physicians to unify their understanding of FGM/C, as they are influential in encouraging people to change.
- Leverage the usage of the internet and social media tools as it may provide increased exposure, especially among young generations who are more amenable to change.
- Include positive and influential role models to enhance the credibility of abandonment messages, as well as show the public that abandonment is beneficial, desirable and not socially "costly".
- Use innovative approaches that appeal to the audience and allow for more interaction and dialogue around the topic.

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## Number: 170

### **A self-management educational intervention for persons with diabetes: findings on the support of social networks and its association with eating behaviors' changes.**

Conference track: Promoting global health and reducing the global impact of disease through behavioural influence

**Authors: Anna Maria Murante, Assistant Professor, Sant'Anna School, Institute of Management, Management and Health Laboratory**

#### **Abstract:**

Diabetes is one of the most common chronic diseases in the world. Data from the World Health Organization in 2014 counted 387 million people in the world suffering from this disease (8.3% of the population). Ninety percent of individuals with diabetes in the world are suffering from type II diabetes. Obesity and reduced physical activity are its major risk factors. Several education programs aiming at increasing the self-management competencies among persons with one or multiple chronic conditions are based on the self-efficacy theory. However, the social dimension has also a significant role on the health status of persons with chronic conditions. This study use data from a national project conducted in Italy to implement a self-management education program for person with diabetes. The enrolled persons attended the Diabetes Self-Management Program (DSMP), a 6-week training program developed by the University of Stanford. This study reports an

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explorative analysis to (1) describe the diet behavioral changes, and (2) analyze whether the interaction between participants and their social network is associated with the modified behaviors observed after the intervention (2). Also the mediation of the self-efficacy will be explored. The results show that social support may be not positively associated with improvements in diet behaviors, when participants receive support from person that are not involved into their usual care. On the contrary, there is a positive association between receiving social support by all (relatives, other participants, program leaders, doctor responsible for the usual care) and the improvements achieved in the self-efficacy capacities. Additionally, further monitoring should be conducted in order to provide additional results able to statistically support what this work pointed out. This study contributes in providing additional evidence on the application of the self-efficacy theory in designing and implement self-management education program for chronic patients. Furthermore, for who is in charge of designing self-management educational programs for persons with diabetes, they should give more space to theories/models dealing with the social support.

## Introduction and background / rationale

**The social problem** Diabetes is one of the most common chronic diseases in the world. Data from the World Health Organization in 2014 counted 387 million people in the world suffering from this disease (8.3% of the population); with one out of two people having diabetes without the knowledge of having the disease; 4.9 million deaths; and a cost of about \$ 612 billion. Also, in 2035, the number of people with diabetes will increase by about 205 million, becoming the seventh leading cause of death (International Diabetes Federation, 2014). On the domestic front, the prevalence of diabetes in Italy is 7.7% (i.e. 3.5 million people), one out of three people still does not know he or she has the disease. The per capita cost of diabetes in Italy is \$ 3,371.23 (US) against a European average of \$ 2,775.98 death (International Diabetes Federation, 2014). Hospitalizations for diabetes have been reduced over the years by about 33% in the period 2001-2009 (Italian Diabetes Society, 2012). Additionally, in 2012 the Italian Society of Diabetology described diabetes as a widespread disease, especially among the 55+ population (7.9% between 55-64 years, 12.3% between 65- 74 years, and 19.5% for the population > = 75 years) (Italian Diabetes Society, 2012). And a significant geographical variation exists through the peninsula, with prevalence rates lower in the North than in the South (e.g. in regions such as Calabria, Basilicata, Apulia, Campania, Molise, Sicily, and Abruzzo).

Diabetes is a critical disease, it can lead to a deterioration in health, with the occurrence of cardiovascular disease, neuropathy, retinopathy, and kidney disease (Italian Diabetes Society; 2012; WHO, 2011; WHO, 2010; Roglic et al, 2005), creating a domino effect in the patient's psychological and physical decay. Ninety percent of individuals with diabetes in the world are suffering from type II diabetes. Obesity and reduced physical activity are its major risk factors. Data related to the Italian National Institute of Health (Surveillance System for Adult 2010-13 and for elderly 2012) reported a high prevalence of obese/overweight individuals in the population with diabetes (8). Based on ISTAT data, in 2011 individuals with diabetes who were also overweight or obesity were the 43.5 % and 26.1 % respectively, while individuals in the overall adult population who were also overweight or obese were 35.8% and 10% respectively (3). Additionally, some Italian studies reported an association between body mass index and mortality in the population below 65 years (Perrot et al, 2011; Zoppini et al, 2003). Acting on the lifestyles of the population, by introducing proper diet and regular physical activity, would prevent the onset of the disease, and reduce the incidence of acute events or other co-morbidities in the case of patients with established diagnosis (WHO, 2004). Managing weight is thus a therapeutic lever, essential for the person with diabetes type II. It requires adequate attention from the patient and providers in terms of nutrition and physical activity (Wilding et al, 2014). Additionally, several studies report that the social network (e.g. family) of persons with diabetes can have an impact on the daily activities that influence their health status and quality of life (e.g. diet). Patient is able to be effective in managing weight and its effects on diabetes when he/she takes part in self-management courses, made in the form of structured interventions based on scientific evidence (Bolen et al, 2014; Steinsbekk et al, 2012). In the last years, the Italian National Health Ministry has put great emphasis on the issue of diabetes self-management (Italian Ministry of Health).

**Theoretical or knowledge gaps addressed** Several education programs aiming at increasing the self-management competencies among persons with one or multiple chronic conditions are based on the

self-efficacy theory (Bandura, 1977). As Bandura declares in his work, "perceived self-efficacy refers to beliefs in one's capabilities to organize and execute the courses of actions required to produce given attainments" (Bandura, 1997). Working on people self-efficacy can improve their feeling in control of disease, as confirmed by persons who attended education programs dealing with self-efficacy goals (Lenker et al, 1984). Furthermore, increasing self-efficacy leads to improve the health status of person with chronic conditions (Lorig et al, 1989, Lorig et al, 1999).

Social dimension has also a significant role on the health status of persons with chronic conditions. Literature reports higher mortality risk for people who are isolated, thus the family and community have a significant role on the life of chronic patients and, in turn, on their capacity to adopt effective behaviors for managing their disease (BERKMAN, 1995). Also when there is a family network, it could have a positive or negative impact on the person chronic condition or on the management of the chronic condition depending on by the persons' sociodemographic characteristics (eg. women versus men, etc.) The professionals involved into the chronic care management can also be considered components of the chronic patients' social network and their support dealing with how to manage the chronic status in the daily life may have an impact on the patients' physical and psychological status. However, few evidence are available on the role that health professionals (doctors, nurses, etc) responsible for or involved in the chronic care management have in increasing the persons' self-management competencies (e.g. taking part in designing or delivering or supporting a self-management program) (Kumah, 2018). To date, several studies have analyzed whether the profile of the training leaders (health professionals versus lays) is related to the effectiveness of the self-management programs based on the self-efficacy theory (Foster et al, 2007). But few knowledges exist on the relationship between the family support or medical support and the improvement in terms of health outcomes and behaviors for participants in self-efficacy based educational program for chronic or diabetes patients.

## Aim of the session

**The research aims and questions** -This study use data from a national project conducted in Italy (from 2015 to 2017) to implement a self-management education program for person with diabetes (cfr.CCM-network, 2015). The enrolled persons attended the Diabetes Self-Management Program (DSMP), a 6-week training program developed by the University of Stanford (Lorig et al, 2008).

This is an explorative analysis to (1) describe the main health outcomes and behavioral changes, and (2) analyze whether the interaction between participants and their social network is associated with the outcome and modified behaviors observed after the intervention (2). Also the mediation of the self-efficacy will be explored. This framework is described by the Figure 1. In this work early investigation would be carry out, by answering to the following questions:

1.1) After the training period, if participants received support by their personal social networks (relatives, friends, etc.) is there a positive association between this support and an improvement in eating behaviors? And:

1.2) Is the support of personal social networks associated with an improvement in participants' self-efficacy?

1.1) After the training period, if participants received support by other participants is there a positive association between this support and an improvement in eating behaviors? And:

1.2) Is the support of other participants associated with an improvement in participants' self-efficacy?

2.1) After the training period, if participants received support by the program leaders, is there a positive association between this support and an improvement in eating behaviors?

2.2) Is the support of the program leaders associated with an improvement in participants' self-efficacy?

3.1) After the training period, if participants received support by the doctor responsible for his/her chronic care management, is there a positive association between this support and an improvement in eating behaviors? And:

3.2) Is the support of the doctor responsible for the person care associated with an improvement in participants' self-efficacy?

**Theoretical framework and conceptual ideas used to address the research questions.** Studies that describe the effects on health and

behaviors due to the participation in self-management programs (such as those developed by the Stanford University) usually report data on the self-efficacy improvement, without analyzing whether there is an association between the self-efficacy and outcomes/behaviors improvement. Additionally, to the best of our knowledge, the scholars have never explored the relationship “social support-self efficacy-outcomes/behaviors” with quantitative analysis based on data related to the DSMP. Some studies dealing with educational program for diabetes patient and based on social cognitive theory and social-ecological support, explore the mediation of both self- efficacy and social support on dietary and physical activity behaviors, and metabolic outcomes (Vorderstrasse et al, 2015); however, they do not deepen the potential interaction between self-efficacy and social support. The framework explored into this work is based on the assumption that self-efficacy is not the only lever to activate into a self-management education program to achieve health and behavioral goals and that social support (at family, trainer and doctor level) mechanisms can be also included into the program by design. This study would like to contribute to the practical improvement in the educational programs at the design and implementation stages as well as to point out knowledge on combining the self-efficacy and social support theories.

## Method / approach

As mentioned above, this work uses secondary data from a national project that aimed at implementing the DSMP in three Italian Regions (Bolzano, Toscana, Basilicata). During the project period a longitudinal monitoring was carried on for observing the potential changes in the participants’ health status and behaviors. There were four measurements: at the baseline (before the intervention started), and 3, 6 and 12 month later the intervention closed. Data were collected by means a paper-questionnaire at baseline and a web-questionnaire at the follow ups.

Data refers to all the persons with diabetes who attended the program and accept to take part into the monitoring process. The participants’ enrollment process was different depending on the region where the program was delivered. For example, in Basilicata participants were enrolled within the diabetes centers by the doctor responsible for the diabetes care; in Toscana participants were enrolled either by the doctors of the diabetes centers, or by the GPs/nurses of the primary care practices or within the diabetes patient associations; in Bolzano, most of the participants were enrolled within the diabetes patient associations or through public campaigns. The analyses were conducted by considering the following variables: the improvements observing in diet behaviors, the improvements observed in the self-efficacy index-score, the existing support from relatives, other participants, program leaders and doctor responsible for the usual care. The improvements observing in diet behaviors was calculated by measuring the differences from baseline to 12-month on the Mediterranean diet score (Martínez-González MA et al,2012). The improvements observed in the self-efficacy index-score were obtained by calculating the differences from baseline to 12-month on the self-efficacy scale (Lorig et al, 2009). The other measures were developed by the intervention’s research team. This is a preliminary analysis based on descriptive statistics. The Stata software was used to perform them. Further coming analyses based on longitudinal predictive methods will be available.

## Results / Findings

Figures 2 and 3 report the results on the associations between social support and improvements in eating behaviors and on the associations between social support and improvements in self-efficacy. Among participants who do not receive support from their relatives or from other participants or from the program leaders there is higher percentage of participants who achieve improvements in eating behaviors ( $p=0.942$ ;  $=0.867$ ;  $P= 0.876$ ). Instead, the percentage of participants who achieve improvements in eating behaviors is higher among those receive support from the doctor responsible for their care ( $p=0.853$ ). Additionally the percentage of participants who improve their self-efficacy capacities is higher among those participants that receive support from their relatives, from the other participants, from the program leaders or from the doctor responsible for their care( $p=0.195$ ;  $p=0.121$ ;  $p=0.940$ ;  $p=0.029$ ).

## Figures and tables

Figure 1 – Framework to explore.

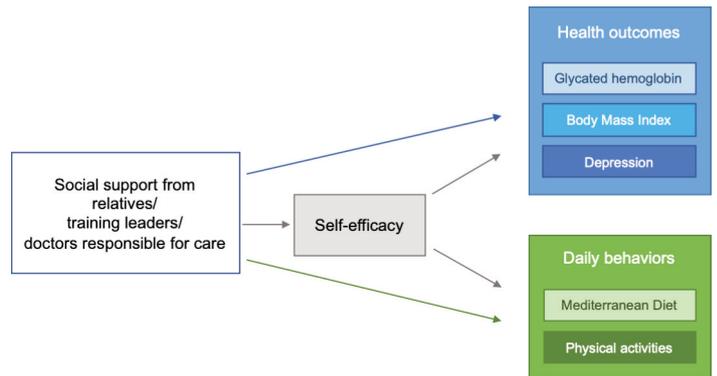


Figure 2 – Association between social support and improvements in eating behaviors

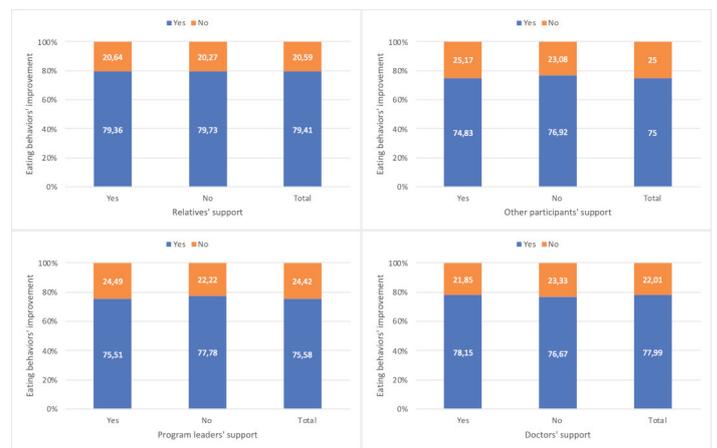
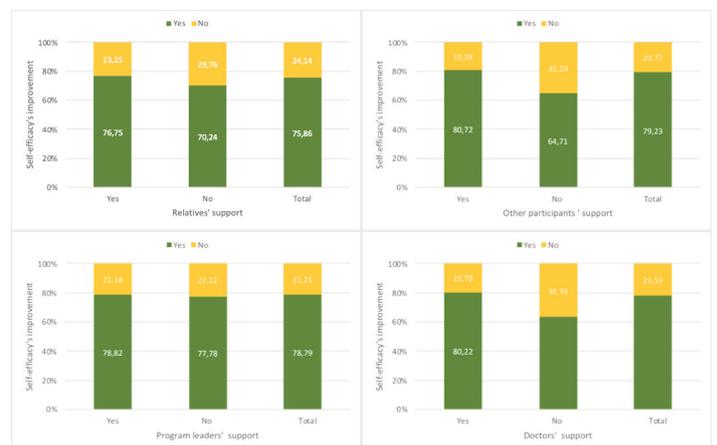


Figure 3 – Association between social support and improvements in self-efficacy



## Discussion

The results show that social support may be not positively associated with improvements in diet behaviors, when participants receive support from person that are not involved into their usual care. While doctors responsible for their care are perceived to provide higher support than the other members of their social networks involved directly or indirectly into the self-management program delivery. However, the statistical analyses conducted do not consider these associations statistically significant. On the contrary, there is a positive association between receiving social support by all (relatives, other participants, program leaders, doctor responsible for the usual care) and the improvements achieved in the self-efficacy capacities (even if this association is statistically significant when the social support is provided by the participants’ doctor). As stated by scholars, perceived support differs from received support (Holt-Lunstad and Uchino, 2015); and, although perceived support is usually associated with positive health results,

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analyses on received support and its effect on health show not coherent results (Uchino, 2009), because some times individuals do not consider the received support meeting their needs. In our case, we could extend this conclusion also to the association between received support and healthy behaviors, and add that the doctor responsible for the usual care is still considered an important reference, also for addressing the patients' healthy behaviors. On the opposite site, the support received by relatives, the other participants and the program leaders (in addition to the support received by the doctor) may be perceived as responsive to the individuals needs to improve their self-efficacy capacities. Further and detailed analyses would be performed to deepen the nature and the direction (cause-effect relationship) of the observed associations. Additionally, further monitoring should be conducted in order to provide additional results able to statistically support what this work pointed out.

## Conclusions

This study contributes in providing additional evidence on the application of the self-efficacy theory in designing and implement self-management education program for chronic patients. Furthermore, for who is in charge of designing self-management educational programs for persons with diabetes, they should give more space to theories/models dealing with the social support.

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**Number: 175**

## Tracking Surveys: Leveraging Their Explanatory Power While Avoiding Potential Pitfalls

Conference track: Advancing theory, research in social marketing and behavioural influence

**Author: Tony Foleno, SVP Strategy & Evaluation, Ad Council, USA**

## Abstract

For many social marketing programs, pre-post tracking surveys of the program's target audience are a vital component of the program's evaluation framework. Yet some practitioners rarely have the opportunity, time, or expertise to take a step back to interrogate best practices in survey design or interpretive analyses, despite a wealth of "research on research" literature available. This presentation begins with a brief description of the design and implementation of the [organization's] omnibus continuous campaign tracking survey, which tracks awareness, attitudes and behaviors relating to 24 national US social marketing campaigns. It's a complex and massive study, with more than 490,000 survey responses collected since 2014. The second piece of the presentation provides observations and recommendations based on the [organization] researchers' experience on this study, focusing on factors such as instrument design, survey mode, sampling procedures, and—most importantly—data analyses and interpretation, be it using survey data only or using survey data with non-survey metrics such as media or digital analytics. The objective of this presentation is to arm social marketers—particularly those who are not survey research experts—with tips and recommendations, in an accessible, non-technical manner, on survey research practices that they can bring back to their own work.

## Introduction and background / rationale

The core prerogative of any reputable social marketing initiative is behavior change. How social marketers measure behavior change is a key consideration when designing an evaluation plan. Government-compiled statistics on social or public health trends—such as impaired driving fatalities or diabetes rates—can be a valuable indicator relating to changing behavior, but it is often difficult to tie these large-scale trends to the effects of a particular social marketing intervention. Media analytics measure campaign exposure but provide no clue of the behavioral effects of that exposure. Digital analytics ably measure the number and type of short-term digital engagements that individuals have with campaigns, but they are bad at measuring sustained "offline" behavioral impact. None of these data sources are good at measuring

certain intermediate effects of a behavior change intervention, such as awareness or attitudes.

This is where tracking surveys come in, for better or for worse. Many social marketers will conduct a tracking survey amongst the target population, establishing benchmark measures of awareness, attitudes and behaviors prior to an initiative's launch, and then going back into field at various times after launch (or sometimes continuously) to gauge any statistically significant shifts in key indicators, and then endeavor to determine if these shifts are due at least in part to the intervention.

Tracking surveys can provide enormously valuable insight as to how an intervention is "working." But surveys have their drawbacks. They are not particularly sensitive in registering effects when the target audience is very large. They can be rife with social bias, both among the respondents taking the survey and the researchers interpreting survey results. They can also be very expensive, at a time when the survey research sector is struggling with declining response rates and the difficulty of reaching certain target populations.

This presentation's aim is not to fill in a theoretical or knowledge gap with new research. There is already a wealth of literature—both academic and industry-based—that provides excellent guidance on survey design, implementation and analysis, both generally and as it pertains to evaluating social marketing programs. Instead, this presentation provides observations and recommendations based on the author's experience designing and interpreting tracking surveys over the past 18 years.

## Method / approach

The primary source of this paper's analysis is the [Organization] continuous omnibus tracking survey, in field November 2014 to present, conducted in partnership with [research provider]. [Organization] leads approximately 35 national US public service communications campaigns annually, and each campaign employs tracking survey measures as a core part of its evaluation design. Prior to the omnibus study, the [organization] typically fielded discrete, point-in-time pre-post surveys. Seeking both cost efficiencies, a desire to gauge campaign performance in real time, and an enhanced ability to conduct cross-campaign data analyses, [organization] embarked on a new research design.

The survey is continuous, meaning that it is never out of field and therefore we can capture ebbs and flows in key survey indicators over time. The survey is an omnibus, meaning that it tracks indicators for 24 [organization] campaigns rather than one.

## Methodology:

- **Mode:** Online. Respondents are drawn from a large, national opt-in panel of US households, with supplements from other sample sources. The survey is "device agnostic," meaning that respondents can elect to take the survey on their desktop or their smartphone.
- **Survey process:** Potential respondents are asked a set of screening questions. Based on their answers, they are then "sorted" to answer questions relating to a subset of campaigns that the study tracks. Each campaign included in the study has its own questionnaire "module" – a concise series of questions around awareness, attitudes and behavior relating to that campaign. For example, if a respondent resides in a gun-owning household, s/he would be qualified to take the survey module for the Gun Safety campaign. Each respondent is given 2-3 campaign modules. Additional background and demographic questions are asked of all respondents at the end. Average time of completion is 12-14 minutes.
- **Campaign modules:** Each module asks a short set of questions relating to that campaign, starting with behavioral questions, followed by attitudinal questions, followed by campaign awareness (aided) questions. Question language and format is standardized on certain types of questions across all campaign modules, allowing for rich, "apples to apples" cross-campaign data analyses.
- **Sampling:** Each survey module has its own sampling specifications, based on the campaign's primary target audience. For example, the Caregivers Assistance module requires that respondents be women age 40-65 who are currently providing caregiving support to an ill or elderly family member. Qualified respondent incidence rates vary from campaign to campaign, from <10% to 90%+.
- **Timing:** The study tracks these indicators continuously, rather than field point in time postwave surveys once or twice a year. This allows us to continuously measure these indicators, by week, month,

or quarter.

- **Sample size:** 600 responses for each survey module are collected each month, yielding a total of approximately 13,000 completed surveys monthly. The total number of survey responses collected since the start of the study in 2014 is more than 490,000. The sheer volume of data afforded by these large sample sizes affords researchers the opportunity to perform 'deep dive' advanced statistical analyses.
- **Data analysis:** For each campaign, researchers track awareness, attitudinal and behavioral measures over time, assessing when and where there have been statistically significant shifts, and if these shifts may be connected to campaign activities. The campaign's survey results are also integrated with other data sources (e.g., media data, digital analytics) within a campaign's evaluation framework, which assesses—in a holistic manner—exposure, awareness, engagement, and impact. Finally, researchers conduct cross-campaign benchmarking analyses of the survey data to help establish campaign goals and better contextualize campaign results.

(Additional background on methodology can be provided on request.)

## Results / Findings

(Each bullet represents a finding or recommendation. One slide per bullet, each with a chart from the survey data as an illustrative support point. Sample charts can be provided upon request.)

The utility of this type of survey approach:

- **Continuous assessment.** Example chart of tracking a survey indicator over time, such as awareness or a self-reported behavior.
- **Data integration with other sources.** Example chart correlating media exposure data with survey-based awareness or behavioral data. Example table showing an attempt to determine if an improved measure in the survey can be attributed, at least in part, to the intervention.
- **Cross-campaign analysis.** Example chart of a benchmarking analysis that helps researchers establish reasonable, data-driven goals for campaign performance.

Considerations in tracking survey design:

- **The mode matters.** Random-digital-dial phone methodology, once the "gold standard" of polling and survey research, is becoming increasingly untenable, and has other drawbacks. Online methodology has some distinct advantages over phone surveys, but also has drawbacks.
- **The device matters.** Whether a respondent takes a survey on their desktop or their smartphone can have an effect on results.
- **The sample design matters.** If researchers do not carefully consider sample specifications and sample sources, they may wind up with unreliable or uninformative results.
- **Sensitivity matters.** When surveying large populations, the number of people required to make a change is often quite large before it registers as a statistically significant shift in a tracking survey. Many social marketers fail to realize this basic fact when setting expectations for survey results or interpreting whether a program is "working."
- **Consistency matters.** Even seemingly small changes in survey administration over time—be it in sample design, survey mode/format, or questionnaire language—can have outsized, unintended effects on results.
- **The state of the survey research sector matters.** Response rates are plummeting, sampling sources are becoming increasingly unstable, and certain populations are becoming increasingly difficult to reach via survey. These trends are making survey research of large populations increasingly expensive, and at times not feasible.
- **Social and cultural context matters.** "Attribution" – i.e., isolating the effect of a given intervention while controlling for other factors—is the holy grail of social marketing program evaluators. Yet this can be very challenging. No evaluation of any social marketing campaign can control for every external factor, be it other like-minded, concurrent campaigns, or larger trends in political, social, and cultural discourse. But dedicated evaluators can try, through such tools as marketing mix models.
- **Social bias matters.** This is perhaps the most important point of this paper. Social bias frequently infects tracking survey research,

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especially given that the key indicators measured in surveys are by definition self-reported. With respondents, social bias may influence certain respondents to answer “untruthfully” – e.g. the behavior they self-report in a survey may not accurately reflect reality. With survey analysts, confirmation bias is an ongoing danger. Some analysts may confuse—willfully or not—correlation with causation. Some, with vested interests in a program’s success, may be prone to look for positive indicators while downplaying negative ones. Some, who may be skeptical of a program’s efficacy, may do the opposite, or pose unreasonable critiques of the methodology. These issues concerning social bias should be addressed forthrightly.

## Figures and tables

Since each finding requires at least one illustrative chart or table, I am refraining from embedding charts or tables in this submission. I would be happy to provide examples to be used in the presentation, upon request.

## Discussion

This presentation is guided by hard-earned experience on many, many research projects, with mistakes made along the way, to provide attendees a better understanding of the potential uses, and the abuses, of tracking survey research to help evaluate social marketing interventions, particularly among large populations. The intent of the presentation is to provide practitioners with some top-line considerations that they can apply when designing a program evaluation, including the role that survey-based indicators can play.

## Conclusions

See Discussion section.

## References

Selected charts from [Organization] campaign evaluation reports.  
[Organization] Continuous Omnibus Tracking Study, November 2014-present.

So that this submission remains blinded, primary investigators on this study are not listed, but will be provided upon acceptance of this submission.

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**Number: 180**

## Preconceptions & other pitfalls: Most common mistakes made by social marketers

Conference track: Advancing theory, research in social marketing and behavioural influence

**Authors: Julie Cook; Sarah Fries; Dr. Jennifer Lynes**

## Abstract

The purpose of this paper is to explore the aspects of social marketing practitioners’ interventions that are the least well managed in order to develop an understanding of how these aspects might be addressed, potentially leading to improved program outcomes. More specifically, we are interested in discovering what are the most common pitfalls, or ‘mistakes’, made by social marketers in the design and implementation of their interventions. Method: This is a qualitative grounded theory study with 10 in-depth expert interviews. Results: Eight most common pitfalls, or mistakes, emerged from the 10 in-depth expert interviews, with “Poorly understood priority group”, “inadequate theoretical understanding”, and “ad hoc approaches to campaigns” being the top three. “Preconceptions that social marketers bring to their work” was a major yet implicit source of concern throughout the interviews. Lack of funding as well as the overreliance on the promotion side of social marketing emerged as two primary external challenges that influence social marketers’ ability to do their work well. Discussion: The three top mistakes will be described in detail, as well as possible interconnections between them. The nature of social marketers’ preconceptions will also be described and discussed in greater detail, as will the top two external factors. All of these will be discussed in terms of their implications for the design and implementation of social marketing interventions.

## Introduction and background / rationale

The work of social marketers, to influence behaviour for social good, is not simple and the socio-ecological environment in which they work is just as complex (Lee & Kotler, 2016). In such a complex working environment, failures and mistakes are inevitable. Unfortunately, practitioners do not often report their own failures (Silva & Silva, 2012). When failures or mistakes are reported, it is usually for the purpose of one study (Clapp et al., 2003; Glassman and Braun, 2010; Ramirez et al., 2017), as opposed to a systematic understanding of mistakes made in the field. This is a significant gap in the development of social

marketing practice, since understanding the nature of the most common mistakes made by social marketers could assist them in assessing their own shortcomings and potentially lead to new and innovative approaches to tackling socio-behavioural problems. Our paper contributes to filling this gap by interviewing social marketing experts, surveying social marketing practitioners, and conducting a systematic literature review of mistakes made in the field.

## Aim of the session

The aim of this session is two-fold: 1) to educate social marketers as to the most common mistakes made in the field; 2) to encourage open discussion among them about common mistakes made and weaknesses in their work, with particular attention paid to those elements that they may have control over. The intended outcome is that social marketers will have greater reflexivity and self-reflection in their work and be empowered to start addressing some of their weaknesses.

## Method / approach

This research project is a qualitative grounded theory study with 10 in-depth expert interviews conducted (more interviews are forthcoming).

A constructivist grounded theory methodology underpinned the research questions, data collection and analysis.

Recruitment and participant selection was done through Google searching as well as personal contacts. Participants in the phone interviews were initially emailed an information letter and then were emailed an online survey. Phone interview questions were pulled from the survey data.

In total, 10 social marketing experts (i.e. those with over 10 years experience) engaged in phone interviews. The audio files were transcribed using speech to text software from www.temi.com. The data from the phone interviews was then coded in two phases:

- 1) Initial coding → In this phase, two researchers coded (by colour and text) the phone interview data segment by segment.
- 2) Focused coding → In this phase, two researchers used axial coding to develop overarching categories and sub-categories

After the focused coding stage, the two researchers grouped the overarching categories together based on conceptual similarities and frequency of mention. NVivo 12 software was then used to organize the transcriptions into the overarching categories.

## Preliminary Results

Eight overarching categories emerged from the interview data. These describe the most common ‘mistakes’ made by social marketers, according to 10 social marketing experts. They are included in Figure 1.1 below. The most common mistake identified by the experts was that social marketers do not adequately understand the priority group, which potentially affects program outcomes.

An example of this is elaborated upon by one of the social marketing experts, who explains that social marketers’ orientation toward the priority group tends to include an implicit understanding of them as passive recipients of social marketing programs rather than as active change agents. This is reflected in the term target audience. The expert described it this way:

“Most social marketers say, ‘Well, we want our target audience to behave differently.’ Uh, yeah. So you step back then from that for a moment and it’s like, well why would an audience behave any differently? An audience isn’t supposed to be behaving. They’re just supposed to be consuming.”

In addition to the eight top ‘mistakes’ made by social marketers, two other themes emerged from the data (Please see Figure 1.2 below):

- 1) Interwoven throughout the interviews was the notion that social marketers have preconceived notions and fixed mental models for understanding behaviour, the target audience, the design of the campaign, the strategy, etc.
- 2) We also found that social marketing experts perceive two major external factors influencing the success/failure of social marketers’ work: inadequate funding and resources, and a tendency for various stakeholders to rely on the promotion side of social marketing.

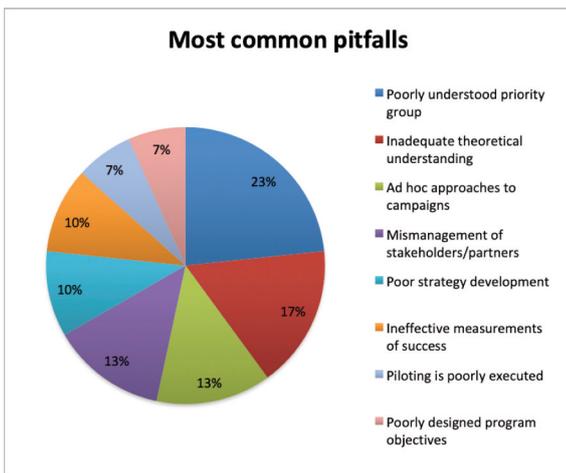


Figure 1.1. Most common pitfalls by proportion

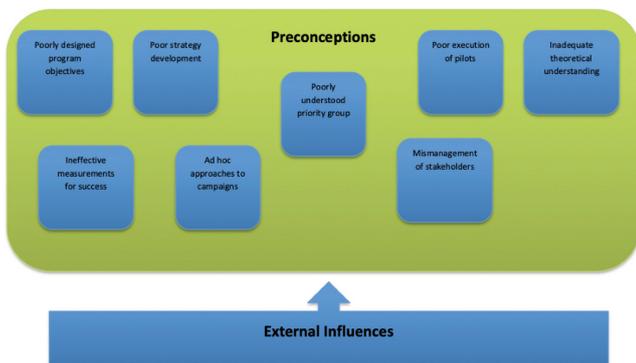


Figure 1.2. Ecological context for common pitfalls encountered by social marketers

## Discussion

The most interesting point of discussion in this paper will be the discovery that social marketers have preconceived notions and relatively fixed mental models that they bring to the work they do. Given that the field of social marketing is a planned approach to social change (Kotler and Zaltman, 1971), and the procedure with which social marketers engage in that change process is systematic and programmatic, perhaps it is understandable that social marketers may run into the pitfall of lacking ‘mental agility’, eccentricity, and innovation in their work.

In addition to the above cross-cutting phenomenon, the three top ‘mistakes’ will be discussed, with possible interconnections between them. The two top external influences will also be discussed, with particular attention given to the differentiation between those aspects of these influences that

social marketers have some semblance of control over (e.g. in regards to the lack of funding issue, it will be pointed out that at least one expert mentioned that though social marketers may not have full control over the amount or allocation of funding given to their programs, they can choose to acknowledge the problem and begin dialogue around it). Implications for the work of social marketing practitioners moving forward will be explored.

## Conclusions

The intent is that these findings will promote greater reflexivity among social marketers and lead them to incorporate measures to assess their own practices in the work that they do. Future research could examine the social marketing community’s perspectives on social marketers’ most common mistakes, as well as to what extent external influences contribute to program failure in comparison to mistakes made by social marketers.

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## Number: 183

### The efficacy of voluntary codes of practice in relation to the advertising and marketing high fat, salt and sugar foods to children

Conference track: Critical Social Marketing.

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## Abstract

Today’s food environment differs dramatically to that experienced by previous generations. With obesity and overweight ranked as the fifth leading risk for death globally, the World Health Organization (WHO) have urged national governments to take steps to negate this crisis. One such step is to restrict the marketing of high fat, salt and sugar (HFSS) food and beverages to children. Rather than calling for an all-out ban, WHO have formulated a set of recommendations which call for governments to convene multi-stakeholder groups with a view to developing voluntary codes of practice (World Health Organization, 2010).

The objective of this paper is to conduct an in-depth exploration into voluntary codes of practice as a method for regulating marketing communications for HFSS food and drink. A cross-country comparison of three sets of codes; two voluntary (Ireland and Denmark), and one that is legislated (Québec), highlighted several exclusions and exceptions that exist in the Irish voluntary codes which could, perhaps, offer ‘loopholes’ for non-compliance.

A critical analysis of non-industry and industry-led reports on the success of voluntary codes of practice tell two very different stories; one indicating high levels of industry compliance; the other detailing multiple code infringement. Investigating these opposing views further, a psycho-geographical analysis of the junk food landscape in Dublin was conducted. Psycho-geography is described as the study of the geographical environment and its effect on human mood and behaviour (Parker, 2002).

The findings suggest that the chasm between policy and the ‘lived-in’ obesogenic environment is worryingly large and policy innovations need to be made to ensure that children everywhere are protected from the impact of omnipresent food marketing communications. A recent Lancet Commissions’ Report notes that self-regulation preserves market interests, and voluntary codes are often thwarted with conflicts of interest and power imbalances which is further exacerbated by weak monitoring and enforcement structures (The Lancet Commissions, 2019).

## Introduction and background/rationale

Results of a 2017 study by the World Health Organisation (WHO) and the Imperial College, London show that there has been a ten-fold increase in childhood and adolescent obesity rates in the last four decades (Abarca-Gomez, et al., 2017). The WHO attribute the high incidents of obesity to the impact of food marketing and policies across the globe, and suggest that governments and policy makers should regulate and tax unhealthy foods and make healthy nutritious food more available, both in the home and at school (World Health Organization, 2017). Despite 30 years of obesity research which is clear regarding the importance of policy change, the Lancet Commissions Report (2019) argue that there has been extremely little progress made. Food marketing to children has become a key policy issue in Europe and despite policy action, and many regulatory and self-regulatory frameworks in place to monitor the industry, little has changed (Kraak, et al., 2011). Detailed reviews of marketing practices in developed economies show strong resistance to change objectives and food

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marketing to children continues to promote HFSS food and beverages (Adams, et al., 2012). With increasing evidence that advertising of food and beverages directly affects children’s food choices and intake, there is an onus on governments to effectively monitor the industry (The Lancet Commissions, 2019).

The Childhood Obesity Surveillance Initiative (COSI) note that one in five Irish children are overweight or obese (Bel-Serrat, et al., 2017). In February 2018, the Irish Government published a voluntary code of practice for the advertising and marketing of food and non-alcoholic beverages to children (specifically non-broadcast advertising) (Department of Health, 2017). Examining this new initiative, its intended effect, and comparing it to two established codes in Denmark and Québec, forms the basis of this research. It should be noted that two thirds of the working group that developed the Irish voluntary codes included representatives from government departments and statutory agencies and one third included representatives from the advertising sector, Irish Business & Employers Confederation (IBEC); Food Drink Ireland and Retail Ireland.

## Method/Approach

Secondary data was collected by way of a comprehensive review of available literature on voluntary codes of practice in the marketing of HFSS food and drink to children. Primary data collection was conducted in two phases. Phase One involved a comparative study of three sets of voluntary codes, the aim of which was to identify similarities and differences in their terms and definitions, including stakeholder involvement and monitoring. Phase Two was a ‘snap shot’ of the junk food marketing landscape on a particular day in Dublin. The methodology chosen for this data collection combined the phenomena of psycho-geography (Debord, 1955) and that of the flâneur (Rizk & Birioukov, 2017). Psycho-geography is a still-recent mode of ethnographic investigation into human geography and critical urban design, which seeks to explore the embodied experience of moving through a space, often using non-standard modes of representation such as photography, video, augmented reality and field notes. This approach was chosen as a way of creating an awareness of the impact junk food marketing has on our environment, one which is often concealed by the drudgery of everyday living. In the following section, an overview of the salient findings of the study are presented. The results point to significant inefficacies in voluntary codes of practice as a method for preserving and protecting public health.

## Primary Research – Phase 1 (Example)

Description of the Codes of Practice included for analysis:

(Department of Health, 2017; Forum of Responsible Food Marketing Communication, 2008; Office de la Protection du Consommateur, 2012)

Country	Title
Ireland	Healthy Ireland
	Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement Voluntary Codes of Practice Entered into force: February 2018
Denmark	Forum of Responsible Food Marketing Communication Code of responsible food marketing communication to children Entered into force: January 2008, revisions August 2010 and December 2013
Province of Québec, Canada	Office De La Protection Du Consommateur Advertising Directed at Children Under 13 years of Age Entered into force: 1980 (Baylis & Dhar, 2007).

## Codes of Practice: Rules and Definitions

Country	Ireland	Denmark	Québec
Definition	Defined as those under the age of 18 years, with exceptions where mentioned (specific age limits are given for Under 16 years and 15 years).	Danish Code applies to all marketing in media directed at children under the age of 13 years.	The Québec law applies to all commercial advertising directed at children under the age of 13 years.
Marketing/ Commercial Advertising	Promotional activities, sponsorships and direct marketing.	“Marketing is defined as any notice in any form that is released in return for a financial compensation with the purpose of promoting sales of specific products” (Forum of Responsible Food Marketing Communication, 2008).	Goods or services offered for sale, rental and organisations having one or more activities in the sale or rental of good and services.  Applies to persons who design, distribute, publish or broadcast advertisements – defined as Advertisers.
Scope	Non-broadcast media, which includes digital media, print media, cinema and out of home media. (Note: Ireland have existing regulation for broadcast media)	Programmes on television and radio, internet websites, games, chat rooms (3rd part or company-owned), text message services, cell phone marketing, printed all directed at children.	Radio, television, the Web, mobile phones, printed material, signage and promotional items.
Foods and drinks covered by the Codes	Any HFSS food that is deemed high in fat, sugar and salt based on the Nutrient Profile model used by the Broadcasting Authority of Ireland.	Foods that are considered to be high in sugar, fats and salt. The Danish Code lists ten categories of foods and gives a limit value for each food item: dairy products, cheese, meat/poultry/fish, bakery products, cereals, fruit and vegetables, sauces and dressings, beverages, confectionary and ready-made meals.	Any form of advertising that is directed at children under the age of 13 years is prohibited regardless of the nature of product being marketed.

The three sets of codes that were used for comparative purposes highlighted how the application of self-regulation is inconsistent from country to country. Québec, having an all-out ban on advertising directed at children under the age of 13 years, offered the clearest guidelines and avoided any confusion or ambiguity. Denmark, like Ireland, included omissions and exceptions and relied on self-regulation for certain marketing channels.

## Primary Research Phase 2: A Photographic Anthology: The Obesogenicity of Dublin

In order to capture the obesogenicity of our urban environment – everything in our surroundings which contributes to the promotion of obesity – the second phase of primary research is the result of a flânerie (stroll), or dérive (drift) through Dublin which focuses on the space we share with junk food marketing – the ‘junkscape’.



## Discussion

Voluntary codes, by their very nature, are just that ‘voluntary’. There is no onus on individuals or organisations to adopt or to adhere to them. Voluntary codes afford businesses the opportunity to ‘cherry-pick’ which parts they will follow. Our analysis shows that the absence of a rigorous monitoring and enforcement mechanism renders them useless as it relies on organisations to self-regulate. To date, the Irish Government has yet to appoint a monitoring body for the Irish voluntary codes, meanwhile childhood obesity rates are continuing to rise.

Wicked problems, such as obesity, are those which do not have simple solutions, rather they require multi-level, multi-directional and co-ordinated action (Dallenbach & Parkinson, 2017). Further, they involve understanding the part each stakeholder plays in this complex issue, as food consumption decisions can be influenced by individuals, marketers,

the food industry, the health industry and government policy. The study's contribution is to highlight how HFSS food policy and 'real-life' situations inhabit disparate worlds of thought. The basic drivers of obesity are multifactorial and complex. However, studies have demonstrated a causal link between marketing communications and food consumption (Galbraith-Emami & Lobstein, 2013). Therefore, restricting the marketing and advertising of HFSS foods is one 'driver' of obesity that is actionable and its effect has shown to reduce the overall consumption of unhealthy food (Boyland, et al., 2011).

The Lancet Commission (2009) describe the triple burden challenges of obesity, under-nutrition and climate change – three pandemics that can have deleterious effect on human health and natural systems – as a 'Global Syndemic', a 'synergy of epidemics' that interact with each other and "share common underlying societal drivers" (The Lancet Commissions, 2019, p. 1). Our findings highlight the sheer inadequacy of voluntary codes of practice, and clearly indicate that they are no match for the current Global Syndemic.

## Conclusion

The research argues that voluntary codes need to be reassessed, both historically and comparatively. Whilst the importance of having a multi-stakeholder approach to tackling the problem of obesity cannot be underestimated, it is imperative that there is a balance as the drivers towards voluntary, co-regulation and legislation decisions are often shaped by the level of participation of industry actors. Further research is required to assess the impact of corporate political activities on policy formation. Harris, et al., (2009) suggest that the 'reluctance' to legislate can be attributed to the size and wealth of the food industry and their ability to influence political agenda, as research has shown that government-led schemes are significantly more restrictive than industry-led schemes (Harris, et al., 2009). There remains, however, the important question as to whether industry's 'seat at the table' is a desirable outcome for public health.

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## Number: 185

### Application of Social Marketing Components in Household Food Waste Interventions: A systematic review

Conference track: Global climate change, environment protection, over consumption and sustainability

Authors: Jeawon Kim, Kathy Knox and Sharyn Rundle-Thiele

## Abstract

Food waste is an acknowledged global issue that has received limited attention from social marketers to date. This study reports a systematic review of peer-reviewed published interventions that aimed to reduce food waste. The purpose was to identify the extent to which seven major components of social marketing were used. We searched multiple databases to gather studies published since 2000 that reported food waste interventions targeting households. Twenty-nine papers describing 26 individual empirical studies qualified for analysis. The current review was restricted to studies that targeted downstream (households) and studies published in peer-reviewed journals in the English language. The results indicate that application of social marketing principles in food waste is lacking. Three interventions claimed to adopt a social marketing approach. None of interventions applied seven major social marketing components, which suggests there is considerable room to enhance the application of social marketing, and potentially improve behavioural change with programs focussed on reducing food waste in households. This article presents the first attempt to review the extent that social marketing components are used in interventions targeting household food waste.

## Introduction and background / rationale

The Food and Agriculture Organization of the United Nations (FAO, 2015) estimates one third of edible food, equivalent to 1.3 billion tonnes, is lost or wasted annually. Increased greenhouse gas emission (GHG) from food waste is posited to lead to an increase in the risk of climate change (Pielke et al., 2007; Schmidhuber & Tubiello, 2007). Estimates suggest that 8% of global warming is caused by food waste dumped into

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landfill (FAO, 2015). The global generation of food waste poses significant harm to the environment, communities and society; wasting both monetary and physical resources (Gustavsson, Cederberg, Sonesson, Van Otterdijk, & Meybeck, 2011). Food production and disposal processes involve considerable use of resources including water, energy, and capital. Economic losses generated from food waste are estimated to cost our communities over \$900 billion globally (FAO, 2015).

Both the food supply chain and households contribute to the food waste problem (Miafodzyeva & Brandt, 2013). While the need for shared responsibility is acknowledged, individual households must bear some responsibility for organic food waste. Research indicates that private households are significant food waste contributors (Bio Intelligence Service, 2011; Conrad et al., 2018) costing Australian households an estimated AU\$3,800 in wasted food every year (RaboDirect Financial Health Barometer, 2017). Taken together, research indicates that targeting households with programs to reduce food waste offers potential to deliver a positive change with multiple benefits for individual households and wider environmental and community savings (Dietz, Gardner, Gilligan, Stern, & Vandenberg, 2009).

To date, research has been conducted to understand why household food waste is generated (Baker, Fear, & Denniss, 2009; Miafodzyeva & Brandt, 2013). These studies have identified demographic and psychographic drivers of food waste. Taken together, research suggests that young, employed, high income earners, and single person households commonly produce food waste (Baker et al., 2009; Cox & Downing, 2007; Gustavsson et al., 2011; Hamilton, Denniss, & Baker, 2005). In regard to food waste intervention strategies, a systematic review of household food waste practices (Schanes, Dobernick, & Gözet, 2018), found that information campaigns were one of the most widespread tools used for food waste prevention and reduction (Priefer, Jörissen, & Bräutigam, 2016). However, the review scope was limited to Europe.

Even though a range of behaviour change tools exist (e.g. education, social marketing and policy), application of social marketing to food waste is lacking (Barr, Gilg, & Shaw, 2011; Takahashi, 2009; Truong, 2014). Social marketing has been shown to be effective in health focused studies such as healthy eating (Carins & Rundle-Thiele, 2014) and problem alcohol use (Kubacki, Rundle-Thiele, Pang, & Buyucek, 2015). However, environmental problems such as food waste have received less attention in social marketing when compared to health behaviours (Barr et al., 2011). Truong (2014) who conducted a systematic review of 867 social marketing studies identified that health behaviours has been the dominant focus in social marketing research (55.7%). Environmental protection (3.7%) had received less research attention by social marketers. Takahashi (2009) stated that the number of environmental social marketing studies are small and called for wide adoption of social marketing to support environmental protection. Furthermore, the extent that social marketing principles have been applied to reduce food waste is not known, which is limiting given that the likelihood of behavioural change increases as a greater number of social marketing principles are used (see Carins & Rundle-Thiele, 2014; Xia, Deshpande, & Bonates, 2016).

To assess prevalence of social marketing principle in published reports of food waste interventions, this paper adopts seven major social marketing components outlined in Almestahiri, Rundle-Thiele, Parkinson, and Arli (2017). This paper identifies the extent that core social marketing principles, namely behaviour change, audience-research, segmentation, exchange, marketing mix, competition, and theory have been utilised in food waste programs targeting households. This study aims to provide evidence for the extent that social marketing principles are reported for programs aiming to reduce food waste for households.

## Method / approach

A systematic search and literature review following PRISMA guidelines (Moher et al., 2015), and other social marketing reviews (Carins & Rundle-Thiele, 2014; Kubacki, Rundle-Thiele, Lahtinen, & Parkinson, 2015; Pickering, Grignon, Steven, Guitart, & Byrne, 2015) was undertaken to identify previous programs aimed at reducing household food waste. A systematic approach to literature reviews is considered to be bias free, as rigorous scientific protocols are followed and authors are not 'picking and choosing' which studies to review for their purposes (Petticrew & Roberts, 2008). Published studies were identified through searches of Emerald and ScienceDirect, and all Databases of EBSCO, Ovid, ProQuest, and Web of Science for the period of 2000 to July, 2018.

The search included peer reviewed journals only. The main search terms were 'Environment\* OR food OR organic' AND 'wast\*' AND 'household\*' AND 'intervention\*' OR Randomized Controlled Trial OR evaluation OR trial OR campaign\* OR program\* OR stud\*.

The search yielded 2,823 unique articles. Exclusion criteria were applied, excluding from the review any non-journal articles, formative and review studies (i.e. meta-analysis, conceptual studies), studies focused on other environmental issues (i.e. air pollution and other types of waste including water, solid, electric, plastic, hazardous, medical), studies beyond the scope of the review (e.g., food insecurity, nutrition, pharmaceutical, healthcare, lab experimental journals on soil composition), and studies without a behavioural outcome measure (e.g., those which measured only awareness, attitudes). A total of 460 qualified records were imported into Covidence (Babineau, 2014) for review. Covidence was chosen as it follows PRISMA guidelines and allows two reviewers to cross-check their work simultaneously.

Two independent reviewers screened the titles and abstract of each record to identify food waste interventions delivered at the household level. Conflicting decisions were resolved by discussion. The pool of papers were reduced to 61 records and these proceeded to full text screening. Through backwards and forward searching of four review papers, a further 18 articles were imported for full text screening.

Eliminating studies that used simulation models, reported descriptive characterisations of solid waste and properties of soil/compost, the final number of papers that met all criteria was 29 articles describing 26 discrete interventions. These studies were analysed following seven major social marketing components reported in Almestahiri et al. (2017). Two raters conducted a quality assessment of each study according to the Risk Of Bias In Non-randomized Studies – of Interventions (Sterne, Higgins, Elbers, & Reeves, 2019) assessment. ROBINS enable researchers to assign interventions according to 5 criteria (i.e. Low, Moderate, Serious, Critical, and No information).

## Results / Findings

Our systematic literature review and data extraction enabled quantification of the application of seven social marketing components in food waste interventions. In addition, our analysis identified the most commonly practiced intervention tools and targeted behaviours reported in the international literature. Findings could assist social marketers in developing an effective food waste reduction intervention.

Of the 26 interventions examined, 23 were aimed at extending environmental knowledge. Only three interventions claimed to apply social marketing (Devaney & Davies, 2017; Linder, Lindahl, & Borgstrom, 2018; Nye & Burgess, 2008). Full application of seven major social marketing components was not achieved in any of food waste interventions. An average of 3.5 components were applied across the studies. In total, 21 interventions reported some positive behavioural effects, while one intervention reported no behavioural change for their target audience (Morone, Falcone, Imbert, & Morone, 2018). Only one study claimed the involvement of consumers in campaign development (Devaney & Davies, 2017). Segmentation was not described in any study. However, selection of a target audience (one component of segmentation) using demographic and geographic characteristics was noted in 18 studies. Consistent with definition reported in Almestahiri et al. (2017), 'Exchange' was defined as the provision of tangible benefit. Only one of 26 interventions offered exchange to their participants: Using a 'Green Cone' digester, Bench, Woodard, Harder, and Stantzios (2005) offered tangible and direct inducements to give up food waste behaviour. All studies employed at least two of the 4 Ps (i.e. a marketing mix) to deliver interventions. A strong presence of price (i.e. financial savings) and placement (i.e. in-house installation of bin) were observed. Competition (i.e. time constraints) was prominent in all interventions. Bees and Williams (2017) stated a lack of information about recycling schemes when referring to competition for source-separation behaviour. Nine studies relied on a theoretical framework to design the intervention. In the three social marketing studies, use of marketing mix, competition, and theory (i.e. Social practice, Nudge) was observed; however, limited use of segmentation, and limited use of audience-oriented and mixed-method research were observed.

Six broad intervention strategies were identified across the various studies. Most frequently, identified interventions used educational tools to increase program effectiveness (n = 16) which included provision of information leaflets and personal interaction (through door-knocking/food sharing). Of those 16 educational interventions, five studies used other tools such as personal interaction and technology (n = 5) to increase

intervention effectiveness. For example, Devaney and Davies (2017) installed 'Homelabs' to help participants track their usage of food and provided an information brochure to educate participants. Alternative tactics to supplement educational tools included installation of a mobile bin ( $n = 4$ ), a community bin ( $n = 2$ ), and imposition of a tariff ( $n = 1$ ).

The most commonly targeted behaviour was source-separation ( $n = 12$ ), followed by mixed behaviours ( $n = 7$ ). For example, one study (Lim, Funk, Marcenaro, Regazzoni, & Rauterberg, 2017) utilised social recipes as an intervention strategy targeted at three different food waste-related behaviours; planning, purchasing, and leftover-reuse. Disposal behaviour ( $n = 5$ ) was also commonly targeted. Other studies aimed to increase composting (Nye & Burgess, 2008) and food sharing behaviour (Jagau & Vyrastekova, 2017).

Most studies were conducted in Europe ( $n = 11$ ) including Sweden, The Netherlands, Italy and Germany. Seven studies were conducted each in UK and Asia (e.g. China, Republic of Korea, and Vietman). One US study was located in this review. Studies featured sample sizes of  $n = 12$  to 33,000 households. In 15 studies program outcomes were achieved through community involvement. Outcome measures varied from psychological constructs (i.e. Attitudes, perception) to self-reported food wastage/amount of food wastage generated (kg). Twenty-nine studies identified reported positive outcomes for one or more identified outcome variables.

### Discussion / Conclusions

The first objective of this paper was to identify application of social marketing in programs aiming to reduce household food waste. Previous reviews (e.g., Takahashi, 2009; Truong, 2014) adopted a wide environmental focus. Although recent reviews have identified the most common practices in food waste, an understanding of the extent that social marketing principles have been applied was not available (Schanes et al., 2018). This paper contributes to our understanding of the application of social marketing. We found a lack of full application of social marketing components in food waste interventions. Only 3 out of 26 studies adopted social marketing in campaign development and delivery however none of the identified food waste interventions used all components of social marketing, which may be limiting program effectiveness. Prior studies have identified that use of social marketing components (e.g., Carins & Rundle-Thiele, 2014; Xia et al., 2016) behavioural change. Further, previous research has identified the importance of consumer-orientation (Daae, Goile, Seljeskog, & Boks, 2016; Trischler, Pervan, Kelly, & Scott, 2017) and theory (Truong, Saunders, & Dong, 2018) and both components were frequently absent in the papers reviewed here.

A strong presence of education in food waste interventions was noted. Information initiatives adopted education tools and focussed on addressing and supplying knowledge to overcome deficiencies (Schanes et al., 2018). An emphasis on education could be problematic if assumptions are made that people will reduce food waste solely on the basis of being fully informed about the environmental benefits of doing so. Education focussed interventions assume that motivation is strong, and it is merely a lack of comprehensible information that prevents the behaviour from being adopted (Tapp & Rundle-Thiele, 2016). In contrast, social marketing 'offers' value inviting people to engage with a program and assumes that existing levels of motivation and knowledge are insufficient to generate changes in behaviour without an external boost (Almestahiri et al., 2017).

Opportunities for future research were identified in the present study. First, the number of social marketing-based food waste intervention studies was small ( $n = 3$ ), which offers an opportunity for research to be conducted in social marketing. An opportunity exists to establish a deep evidence base. Luca and Suggs (2013) claimed that there are not enough replicated studies in social marketing to assure its reliability. Further, the ROBINS-I quality assessment tool identified that in most interventions, the risk of bias was 'Unclear' or 'Moderate'. To better understand intervention strategies that can be implemented by public service organisations to reduce food waste, more high-quality research is needed, with particular focus on validity in design and reliability of outcome measure to ensure avoidance of bias.

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**Number: 188**

**Hug, Nudge, Smack or Shove: How do consumers react to a social dilemma?**

Conference track: Global climate change, environment protection, over consumption and sustainability

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**Abstract**

There is consistent pressure on consumers – particularly vulnerable consumers – generated by the consistent increase in energy prices. This pressure needs to be addressed in order to achieve sustainable electricity management at both the supply-side and demand-side. There are therefore two sides that can be influenced by interventions – the demand-side (those using the electricity, such as energy consumers) or the supply-side (those supplying the electricity, such as generators, distributors and retailers). This research deals with the demand-side by examining how interventions/levers on the demand-side can encourage consumers to use less electricity during event days (e.g., days of

extreme heat or cold), reducing the load on infrastructure and helping to keep prices lower. To examine this issue, the current research combines behavioural economics and social marketing through the use of French's exchange matrix (French, 2011).

This research reports the results of two studies; study 1 was a behavioural economics experiment examining a context of general energy efficiency with a student sample. The second study a behavioural economics experiment that examines the specific context of peak demand with a sample of general population adults. The four policy levers reported on here are Hugs (rewards), Smacks (punishments), Nudges (default choices) and Shoves (restricted choices). The results indicate that consumers in an energy efficiency context respond best to a moderate shove which is sustained over time, while consumers in a peak demand context respond to minor shoves but this effect decays over time. Contributing factors to the effect of the policy levers were pro-social propensity, citizenship type and some demographics.

## Introduction and background / rationale

As societies strive to meet climate targets, electricity services necessarily affect societal as well as individual wellbeing. Governments worldwide have identified energy security, sustainability, and equity as the great trilemma of modern times (World Energy Council, 2016). Importantly, electricity has a delayed feedback-mechanism (Rothschild & Gaidis, 1981) from the action of electricity use whereby financial consequences are delayed (bills take up to 3 months to arrive) while physical comfort changes are instant. This fosters short-term thinking, where comfort takes priority over costs such as financial, societal, and environmental, as reinforcement is immediate. Researchers and industry representatives see technology as a potential solution for dealing with the energy trilemma and for making the social dilemma associated with electricity more visible (Capaccioli, Poderi, Bettega, & D'Andrea, 2017; Ford, Pritoni, Sanguinetti, & Karlin, 2017; Lovell, Pullinger, & Webb, 2017). In this research we examine the social dilemma that results from energy usage and incorporate a technology simulation to provide instant financial and social feedback on choices by using a behavioural economics social dilemma game conducted in a lab. In doing so, we examine two groups of consumers and how they respond to behavioural economic levers in different behavioural contexts.

Tariff reforms are currently emerging as one such lever that may be utilised to reduce electricity pricing pressure for vulnerable consumers, and consumers are open to reforms such as Time of Use (ToU) pricing (Stenner, Frederiks, Hobman, & Meikle, 2015). However, an evidence base is required in order to understand how consumers will react to such changes and how they may benefit consumers. In this research we contribute to this evidence-base, providing insights that can be used to reduce consumer pressure while at the same time helping to ensure sustainable electricity management at both the supply-side and demand-side.

## Aim of the session

With pending tariff reform and the pressing need for policy-makers to influence changes in consumer behaviour, a concern emerges that non-evidence based implementation of policy levers for ToU pricing are likely to have adverse implications for consumers whose needs may not be considered. Even if the changes implemented are sound from a policy perspective, the political fall-out and consumer rejection of the changes will ultimately disadvantage consumers in the management of their electricity bill and potentially lead to consumer rejection of tariff reform.

Therefore, this project aimed to identify strategies that can effectively change the behaviour of electricity consumers towards more efficient energy use – either in general (Study 1) or by reducing peak demand (Study 2). In a controlled environment we tested four behavioural economics policy levers, defaults (Nudge), rewards (Hug), penalties (Smack), and limitations/conditions (Shove) – for their effectiveness as well as for the level of political opposition these instruments may trigger. Three research questions are addressed in this paper with findings being provided for both Study 1 and Study 2:

**RQ1:** How do consumers respond to each of the four policy levers for demand control?

**RQ2:** How does the initial effect decay over time for each lever?

**RQ3:** What are the individual differences that influence consumer responses to the levers?

## Method / approach

Two frameworks guided the development of this research, the EAST framework from behavioural economics and the exchange matrix from

social marketing. The EAST framework was developed by the UK Behavioural Insights Team (Behavioural Insights Team 2013; Halpern 2015) for the purpose of designing behavioural research informed policy interventions. The framework builds on Richard Thaler's and Cass Sunstein book Nudge (Thaler & Sunstein, 2012) which argues that the systematic biases documented by the research of Daniel Kahneman and Amos Tversky as well as others (Kahneman, 2012) should lead policy makers, governments and industry to engage in choice architecture. Choice architecture is the careful design of decision environments that take into account behavioural biases. The aim of a good Nudge/good choice architecture, is to enable citizens and customers to make better decisions for themselves and as judged by themselves (Thaler & Sunstein, 2012).

The Exchange Framework (French, 2011) was utilised in this research to guide the design of the interventions used in the experiments. This framework is made up of four quadrants into which messages and other triggers may fall. The French (2011) exchange matrix posits four different styles of interventions or policy levers that vary based on whether the person is making an active or a passive choice, and whether the desired intervention should be a punishment or a reward. For a positively framed approach, a Hug (reward) would be chosen for active choices and a Nudge (gentle push in the right direction) for passive behaviours. On the side of disincentives, a Smack (punishment) is appropriate for active choices, while a Shove (restriction of choice), is more suited for passive choices.

This research utilised a traditional behavioural economics method – a social dilemma game conducted via a laboratory experiment – while applying social marketing theory to determine the conditions that participants would be exposed to (i.e., French's exchange framework) and how the message would be designed. Participants in study 1 (n=144) were asked about general electricity efficiency rather than a specific context while participants in study 2 (n = 182) were asked about peak demand. Both received one of five possible interventions, all of which were manipulated by either a) Increasing or decreasing the final payout participants received depending on whether they exhibited pro-social behaviour or not, or b) Restricting participant choices or adding default selections to their choices. These options are based on the Exchange Framework first proposed by Jeff French (French, 2011). The five interventions all involved participants being asked how many tokens (representing reduced electricity usage), they would contribute. The higher the number of tokens contributed, the more the pro-social behaviour was exhibited.

**Table 1: Operationalisation of experimental treatments**

Study 1 – Student sample Context: Energy efficiency			Study 2 – General population sample Context: Peak demand		
Treatment	Payoff (reward/punishment)	Choices	Treatment	Payoff (reward/punishment)	Choices
<b>Baseline</b>	Payoff = $(10 - x) + [\frac{1}{4} * (x+y)] * 1.6$	1,3,5,7,9	<b>Baseline</b>	Payoff = $(10 - x) + [\frac{1}{4} * (x+y)] * 1.6$	1,3,5,7,9
<b>Hug</b>	Payoff = $(10 - x) + 0.1x + [\frac{1}{4} * (x+y)] * 1.6$	1,3,5,7,9	<b>Hug</b>	Payoff = $(10 - x) + 0.1x + [\frac{1}{4} * (x+y)] * 1.6$	1,3,5,7,9
<b>Nudge</b>	Payoff = $(10 - x) + [\frac{1}{4} * (x+y)] * 1.6$	1,3,5,7,9 (automatically lands on 7)	<b>Nudge</b>	Payoff = $(10 - x) + [\frac{1}{4} * (x+y)] * 1.6$	1,3,5,7,9 (automatically lands on 7)
<b>Shove</b>	Payoff = $(10 - x) + [\frac{1}{4} * (x+y)] * 1.6$	5,7,9 (lower options removed)	<b>Shove</b>	Payoff = $(10 - x) + [\frac{1}{4} * (x+y)] * 1.6$	3,5,7,9 (option of 1 removed)
<b>Smack</b>	Payoff = $(10 - x) * 0.9 + [\frac{1}{4} * (x+y)] * 1.6$	1,3,5,7,9	<b>Smack</b>	Payoff = $(10 - x) * 0.9 + [\frac{1}{4} * (x+y)] * 1.6$	1,3,5,7,9

## Results / Findings

*Findings RQ1: How do consumers respond to each of the four policy levers for demand control?*

T-tests were used to identify if the difference in mean scores occurred by chance or by the different policy levers. The \* in the significance column indicates that the mean difference was significant different (caused by the policy lever not by chance) and the number of \* indicates the confidence level (\*= only 5 out of 100 (5%) experiments of this type would show an effect if this effect is purely random, \*\* = <0.01 (1 in 100) probability that the result occurred by chance and \*\*\* = < 0.001 (1 in 1000) probability that the result occurred by chance).

The mean result for the peak demand baseline group in round one was 4.94/9 which indicated they were willing to give away half of their energy use. This was much higher than the energy efficiency baseline group where the mean result was 3.75/9. The findings indicated that no intervention/lever made a significant difference over the long term to

conserving energy for peak demand (Study 2) however the moderate Shove was effective in general for energy efficiency (Study 1). It is especially important to note that in this group (Study 2 – peak demand context) the baseline was high, perhaps indicating that people are willing to contribute to the public good in these conditions. This was different to Study 1 (energy efficiency context) which had a lower baseline indicating that people were more self-interested.

When examining the findings for the first round (short-term) the Shove led to higher conservation of electricity in both the energy efficiency (Study 1) and peak demand (Study 2) contexts compared to the baseline, Hug, Smack and the Nudge.

*Findings RQ2: How does the initial effect decay over time for each lever?*

Research Question 2 was concerned with the level and amount of decay over time for each lever. Study 1 study there was decay over time for every condition – including the baseline – except for the moderate Shove, which showed it was effective even over 16 rounds. In contrast, the current study found no indication that the level of cooperation was deteriorating over time in the given decision situation.

When compared with the Study 1 results, it can be seen that in this previous study the 'Moderate Shove' was the clear option to select, whereas in the current study the minor Shove is effective only if used once and not repeatedly. This change could be due to the different characteristics of the participants, and also to the high baseline that was seen in the current study. Indeed, the high baseline may indicate that when it comes to event days – rather than general electricity behaviour – consumers are happy to band together for the common good (provided this is not a continued request, and that they are not subjected to any 'punishments'). These participants also seemed to benefit from having data on their own behavioural as well as that of their community/peers. This may indicate a greater stability of response in the general population, as opposed to the student sample utilised in Study 1.

*Findings RQ3: What are the individual differences that influence consumer responses to the levers?*

A number of individual difference variables were also tested. In both Study 1 and Study 2, it was found that those who believe in being good citizens and 'pitching in' more also tend to contribute more. This is not surprising as it can be expected that those who generally believe in acting for the common good would also act the same way in the scenario of reducing electricity usage for the good of others. Other individual difference variables tested in Study 2 included demographics such as age, gender, education, income and household make-up, as well as questions designed to test honesty and self-efficacy. Of these, notable significant differences were found in age, honesty in paying taxes, ethnicity, education, employment status and citizenship type.

## Discussion

The findings lead to three overarching recommendations for the path forward in the energy sector:

### *Recommendation 1: Communications*

The results of the current study indicate that consumers are willing to act in a pro-social way when the case for behaviour change is clear to them. Indeed, the effect of being informed and being able to see community-level behaviour was just as strong as other levers such as limiting choices. Therefore, it is important that consumers receive open and timely communication that clearly outlines the need, consequences, and actions for them and their community.

### *Recommendation 2: Interventions*

This study includes the results of trials of four behavioural economics interventions/levers: Hug, Nudge, Smack and Shove. It indicates that the minor Shove can have initially positive effects, but that both the Smack and the Shove lead to reactance over time as consumers choose to use more electricity to gain their freedom back. Therefore, future interventions should lean towards positive interventions (Nudge, Hug), and seek to provide consumers a choice wherever possible.

### *Recommendation 3: Support*

The behavioural economics games reported on in this document give evidence of the impact of technology. Usually there is a delayed feedback loop for electricity services, with bills arriving months after usage (and environmental/community impacts being even harder to determine). In this study, the technology provided consumers with instant financial and community-level feedback, allowing consumers to make informed decisions. Therefore, there is a role for technology that provides

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real time feedback in order to support consumer decision processes around peak demand.

## Conclusions

This research has examined four possible policy levers – Hugs, Nudges, Shoves, and Smacks – across two experiments and has found that the Shove is particularly useful when appealing to general energy efficiency behaviours, or short-term requests (e.g., event days), but also that when dealing with standalone requests such as event days, bill-paying consumers may already be willing to help without the aid of an intervention. Our results show that ensuring that consumers understand the social dilemma situation is likely to significantly reduce electricity demand during peak time. Behavioural economic interventions using defaults or incentives need to consider potential unintended consequences. An economically insignificant penalty may lead to reactance, reducing energy efficient behaviour. Similarly, low levels of forced energy saving behaviour may lead to compensating actions as a consumer may feel he or she has done his or her part. Positive Nudges/small incentives can help to increase energy conservation in peak times.

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Number: 189

## Household Energy Programs: Using design thinking and behavioural economics to uncover consumer insights

Track: Using citizen focused design thinking, participative design, actor engagement and co-creation

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## Abstract

Conventional energy efficiency programs and awareness approaches need to evolve to better meet the needs of different households – failing to be user-centred can result in a lack of program engagement, leading to negative outcomes for consumers, the energy industry, and broader society. This lack of engagement with current programs needs to be addressed in order to achieve optimal outcomes for all stakeholders. This research combines co-design methodology with behavioural economics theory to uncover household needs and desires when it comes to engaging with energy efficiency programs (specifically, demand management programs). This paper reports on the results of four qualitative co-design workshops conducted with Australian households, and provides insights based on the combination of co-design and behavioural economics for informing programs designed to increase the energy efficiency and wellbeing of households.

## Introduction and background / rationale

Stable energy supply is imperative in order to serve the needs of our growing population. Indeed, governments around the world have identified energy security, sustainability, and equity as the great trilemma of modern times (World Energy Council, 2016). One of the challenges that remains to be solved is that of 'event days' – days, often just hours, when the electricity demand exceeds the networks capacity and creates an unstable electricity supply. Demand management can be achieved by customers shifting their electricity use patterns or by electricity networks controlling the supply of electricity or directly managing consumer appliances. Networks often offer programs that aim to educate and incentivise consumers to participate in a demand management program at peak times during Summer. While such programs offer both cost and energy savings to consumers, the uptake of these programs by consumers has historically been poor.

This paper reports the results of a qualitative study that used a unique mix of co-design and behavioural economics to deliver insights into the needs of households when it comes to engaging with demand management programs such as these. In order to ensure a focus on the needs of different households, a set of household personas are utilised. Personas can provide deeper insight into the behavioural patterns and specific needs of consumers, and are particularly relevant for behaviours that occur at the group-level – such as energy consumption, which occurs at the household rather than individual level (Russell-Bennett et al., 2017). This research utilises six previously developed household personas that are characterised by household decision-making features (i.e., consensus, structure, presence of rules; for information on the development of these personas, see Russell-Bennett et al., 2017). In order to ensure inclusivity, these personas are based on animal rather than human imagery; the ant colony "all working together for common goals", the wallabies "don't have a lot of rules", the beehive "each have expert roles in the household structure", the flock of geese "are flexible and take turns in leading the decision-making", the domestic cats "like to do their own thing", and the lion pride "are independent 'masters of their environment' and take an active role in decisions" (Russell-Bennett et al., 2017).

## Aim of the session

The purpose of this research is to provide insight into consumer engagement with demand management programs and offer marketing communication recommendations for the implementation of energy saving programs. The data for these insights are drawn from co-design workshops. One of the difficulties associated with co-design, is that while it allows a user-centred approach that is built on what the consumer (rather than the expert) really wants, this necessitates the consumer being comfortable and able to communicate their needs and desires. This is a particularly difficult task when it comes to energy consumption, which is not only a mostly 'invisible' service, but also because consumers have little confidence in their own agency in this space years (Australian Energy Market Commission, 2016), and have a tendency towards answering in a socially desirable way (e.g., saying that they are motivated by environmental concerns when reducing energy, even when this is not the case).

## Method / approach

In order to address potential co-design concerns, the current research incorporated theory from behavioural economics – specifically, we applied the EAST framework as a key part of the co-design method. The EAST framework was developed by the UK Behavioural Insights Team (Behavioural Insights Team 2013; Halpern 2015) to guide the design of

behavioural research-informed policy interventions. The framework builds on the book *Nudge* (Thaler & Sunstein, 2012) which argues that the systematic biases documented by the research of Kahneman and Tversky as well as others (Kahneman, 2012) should lead policy makers, governments and industry to engage in choice architecture. The aim of a good *Nudge*/good choice architecture, is to enable citizens and customers to make better decisions for themselves and as judged by themselves (Thaler & Sunstein, 2012).

The EAST Framework offers four ways to achieve better decisions (Behavioural Insights Team 2013):

- **E – Easy:** Decisions that are beneficial from a societal and household perspective should be easy, while making a mistake should be hard.
- **A – Attractive:** Beneficial options/decisions should be more attractive to households than competing behaviours. Making an option more attractive (i.e., highlighting the value to the household) can help generate attention and the breakthrough that is required (Cialdini, 2014).
- **S – Social:** Behavioural programs can use communication about the behaviour of other members of our group (i.e., social cues), for instance by clarifying consequences for the group or providing incentives on a group level.
- **T – Timely:** It is important that programs reach the user at a time when they matter. Similarly, if information or incentives are provided, they need to be salient at the time of the decision.

By applying the EAST framework and household personas as part of a co-design method, this research addressed the following overarching research question: How do different households see value in engaging with energy-saving programs?

To address this research question, four co-design workshops (two metropolitan and two regional), lasting approximately 2 hours and 10 minutes were conducted in Victoria, Australia. In total, 31 households were represented (41 participants, 59% female and 41% male). The average age was 46 years. This co-design research method is based on the well-validated and successful behaviour change approach of service design, such as that practiced by the Service Science Factory of Maastricht University. Service design is a user-centred technique often used when designing consumer programs in a social marketing context, and brings together multiple perspectives in a holistic way to enhance the service offering and experience for the consumer (Trischler, Pervan, Kelly, & Scott, 2018). Using this approach, consumers were led through activities that covered ways to make signing up for, and engaging with, demand management programs more EAST (easy, attractive, social, timely).

## Results / Findings

The data were analyzed using an inductive-deductive approach (Fereday and Muir-Cochrane, 2006). Analysis proceeded iteratively, with the process continuing until themes were refined and relationships between themes emerged across households starting from the organizing theoretical frameworks (i.e., EAST). Overall, key themes emerged from the data that were common between household personas, as well as some that differed (please see Table 1 for a summary of persona differences). Importantly, framing the questions from within the EAST framework broke down the questions such that biases that would normally colour answers to these questions was minimised – for instance, all households spoke of their own comfort and financial wellbeing, and very few mentioned benefits for the environment or community. The following are the key findings:

- **EASY:** In order to ensure the sign-up for the demand management programs is 'easy', households suggested that there should be opt-in options for the program, as well as ensuring that everything could happen online. When it came to engaging with the actual program, households sought some combination of communication, support, encouragement, and reminders of rewards.
- **ATTRACTIVE:** Households also need to clearly see value in demand management programs. The following key insights arose from the data: most households want demand management programs to: (i) highlight specific value to households (i.e., 'what's in it for us'), (ii) provide genuine examples of people's ability to save money (iii) ensure there are no hidden terms and conditions (iv) provide efficient support online and offline. Interestingly, very few households considered the environment or their community as being important to program attractiveness.
- **SOCIAL:** Any social engagement options (i.e., neighbourhood data

and/or tracking) need to be optional to the program. The findings indicate that not every household persona group is interested in this aspect of the program. Specifically, Geese and Cats are most social, whilst Ants, Bees, Wallabies and Lions are not as social.

- **TIMELY:** Like 'social', the timely aspect also showed a lot of variation between personas, highlighting the importance of household control and preferences here.

## Discussion

The findings lead to three overarching recommendations for the energy industry when designing consumer-centric programs:

*Recommendation 1: Get the framing right to highlight the value to different households*

Previous studies have highlighted the importance of ensuring the right framing is used for messages. For instance, two approaches that have worked well in the past are salient loss framing (i.e., money lost on electricity – Bager & Mundaca, 2017) and environmental + health framing when targeting households with children (Asensio & Delmas, 2016). In the current study, positive framing that centred on tangible rewards proved to be most popular for messages across the segments – hence messages for the program should provide encouragement and highlight tangible reward/s that households can expect to receive (though preferred reward differs by persona).

*Recommendation 2: Keep their interest (at the right time)*

In the electricity context, it can sometimes be difficult to keep the interest of consumers. Consumers in the workshops indicated a generally low level of interest in electricity services, and so needed any engagement to be effortless on their part. It is therefore important to ensure consumers remain engaged with demand management programs by highlighting the value for them, providing visible feedback, and keeping the messaging top of mind (but not too intrusive – let consumers choose the type and frequency of communication).

*Recommendation 3: Offer social insights as an option only*

Social insights were only favoured by some segments, and even then, only in certain situations. For example, the wallabies are not interested in neighbourhood insights when signing up for the program but do want to hear about how their neighbourhood is doing during the program. Therefore, social insights should be offered as an option that can be turned on (or off) at any time during demand management programs.

## Conclusions

This research has combined co-design methodology with behavioural economics theory to uncover household needs and desires for engaging with electricity demand management programs. The research provides insights informing programs designed to increase the energy efficiency and wellbeing of households. The insights provided are intended to support practitioners in the development of household-centric programs that provide real value to households through reduction in electricity costs and availability of reliable electricity supply, as well as supporting networks to reduce unnecessary infrastructure investment and ensure sustainability into the future.

# RESEARCH AND EVALUATION

**Table 1: Comparison of Persona Responses**

Persona	Scenario: <i>Staying Engaged</i>	Persona	Scenario: <i>Signing up</i>
<b>EASY</b>			
Ants	Straightforward info that we can incorporate into our plans	Ants	Opt-in, digital only
Bees	Practical suggestions and rewards	Bees	One-click-links, digital, reminders
Geese	Reminders and rewards	Geese	Opt-in, digital
Wallabies	Encouragement and timed reminders	Wallabies	Opt-in, digital and physical, many options for communication and engagement
Cats	Practical suggestions and hands-on help	Cats	Opt-in, digital, plenty of information but no paperwork to complete
Lions	Reduction in barriers and no hidden catches	Lions	Transparency, honesty, plenty of information
<b>ATTRACTIVE</b>			
Ants	Comfort and cost savings	Ants	Easy to understand communications, rewards and saving money
Bees	Encouraging communication and real outcomes	Bees	Proven ability to earn rewards and save money, no penalties
Geese	Practical communication and rewards	Geese	Rewards and saving money, and environmental/community benefits
Wallabies	Encouraging communication and rewards	Wallabies	Rewards, flexibility, transparency
Cats	Lots of rewards (including those at cross-purposes to program)	Cats	Clear instructions, extensive support options, extensive reward options, and proof that Government is 'doing their bit for the big picture'
Lions	Encouraging communication (reminders of our intentions) and rewards	Lions	Rewards, cost savings, transparency
<b>SOCIAL</b>			
Ants	No, though perhaps some general information on how the broader community is doing	Ants	No, though perhaps some general information on how many people participate and how much money they save
Bees	No, though perhaps some general information on how the broader community is doing	Bees	Not interested
Geese	Yes, interested in social information and engagement	Geese	Yes, interested in social information and engagement
Wallabies	Yes, interested in social information and engagement	Wallabies	Not interested "I don't speak business with neighbours"
Cats	Yes, with a focus on localised information (e.g., neighbours)	Cats	Yes, I would like to partner with my neighbours
Lions	Not interested	Lions	Not interested
<b>TIMELY</b>			
Ants	Just before Summer (help us prepare)	Ants	During Winter and Spring, whenever my electricity plan is due to expire
Bees	Instant communication, real-time data	Bees	Start of October (mid-Spring)
Geese	The day before we need to engage	Geese	A few days before Summer starts
Wallabies	Communication in the lead up, real-time data on the day, and information after the day (to see how we did)	Wallabies	Varies – end of Financial Year, or just as the hot weather begins
Cats	Reminders prior to Summer, every 3 months	Cats	Every 3 months in the lead-up to Summer
Lions	One week prior to a hot day	Lions	Before Summer

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**Number: 190**

**Take it with a pinch of salt: a systematic review of efforts to limit excessive sodium consumption and the opportunities for social marketing.**

Conference track: Promoting global health and reducing the global impact of disease through behavioral influence

**Author: Mahmooda Khaliq, Silvia Sommariva, Angela Makris and Virginia Liddell**

## Abstract

**Background:** Social marketing uses the marketing mix to promote positive behavior change. Recently, there has been increasing attention towards the problem of excessive sodium consumption and its adverse health consequences, including risk of cardiovascular disease. To investigate how social marketing has been applied to the field of excessive salt reduction, this study conducted a systematic literature review. This analysis serves as a foundational step in a transnational social marketing project on salt reduction currently under way in four Central and South American countries, with the support of the Pan American Health Organization and other international organizations.

**Methods:** Using the Preferred Reporting Items for Systematic Reviews and Meta-Analysis, a systematic search was conducted on Medline/Pubmed, Web of Science, CINAHL and Psycinfo. Data from the sample of studies were coded and extracted following the PICO(TS) framework and the Matrix method.

**Results:** Of the 1464 studies identified, 21 were abstracted. Results show that salt reduction interventions do employ social marketing approaches, although with a high degree of variation in terms of methodologies and operationalization of concepts. Majority of studies were conducted in Western countries. Retrieved studies tend to focus on downstream approaches to social marketing. Few studies use social marketing as overarching planning framework, while most incorporate single elements of the marketing mix. Pricing and promotion-centered interventions are the most common. Few studies evaluated the results of their salt-reduction intervention. Participant selection bias was also noted as a limitation in several projects. Basing intervention on theory emerged as a point of strength, especially with the use of frameworks that call for community ownership.

**Conclusions:** Future work should focus on improving existing awareness of what social marketing is and how it can be applied to sodium reduction, advocating for the use of terminology that is shared by social marketers and for more detailed accounts of how interventions have been developed in the design phase. This would increase opportunities for knowledge sharing, as well favor the translation of findings from study settings to real life changes in a global environment.

## Introduction and background/rationale

Excessive sodium consumption is a global public health concern. Virtually everywhere, intakes are above the recommended level; in an analysis comprising over 99% of world's adult population, 181 countries out of 187 were found to have a national intake of sodium that exceeds the World Health Organization recommended daily target of 2 grams (Harvard University, 2013).

Studies suggest changing behavior related to salt use - by using less salt, could produce significant public health benefits, such as a decrease in the number of deaths due to stroke and ischemic heart disease and overall increase in survival (Law et al., 1991), (Nghiem et al., 2016), (Collins et al., 2014).

Given this context, social marketing is well positioned to effectively address dietary behaviors such as excessive sodium intake both from an individual and policy perspective (Gordon et al., 2006). Since the early 2000s, the World Health Organization (WHO) and the Pan American Health Organization (PAHO) have been working with country-level experts to identify solutions to excess salt/sodium consumption, studying the potential of evidence-based tools and building capacity for their use (Campbell et al., 2014), (Pan American Health Organization, 2015).

The aim of this study is to investigate emerging evidence on reducing

sodium consumption through the lens of social marketing. This analysis will serve as a foundational step to improve transnational efforts and ensure sustainable change is achieved. In addition, the study builds on Andreasen's (2002) six components of social marketing as well as subsequent applications and updates (Carins and Rundle-Thiele, 2014), (Gordon et al., 2006), (Stead et al., 2007), (French and Blair-Stevens, 2005), (Kubacki et al., 2015) to create an extended checklist for social marketing interventions that draws the focus on community ownership and long-term sustainability.

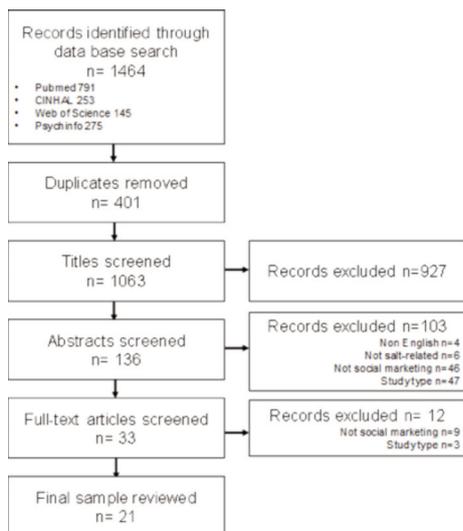
## Method/Approach

Using the Preferred Reporting Items for Systematic Reviews and Meta-Analysis, PRISMA (Moher et al., 2009), a systematic search was conducted on Medline/Pubmed, Web of Science, CINAHL and Psycinfo.

We conducted a systematic search and a three-step selection process. After excluding duplicates, a title and abstract review followed by a full paper review was conducted to determine eligibility for inclusion by two independent reviewers. Studies were considered according to the following inclusion criteria: 1) study type: peer review study; 2) study language: English; 3) study reports on an intervention to reduce excessive sodium consumption (target behavior); 4) study uses at least one of the 4Ps of marketing or some type of other marketing principle.

The first phase of data extraction comprised the coding of data based on an ad-hoc template drawing from the PICO(TS) and Matrix method frameworks (Counsell, 1997), (Richardson et al., 1995), (Whitlock et al., 2010), (Garrard, 2017). In a second phase, studies were scored based on agreed benchmark criteria for social marketing derived from the (Carins and Rundle-Thiele, 2014), (Griffith Business School, 2019), (Andreasen, 2002). In particular, the scorecard developed by Kubacki et al. (2015) was used as a reference for the development of a revised checklist of features that are integral to social marketing interventions.

Figure 1: PRISMA flow diagram

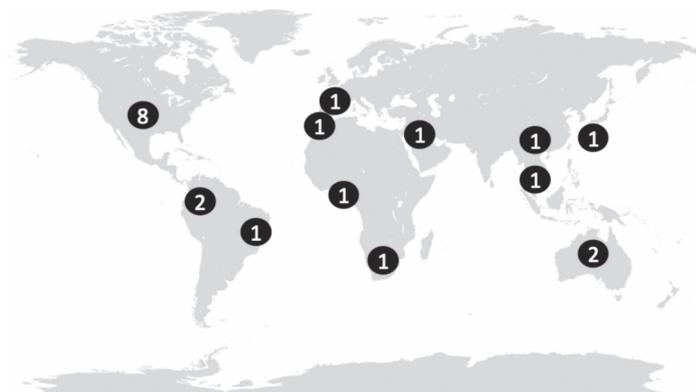


## Results/Findings

Of the 1464 studies identified, 21 were abstracted. Results show that salt reduction interventions do employ social marketing approaches, although with a high degree of variation in terms of methodologies and operationalization of concepts.

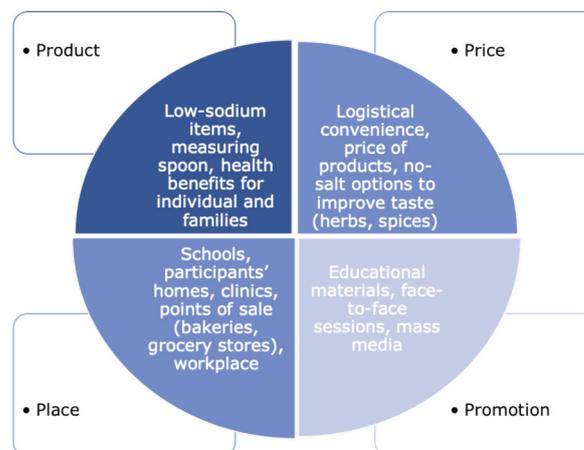
Majority of studies were conducted in Western countries.

Figure 2 – Location of studies included



Retrieved studies tend to focus on downstream approaches to social marketing. Few studies use social marketing as overarching planning framework, while most incorporate single elements of the marketing mix. Pricing and promotion-centered interventions are the most common.

Figure 2 – Marketing mix: Product, price, place and promotion strategies



Few studies evaluated the results of their salt-reduction intervention. Participant selection bias was also noted as a limitation in several projects. Basing intervention on theory emerged as a point of strength, especially with the use of frameworks that call for community ownership.

## Discussion

The applications of social marketing to the reduction of sodium intake on a global level are heterogeneous in terms of study designs, segmentation approaches (or lack of), translation of the marketing mix into practice and opportunities for sustainability. Only four studies met all the benchmarks, while 8 studies met less than six of the criteria and the remaining studies (9) only missed one or two.

Table 1 – Social Marketing benchmarks including sustainability checklist for selected studies

Study	Behavioral focus	Segmentation	Formative research	Exchange	Competition	Marketing mix	Community-involvement	Integration
Ani et al., 2017								
Anderson et al., 2015								
Brown et al., 2015								
Cappuccio et al., 2006								
Chen et al., 2013								
Cornelio et al., 2016								
Cotter et al., 2013								
Cummings et al., 2014								
Do et al., 2016								
Francis et al., 2009								
Fujisawa et al., 2010								
Holland et al., 2010								
Johnston et al., 2014								
Land et al., 2016								
Lee Kwan et al., 2013								
Nader et al., 1989								
Perlmutter et al., 1997								
Pesantes et al., 2017								
Saavedra et al., 2015								
Talaei et al., 2013								
van 't Riet et al., 2010								

Overall, interventions proved to be quite effective in decreasing salt intake (self-reported or measured through urinary excretion), although long term assessment is recommended to prove sustainability. Programs that did not achieve significant results were generally missing several social marketing benchmark criteria, although further evidence is needed to draw a clear connection between adherence to social marketing

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principles and study effectiveness for this specific group of study.

## Conclusion

Future work should focus on improving existing awareness of what social marketing is and how it can be applied to sodium reduction, advocating for the use of terminology that is shared by social marketers and for more detailed accounts of how interventions have been developed in the design phase. This would increase opportunities for knowledge sharing, as well favor the translation of findings from study settings to real life changes in a global environment.

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Number: 191

## Lifestyle modification to improve health: Evaluation of the My health for life program

Conference track: Promoting global health and reducing the global impact of disease through behavioural influence

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## Abstract

In Australia, the Queensland Government initiated the My health for life® (MH4L) diabetes and chronic disease prevention program in 2016. By 2020, 10,000 Queenslanders will complete MH4L. Delivered by "Healthier Queensland Alliance" (a six non-government organisation partnership), the MH4L is a state-wide, integrated risk assessment and lifestyle modification program aimed at improving Queenslanders who are at high risk of developing preventable chronic diseases to make healthy lifestyle changes. The novel program is not only the first of its kind in the context of preventative health, but also contains complex social marketing, community engagement, risk assessment, health promotion inputs along with the program 6-month health intervention. The program, underpinned by the Health Action Process Approach (HAPA) enhances participants' health and reduces their risk of chronic disease around five key behaviours: healthy eating; achieving and maintaining healthy weight; physical activity; consuming safe levels of alcohol; and quitting or reducing smoking. Assessment of behaviour change is through data collection at three time points throughout the 6-month program. MH4L to date has achieved 4,074 completions with high levels of completion (71.3% of commencements) and positive behaviour change in key areas including fruit and vegetable consumption, physical activity, and alcohol consumption.

## Introduction and background / rationale

Chronic disease is advancing rapidly throughout the world (WHO, 2014) and particularly in Australia (ABS, 2018). As a major public health problem, chronic diseases are associated with a high burden of disease and social and economic consequences (ABS, 2018). Most chronic diseases are preventable through improving modifiable lifestyle factors such as physical activity, body composition, blood pressure and nutritional habits (ABS, 2018; AIWH, 2018).

In Australia, the Queensland Government initiated the My health for life (MH4L) diabetes and chronic disease prevention program in 2016. By 2020, 10,000 Queenslanders will complete the program. Delivered by "Healthier Queensland Alliance" (a six non-government organisation partnership), MH4L is underpinned by the Health Action Process Approach (Schwarzer et al., 2011) and designed around five key behaviours to enhance participants' health and reduce their risk of chronic disease: healthy eating; achieving and maintaining healthy weight; physical activity; consuming safe levels of alcohol; and quitting or reducing smoking.

MH4L is a statewide, integrated risk assessment and lifestyle modification program aimed at improving Queenslanders who are at high risk of developing preventable chronic diseases to make healthy lifestyle changes. The novel program is not only the first of its kind in the context of preventative health, but also contains complex social marketing, community engagement, risk assessment, and health promotion inputs along with the program 6-month health intervention. This paper presents the evaluation and early behaviour change results for the program.

Program design employed a user's perspective. A literature review provided key insights into previous programs and interventions. Market research undertaken with the target audience to understand consumer attitudes and drivers and barriers of behaviour change. Co-design sessions presented potential program concepts to participants. A program was then developed and concept proofed using evidence from the literature, health expert input and consumer insight. The concept proof tested the program model and content, participant acquisition strategies, general communication, and engagement.

At the individual level, a behaviour change theory, the Health Action Process Approach (HAPA) (Schwarzer, Lippke, & Luszczynska, 2011)

underpins the program. The HAPA model drives the program sessions to support behaviour change over time. The HAPA model drives all of the participant behaviour change and confidence evaluation. To measure perceptions of the program's service quality, SERVQUAL (Parasuraman, Berry, & Zeithaml, 1991) is used.

The MH4L program targets Queensland adults who are at high risk of developing chronic disease, as identified by screening tools for type 2 diabetes mellitus (T2DM) and cardiovascular disease (CVD), i.e. coronary heart disease and stroke. The goals of MH4L program are:

1. To effectively identify people at high risk of developing chronic disease, and provide them with appropriate lifestyle modification interventions.
2. To increase health literacy levels and the capacity of program participants to adopt and maintain positive lifestyle changes to manage their risk factors.
3. To improve community awareness, knowledge and attitudes about chronic disease risk factors and ways to make positive lifestyle choices.
4. To demonstrate the value of multi-agency collaboration through the delivery of a successful and sustainable preventative health program.

The MH4L program is a service offering, built around three layers of product, the core product of being happy and healthy, the actual product being the service offerings including the face-to-face group based program (GBP) and the telephone health coaching program (THC), and the augmented product includes the support from facilitators and peers, website, resources and maintenance program. The actual product consists of six sessions over a six-month period. Trained facilitators lead GBP groups consisting of 6-10 participants. The THC program is facilitated one-on-one telephone sessions with a trained health coach. There are five sessions within a three-month period followed by a follow up session (session 6) three months later. A self-paced online maintenance program is also available to participants after session 6. A range of providers in different locations across the state makes access convenient for participants. THC provides a program for participants who cannot get to a GBP group for a range of reasons including, remoteness, time constraints, and carer's responsibilities. MH4L uses a range of promotion strategies. Firstly, at the community level there a range of community activation activities designed to engage community leaders, health professionals and participants, PR in the form of media releases and other opportunities in local communities. Personal selling at events chosen on their ability for attendees to be part of the target audience in the form of risk assessments is also undertaken. Brand awareness is generated through mass media (television commercials, billboards, radio advertising). This strategy has generated large numbers of traffic to the website and the 13Risk number. The program also uses social media in the form of Facebook. Targeted Facebook advertising create brand awareness and drives traffic to the website.

### Aim of the session

This session aims to present the evaluation framework used for the large behaviour change intervention and early findings from the program.

### Method / approach

My health for life commissioned an independent evaluator. To achieve the aims of the MH4L evaluation, the evaluation follows a continuous improvement model based around the following circular process: plan → organize → implement → evaluate → refine. The process evaluation will be continuous throughout the lifetime of the program and its delivery, enabling feedback to the MH4L administration team on key success indicators and pinpointing areas for improvements. This feedback loop provides opportunities for the implementation of innovative solutions, which will leverage and strengthen facilitator and participant engagement in the program leading to behaviour change. The evaluation will also enable the successful replication of the program in other regions. Underpinned by a systems approach the evaluation examines the three systems levels of the program:

1. Overall program at the macro system level
2. Site/region at the meso system level
3. Individual participant at the micro system level

The main strength of this process evaluation design is that it makes efficient use of continuous data collection and analysis to enable ongoing feedback to the MH4L team to allow for continuous improvement of the program. Additionally, the evaluation team created a baseline that MH4L administrators and sites can use to monitor progress in the future, and

contributes to building long term administrative data that can help to explain changes in outputs and outcomes over time including behaviour change (perhaps as part of a performance management system or in a future evaluation). Finally, the design makes efficient use of facilitator time and minimises the burden on participants, particularly those with lower literacy levels.

The program evaluation follows a non-randomised design, adopting observational, goal-based and pretest-posttest design features. Whilst underpinned by feedback loops and a whole system approach, the evaluation uses the Conceptual Model of Implementation Research (Proctor et al., 2009) and the RE-AIM framework (Glasgow, Vogt, & Boles, 1999) as implementation frameworks. The evaluation also incorporates observational features, where time-series analysis, cross-sectional surveys, and case studies are utilised to assess the program, in particular to assess program modalities, program adaptations and other unique features. Data collection for participants occurs at session 1, 5 and 6 and again after the 6-month maintenance program. Facilitators enter the data into Moodle, the data management tool.

Eligibility criteria include: Adults over 45 years of age, adults recruited from workplace screening activities over 18 years of age; people of ATSI descent over 18 years of age with an AUSDRISK score  $\geq 12$ ; Absolute CVD Risk score of  $>15\%$ . Or a blood pressure reading of  $\geq 160/100$ ; or adults over 18 years of age with pre-existing conditions including a previous history of gestational diabetes mellitus; familial hypercholesterolemia; high blood pressure or high blood cholesterol. The following groups are excluded: women who are pregnant and the human foetus; children and/or young people (i.e.  $<18$  years); individuals with current diagnosed T1DM, T2DM, GDM, heart disease, stroke and kidney disease; individuals who reside outside of QLD.

Potential participants for the MH4L program are identified through a range of screening and recruitment services including community based events and primary health care referrals. Individuals who have been identified as being at high risk of developing type 2 diabetes mellitus (T2DM) or cardiovascular disease (CVD) [coronary heart disease (CHD) and stroke] are offered the MH4L program in either a 6month group health coaching (GHC) or telephone health coaching (THC) modality. Culturally tailored versions of the program are available for Aboriginal and Torres Strait Islander (ATSI) and culturally and linguistically diverse (CALD) communities when they are developed. Screenees are those people who voluntarily take part in a risk assessment. Eligible participants then complete a more comprehensive health check upon commencement of the program. Enrollees have an initial individual 45-minute session (session 1) with a MH4L facilitator. During this time, they complete a self-administered survey to collect health behaviour, psychometric (HAPA) and demographic information. Facilitators also measure height, weight and waist circumference.

To determine whether the indicators change through the intervention of MH4L program at various follow-up time points t-tests are used. In addition, generalized estimating equation (GEE) models (Zeger, Liang & Albert, 1988), with a normal distribution with an identify link (for scale indicators) and a binomial distribution with a logit link (for binary indicators) is used to identify the longitudinal trend of indicators across follow-up points and evaluate the indicators from pre- to post-intervention. A first-order autoregressive relationship AR(1) working correlation structure will be considered to account for within-participant correlation for repeated measurements, with robust estimator for covariance matrix. Adjustments for individual's characteristics, such as demographic and lifestyle factors measured at baseline and follow-up, are considered. Queensland Health Human Research Ethics Committee (HREC) and the evaluator's University HREC provided ethical clearance.

### Results / Findings

While there are a range of evaluation activities and variables, given social marketing seeks to change behaviour, this paper reports on early findings of the behavioural objectives outlined earlier. Early results show high levels of program completion and successful behaviour change in key behaviours.

To date, 4,074 participants have completed the program (see Table 1 for sample characteristics). Currently, 71.3% of participants who enrol go on to complete the program. Overall, 43% of participants meet the recommended level of exercise from Australian exercise guidelines at session 5 and this persists at session 6. Regarding healthy food consumption, 43.8% of participants report increased fruit intake by session 5 and 48.8% of participants report increased fruit intake by session 6. Additionally, 54.5% of participants report increased vegetable

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intake by session 5 and 54.9% of participants report increased vegetable intake by session 6. In addition, 46.8% of participants report an increase in knowledge of risk factors for chronic disease from session 1 to session 5. This indicates that participants are not only improving in the desired healthy behaviours, knowledge about risk factors, participants also increasingly understand how to reduce them. This is likely to assist them to maintain their behaviour change over the long term.

## Figures and tables

Table 1. Sample Characteristics

Category	Frequency (n= 4,074)
Male	991
Female	3083
Aboriginal and Torres Strait Islander	140
Culturally and Linguistically Diverse	696
General population	3238
<45 years	532
45+ years	3542

## Discussion

The MH4L program is achieving positive behaviour change across all targeted behaviours. Additionally, the program is achieving positive increases in participant knowledge and health literacy as well as other psychometric variables including action coping, self-efficacy and intentions. On a community level, outcomes of this research have the potential to reduce individual risk factors for non-communicable diseases in midlife adults. The MH4L program outcomes can advance knowledge and understanding of the effect of multiple health behaviour interventions in modifying lifestyle risk factors. The results from the study add to the knowledge of the delivery methods of such interventions. The evaluation provides insights into how the program achieves efficacy and effectiveness, while generating new knowledge in the implementing and scale-up of the program. This is a complex research project with various categories of research participants. The benefits derived from their participation is therefore varied.

## Conclusions

While this program and the evaluation is ongoing, to date the learnings from the program demonstrate that a robust governance structure, open communications between funders and intervention implementation team is crucial. Having clear program objectives and instruments in place to measure objectives from a range of sources is also critical to success. Building in feedback loops allows continual improvement to ensure the success for the program in achieving its stated aims and objectives. When having multiple partners who each manage different elements of the program it is important to have a single-platform data collection tool for a range of program data including participant data, communication data and engagement data. The governance structures of the MH4L program are key to its success along with the open communication between stakeholders and the funding body. This research will inform policy, practice and investment decisions regarding how to meet the needs of citizens at risk of chronic disease.

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## Number: 212

### I know what I need and I don't need your service! Examining value destruction in support services and its impact on subjective wellbeing

Conference track: Critical social marketing

**Authors: Dr Nadia Zainuddin, Senior Lecturer University of Wollongong Australia. Dr Cheryl Leo, Senior Lecturer Murdoch University Australia**

#### Abstract

Responding to calls for greater inclusion of service thinking in social marketing (Luca et al., 2015; Russell-Bennett et al., 2013), this study qualitatively examined the experiences of 25 Australian residents who were users of support services designed to improve and maintain wellbeing, but who then decided to stop service use. Guided by value theory, we examined the value destruction processes within these service experiences that led to termination of service use. We also explored the impact of this value destruction on subjective wellbeing. Our initial findings suggest that the cumulative effect of a series of denigrating incidents within the participants' service experiences contributed towards value destruction and led to the decision to terminate. This decision is often enacted by choice and with agency in an otherwise disempowering situation. However, agency is influenced by a participant's personal resources, which are determined by both personal characteristics, and their socioeconomic status. The findings also suggest that value destruction and subsequent service termination, did not necessarily negatively impact wellbeing in ways expected. These insights challenge a number of assumptions that operate within many social change efforts, especially in the context of health and wellbeing. These assumptions first include that there is a "best way" that we should be living our lives through the performance of specific behaviours and through the use of specific services. A second assumption is that if we do not comply with these recommendations, that our wellbeing will suffer.

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## Number: 214

### Do Stakeholders of Change Really Matter?

Chosen Track: 7. Global climate change, environment protection, over consumption and sustainability

**Authors: Patricia McHugh, Christine Domegan, Easkey Britton, Paula Kellett, Sheila J. J. Heymans, Julia Vera, Mariluz Parga, Lora E. Fleming, Claire Eatock**

#### Abstract

Stakeholder participation is the systematic mapping of potentially influential actors, who can affect or be affected by social marketing intervention(s) – but do stakeholders of change really matter and how should we identify and encourage stakeholder participation in social marketing? Engaging citizen stakeholders as well as other affected stakeholders such as policy makers, regulators, industry and communities in decision-making processes when addressing societal challenges such as Citizen Science is critical. Citizen Science encompasses many different ways in which citizens are involved in science (EPA, 2018). Empowering citizen stakeholders to co-design and co-create citizen science programmes can directly educate and empower those involved. This paper proposes stakeholder participation as important to citizen science. We apply an illustrative participatory research context that follows protocols for stakeholder participation with related sets of tasks, tools and activities; designed to identify, classify and map stakeholders across

citizen science domains. The participatory research context illustrates that working 'with' citizen science stakeholders, rather than 'on' their behalf can build bridges and transform societies.

## Introduction

Stakeholder participation is the systematic mapping of potentially influential actors, who can affect or be affected by social marketing intervention(s) – but do stakeholders of change really matter and how should we identify and encourage stakeholder participation in social marketing? Engaging citizen stakeholders as well as other affected stakeholders such as policy makers, regulators, industry and communities in decision-making processes when addressing societal challenges such as Citizen Science is critical. Citizen Science encompasses many different ways in which citizens are involved in science (EPA, 2018). Empowering citizen stakeholders to co-design and co-create citizen science programmes can directly educate and empower those involved. This approach is being increasingly applied in the marine research domain. The recent Ocean Literacy movement particularly encourages wider awareness and engagement amongst citizens and other stakeholders about the ocean's influence on us, and our influence on the ocean. It is believed that improved ocean literacy and greater collaboration and engagement 'with' citizens rather than 'for' citizens can inspire them to modify their perceptions about the ocean and alter their behaviour to be more environmentally friendly. This wider participation of citizen stakeholders in programmes which expands public knowledge and understanding of the ocean is also a way of empowering citizens to be more engaged in decision- and policy-making at all levels from local to international. Participation in relevant Citizen Science initiatives, specifically, can also be a direct way for society to engage with, understand and support the achievement of the Sustainable Development Goals (SDGs).

The meta-discipline of Oceans and Human Health (OHH) spans expertise in marine, public health and medical fields, and explores the complex interactions between Ocean Health and Human Health. These interactions can bring negative impacts for both ocean and human health, but they can also deliver significant benefits. This is a relatively new field of research, and one that is fundamentally interdisciplinary. It is also a topic of huge importance to society as its scope includes many of the grand and societal challenges of our time: ensuring food security and safety, reducing the global burden of disease and sustaining human wellbeing, in a context of declining functionality of ecosystems and climate change. This topic is also heavily linked to many of the SDGs.

For OHH and indeed the SDGs, stakeholders; their identification and participation have never been more important due to the increasingly interconnected nature of the world with a heightened emphasis on "markets, participation, flexibility and deregulation" (Bryson, 2004, p.24). Tackling systemic problems related to OHH encompasses collective action and the encouragement of individuals and groups to "learn new skills, reflect on their social and economic conditions, and act in their collective interest" (Hamby, Pierce & Brinberg, 2016, p.2).

## The Growing Importance of Stakeholder Participation in OHH

Problems relating to OHH are growing in number, complexity and scale and include multiple stakeholders with varying value (Kennedy et al., 2017). The degree to which stakeholders can be managed is contentious and no longer appropriate (Kennedy et al., 2017; Bhattacharya & Korschun, 2008). Stakeholder management derives from the neoclassical economic view of organisational based exchange. The use of traditional managerial thinking and methods in marine and public health fields is not sensitive enough to the dynamics and complexities of interaction in OHH systems. This intensifies the instinctively realistic need for social marketers to develop greater stakeholder awareness and engagement for collective inquiry (Senge, 1990). As Buyucek et al. (2016) state, a greater understanding of the stakeholders that need to be involved in OHH programmes; the degree to which they are involved and the role they play, can yield powerful insights into why some interventions achieve desired behavioural change states and why others do not. Mobilising stakeholder participation as opposed to stakeholder management in OHH systems empowers stakeholders to look at problems and strategies for change from different perspectives. It improves the quality of thinking, the capacity for reflection, group learning and the ability to develop shared visions and shared calls to action for complex issues (Senge, 1990).

Understanding that stakeholders of change really do matter in OHH interventions provides an impetus to understand stakeholders' existing values and motivations and work with them to develop mutually acceptable strategies for realising these (Hastings & Domegan, 2014;

Gordon & Gurrieri, 2014). Stakeholder participation ensures that all potential groups and individuals who may be affected, involved or have a partial responsibility to act are considered (Bryson, 2004). Participation is about collaboration, empowerment and direct active engagement with priority groups and audiences through all stages of a social marketing process. Participation is about speaking and listening to people on their terms. Participation goes significantly beyond just asking people for their opinions. It gives priority groups and audiences a voice in relation to the barriers to, and priorities for change and ownership and responsibility for solutions to influence their welfare. Research is interactive; it is 'with' and not 'on' priority groups and audiences.

## An Illustrative Participatory Research Context and Application

The research strategy for this paper is related to that of participatory research (Bergold & Thomas, 2012). Participatory research is open-ended and flexibly designed to enhance stakeholder buy-in and empowerment (Hamby et al., 2011). The participatory research design with marine and public health stakeholders expands the knowledge and awareness of the focal issue to enable joint action inspired by new insights (Brown, 1983). Through this research approach, we adapt and expand the stakeholder analysis process of Bunn, Savage & Holloway (2002) to develop key protocols for stakeholder participation within social marketing systems.

## Context

The illustrative context for this study emanates from SOPHIE (Seas, Oceans and Public Health in Europe (SOPHIE), a pan European project designed to coordinate research into the links between the marine environment and human health and wellbeing. The project is a collaboration between partners from several academic, community and commercial organisations across Europe. SOPHIE will explore the complex interplay between the health of the marine environment and that of humans. Through a series of forums and events, it aims to build a community of researchers and practitioners that can help to make recommendations about the future direction of Oceans and Human Health research in Europe. The project is important because over the last ten years, a growing body of evidence has suggested strong links between the marine environment and human health. Yet we have lacked a consistent and coordinated approach to develop these findings further and use them to inform policies. SOPHIE will finally help us to do this, creating a platform for different communities to work together and pushing forward the integration of research into policy in ways which have positive outcomes for people's health and wellbeing, as well as for the health of the ocean.

## Application

This section outlines stakeholder participation protocols and how they will be implemented in SOPHIE stakeholder deliberation sessions. Table 1 outlines the stakeholder participation protocols that will be used in the SOPHIE project and their respective aims.

**Table 1. Protocols for Stakeholder Participation**

<i>Protocols</i>	<i>Aim</i>
1. Boundary analysis	Establish focal and adjacent systems
2. Establish an internal working group	Bring together individuals with diverse and varied backgrounds and expertise to coordinate the change process
3. Stakeholder identification	Identify key individuals and/or groups who can affect, or are affected by the focal problem
4. Stakeholder classification	Analyse and classify stakeholders based on their backgrounds, knowledge and experiences
5. Identification of stakeholder interests and influence	Identify what stakeholders are doing in relation to the focal problem and their levels of interest and/or power
6. Stakeholder selection and recruitment	Select and recruit a diverse stakeholder group with varied expertise, insights, competencies and aspirations
7. Stakeholder engagement strategy	Establish the best method of engaging with selected and classified stakeholders

Source: McHugh et al. (2018).

## Discussion and Conclusion

A key theme within the SOPHIE Project is societal interactions: enabling citizens and experts alike to outline their priorities in relation to Ocean Health and Human Health, and to input to co-developing knowledge in relevant areas. Every person in Europe has a stake in promoting and

# RESEARCH AND EVALUATION

protecting the benefits to health and wellbeing provided by the marine environment and marine ecosystem services, whether it is high on their agenda or not. The SOPHIE project ensures that all voices are heard, recognising that interactions are not restricted to only those who are aware or have a vested interest in Oceans and Human Health. The project moves significantly beyond asking people for their passive opinions or what might be called ‘participation by consultation’, it gives European citizens an active voice in the necessary dialogues and interactions needed to understand and tackle the highly complex issues contained in the SDGs.

Stakeholder deliberations and Citizen Science are ideal tools for this, and several tasks within the SOPHIE Project will implement these approaches with an OHH background, as well as linking to the wider themes of sustainable blue tourism and healthy coastal living. This paper will expand on the benefits of Citizen Science and diverse stakeholder deliberations in marine applications, as an ideal medium for citizens to interact with the SDGs. It will also discuss Oceans and Human Health research as an ideal demonstrator for interdisciplinary solution-finding to move towards sustainability. It will then present results from the SOPHIE stakeholder deliberations to demonstrate stakeholders of change in action. The paper will close with some hints, tips and recommendations for giving stakeholders of change an active voice in social marketing programmes and interventions.

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**Number: 221**

## **Resilience, Parenting Style, and Children’s Eating Behavior**

Conference track: Promoting global health and reducing the global impact of disease through behavioural influence

**Authors: Dr Matt Wood, University of Brighton UK; Professor Paurav Shukla, University of Southampton, UK.**

## **Abstract**

This study aims to gain a deeper understanding of the relationship

between parental resilience and parenting styles and their impact on children’s eating behaviors and weight. Through a quantitative examination, we found parental concerns about their child’s weight positively relate to family attitudes toward fruits and vegetables but negatively relate to actual consumption of fruits and vegetables. Contrarily, advance planning of healthy meals among parents is negatively associated with family attitudes toward fruits and vegetables but positively associated with children’s consumption of fruits and vegetables. Family attitudes toward fruits and vegetables have a significant influence on children’s consumption of fruits and vegetables. The personal competence component of parental resilience has a significant moderating influence on the relationship between parental concerns about their child’s weight and his or her consumption of fruits and vegetables. The “acceptance of self and life” component of parental resilience has a significant moderating influence on the relationship between advance planning of healthy meals among parents and children’s consumption of fruits and vegetables.

## **Introduction and background / rationale**

The development of interventions to tackle the issue of childhood obesity is of the utmost importance. If children have high body mass index (BMI), this significantly increases the chances of high BMI in adulthood, with the associated health risks (Harrington et al., 2010). This was recognized over 10 years ago in the United Kingdom, following the founding of the National Social Marketing Centre (NSMC) and the development of a national strategy to tackle childhood obesity (Department of Health [DOH], 2008). This resulted in Change4Life—the first national social marketing initiative of its kind (DOH, 2010). Unfortunately, the campaign has had limited success (Croker, Lucas, & Wardle, 2012; Samad, Samad, & Aftab, 2016): In 2016, over one in five UK children in reception (aged 4–5 years) and over one in three children in Year 6 (aged 11–12 years) were measured as obese or overweight (NHS Digital, 2017). The importance of resilience for social marketing and behavior change has been recognized by contemporary scholars (Wood, 2016; 2018). Parents have the most important role in creating the environment in which children consume and experience food (Birch & Fisher, 1998), and overweight parents are more likely to have overweight children (Danielzik, Czerwinski-Mast, Langnäse, & Müller, 2004). Change4Life succeeded in increasing parents’ awareness of healthy eating practices but failed to achieve its aim of halting the rise of childhood obesity (Croker et al., 2012; DOH, 2010). The insight research upon which the campaign was developed identified problems some parents had in managing family meal occasions (DOH, 2010). They often made different meals for different members of the family to suit their tastes, usually containing no vegetables, and they found it difficult to find time to eat as a family. These issues are closely related to parenting style, which can significantly impact feeding practices within a family (Ventura & Birch, 2008). Resilience refers to an individual or family’s ability to overcome adversity or life challenges and “bounce back” (Masten & Coatsworth, 1998). Instead of blaming parents and taking the mistaken view that knowledge leads to action, building resilience could help to empower people to make positive changes and bridge the gap between knowledge and action. Place, Reynold, Cousins, and O’Neill (2002) argue that resilience can be learnt, and Mandlco and Peery (2000) believe the theory of resilience is valuable when planning prevention strategies for stopping childhood obesity because it deals with both internal (biological and psychological) and external (family and nonfamily) factors. As discussed later in this article, previous research has identified the positive relationship between resilience and obesity (Ball et al., 2002); Stewart-Knox et al., 2012). This present research aims to gain a deeper understanding of the relationship between parental resilience and parenting styles and the impact of these on children’s eating behaviors and weight.

## **Aim of the session**

To highlight the role of parenting style and resilience in promoting healthy eating behaviours.

## **Method / approach**

A quantitative survey was designed and administered using Qualtrics software among a sample of parents residing in a city on the South coast of England. The sample was selected from parents using 53 after-school clubs across the city, who were invited through contacting the club coordinator to complete the online survey, with anonymity assured. The types of schools represent a wide spectrum in terms of their overall academic assessment from “needing improvement” to “excellent” based on Office for Standards in Education, Children’s Services and Skills

reports. In total, 338 parents responded, and of these, 242 were of use to the research. Not included participants either failed on attention checks or did not complete the questionnaire. Wagnild and Young's (1993) Resilience Scale was used to assess parents' levels of resilience. The scale comprises two factors: (1) personal competence and (2) acceptance of self and life. Parenting style was captured through two factors, namely, concern about the child's weight (Hubbs-Tait et al., 2008) and advanced planning (Cullen et al. 2000). Extant research consistently demonstrates that concerns about a child's weight is a distinct factor in reflecting parenting style (Birch et al., 2001; Hubbs-Tait et al., 2008; Johnson & Birch, 1994). Similarly, the importance of advance planning of meals pertaining to consumption of healthy foods is identified as a pivotal factor in parenting style literature (Cullen et al., 2000; Wood & Shukla, 2016). Family's attitude toward fruits and vegetables was captured through items derived from the study by Cullen et al. (2000). Parents were also asked to report on levels of fruit and vegetable consumption and frequency of family meals. A number of hypotheses were developed, and a full regression model was applied to test the relationships between the variables:

**Hypothesis 1:** Concerns about a child's weight will be associated with (a) the family attitude toward healthy eating and (b) consumption of fruits and vegetables.

**Hypothesis 2:** Advanced meal planning will be associated with (a) the family attitude toward healthy eating and (b) consumption of fruits and vegetables.

**Hypothesis 3:** The personal competence aspect of parental resilience will moderate the relationship between (a) concerns about a child's weight and consumption of fruits and vegetables and (b) advanced meal planning and consumption of fruits and vegetables.

**Hypothesis 4:** Acceptance of self and life aspect of parental resilience will moderate the relationship between (a) concerns about a child's weight and consumption of fruits and vegetables and (b) advanced meal planning and consumption of fruits and vegetables.

**Hypothesis 5:** Family attitude toward healthy eating will be associated with consumption of fruits and vegetables.

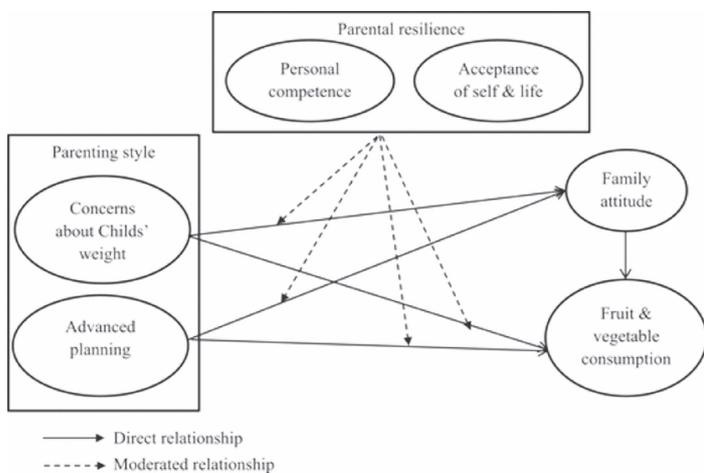


Figure 1: Conceptual Model

## Results / Findings

Table 1 below provides details of the regression analysis. Concern about the child's weight is positively associated with family attitudes toward fruits and vegetables ( $\beta = .15, p < .001$ ). However, this concern is negatively associated with the child's weekly consumption of fruits and vegetables ( $\beta = -.18, p < .001$ ). This demonstrates the relationship between parenting style and children's eating behaviors and supports previous research that shows that there is often a mismatch between expressed attitudes toward health eating and behavioral outcomes (Wood & Shukla, 2016). With regard to advanced planning, it was observed that it is negatively associated with family attitudes toward fruits and vegetables ( $\beta = -.29, p < .001$ ) but positively associated with the child's weekly consumption of fruits and vegetables ( $\beta = .54, p < .001$ ).

Table 1. Path Coefficients

Hypothesis	Relationship	Coefficient	t Value
Hypothesis 1a	Concern about the child's weight → Family attitude toward fruits and vegetables	.15	3.70
Hypothesis 1b	Concern about the child's weight → Child's weekly consumption of fruits and vegetables	-.18	-3.85
Hypothesis 2a	Advanced planning → Family attitude toward fruits and vegetables	-.29	-6.14
Hypothesis 2b	Advanced planning → Child's weekly consumption of fruits and vegetables	.54	8.05
Moderating effects (significant relationships)			
Hypothesis 3a	Concern about the child's weight × perceived competence → Child's weekly consumption of fruits and vegetables	.15	1.96
Hypothesis 4b	Advanced planning × views about self and life → Child's weekly consumption of fruits and vegetables	-.14	-2.21

We used regression analysis to test the moderating effects of both the components of parental resilience using the PROCESS macro (Hayes, 2013). The independent variables were mean centered. The moderating effects analysis revealed a significant influence of perceived competence on the relationship between concerns about a child's weight and weekly consumption of fruits and vegetables,  $\beta = .15, p < .05, CI [0.01, 0.31], F(3, 239) = 8.36$ . Similarly, the moderating effect of the self and life dimension of parental resilience was significant on advanced planning and weekly consumption of fruits and vegetables,  $\beta = -.14, p < .05, CI [-.27, -.02], F(3, 239) = 23.98$ . These results demonstrate the relationship between resilience, parenting style, and health eating behaviors among children. To further understand the moderation effects, we conducted a simple slope analysis (Aiken, Leona & West, 1991). Figures 2 and 3 (page 4) reflect the difference observed in the moderating effects of perceived competence and the views about self and life dimensions, respectively.

## Discussion

As may be expected, family attitudes toward fruits and vegetables are significantly related to a child's weekly consumption of fruits and vegetables. However, concerns about a child's weight positively relate to family attitudes toward fruits and vegetables but negatively relate to his or her weekly consumption of fruits and vegetables. This is an interesting finding and supports research conducted by Wood and Shukla (2016) who found a significant, negative correlation between health consciousness and healthy eating behavior. Moreover, this finding also corroborates with the rich stream of research on the attitude-behavior gap in healthy behaviors (Shaw, McMaster, & Newholm, 2015). Parents lacking the appropriate parenting skills may be overly concerned about their child's weight but unable to support him or her to eat more healthily. The personal competence component of parental resilience has a significant moderating influence on the relationship between parent's concern about the child's weight and child's weekly consumption of fruits and vegetables. Conversely, advance planning of healthy meals among parents is negatively associated with family attitudes toward fruits and vegetables but is positively associated with the child's weekly consumption of fruits and vegetables.

Figure 2. Moderating influence of perceived competence.

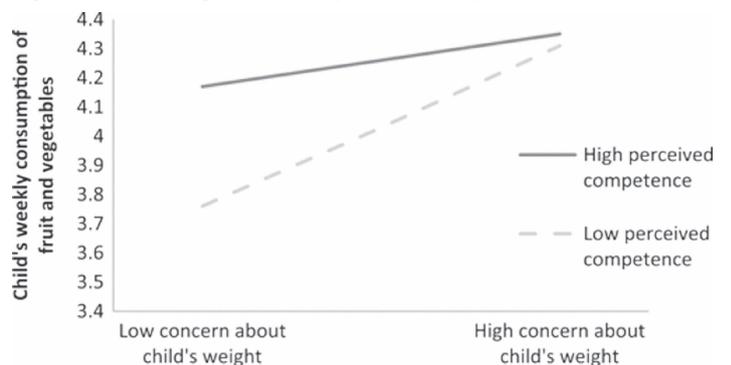
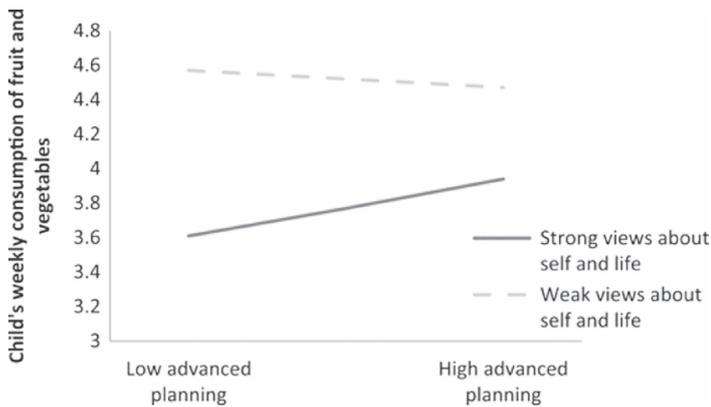


Figure 3. Moderating influence of views regarding self and life.

# RESEARCH AND EVALUATION



This contradicts Wood and Shukla (2016) who found a negative relationship between support activities (e.g., menu planners) and healthy eating behavior. However, the present study measures the impact of parental characteristics, attitudes, and feeding practices on their children's diet; Wood and Shukla's (2016) study concerned self-reported individual eating behaviors. This suggests meal planners and food diaries, and so on, may have a negative impact on one's own eating behavior but a positive effect on that of one's children. Interestingly, the acceptance of self and life component of parental resilience has a significant moderating influence on the relationship between the advance planning of healthy meals among parents and a child's weekly consumption of fruits and vegetables. This is not surprising because these items are more concerned with optimism and general positivity rather than the planning and coping skills measured by the personal competence factor.

The findings support literature concerning resilience and obesity, as well as traits linked to an authoritative parenting style, which is related to a healthier diet and lower risk of childhood obesity. There is a relationship between certain aspects of resilience and child feeding practices associated with an authoritative parenting style, which is in turn related to a healthier diet and lower weight children (Rhee, Lumeng, Appugliese, Kaciroti, & Bradley, 2006). This study therefore indicates that if an authoritative parenting style is underpinned by higher parental resilience, then there is a greater probability of children eating a healthy diet and a lower incidence of childhood obesity. In this study, the parental competence resilience factor significantly moderated the negative impact of concerns about children's weight on their consumption of fruits and vegetables. It has already been shown that children of parents with an authoritative style are less likely to become obese (Rhee et al., 2006), have healthier diets in adolescence (Pearson et al., 2010), and a higher consumption of fruits and vegetables (Patrick, Niklas, Hughes, & Morales, 2005), and the results of this study indicate the same outcome for children of parents with higher resilience. Therefore, these findings can be used to help explain why higher resilience in parents has been linked to healthier weight status in children (Ball et al., 2012) and why understanding resilience is so crucial for the development of future social marketing interventions that promote behavior change based not only on what parents feed their children, but how they facilitate and encourage their children to eat a healthy diet. Convenience sampling was used in this study, and despite the large sample, it was not representative, which limits the generalizability of the results. A future study that examines the conceptual framework with a random sample would be able to substantiate the findings from this research. This study focused on parents as a principal component of a child's microsystem; future studies should examine the role of other microenvironmental influences. This study particularly focused on two components of parenting style, concerns about a child's weight and advanced planning. Parenting is also reflected in other components such as perceived responsibility, pressure to eat, and monitoring (Birch et al., 2001). Future studies should examine the importance of these components. A larger framework that investigates the simultaneous influence of all parenting-style components on eating behaviors, while examining the moderating role of parental resilience, will help reveal interesting interactions. The study findings show that parental resilience is positively associated with behaviors and actions but not to attitudes. In doing so, the study offers boundary conditions for the effects of parental resilience. These boundary conditions require further examination and expansion in other contexts to further validate findings of this study.

## Conclusions

At the microlevel, interventions should focus on encouraging parents and caregivers to seek help for their children's weight-related issues. As the main motivator for parents seeking help for their overweight child is to improve their child's psychological well-being (Twiddy, Wilson, Bryant, & Rudolf, 2012), campaigns should focus on this aspect to increase parental involvement in interventions. Health policies should require general practitioners and community health workers to conduct assessments of parental resilience, especially with new parents and parents of young children, as part of child health-care plans, and use these results to make appropriate recommendations for support. By understanding what external factors influence levels of resilience, and the impact this has on parenting styles, it would enable practitioners to provide the necessary support to build and/or maintain high levels of resilience among parents. More generally, the findings from this study support the argument that effective social marketing requires a more systemic approach that understands the environmental influences on "problem" behaviors (such as poor diet) and seeks to build long-term solutions. Social marketing has a key role in understanding parents and their interactions with children, the barriers preventing them from supporting/enabling their children to eating more healthily, and their resilience to withstand pressures to eat unhealthy food. Different groups of parents will have different perceived barriers/costs/benefits, and so on, associated with adopting more effective parenting style/feeding practices and require appropriately tailored interventions, as with any other social marketing. This study helps social marketers understand the interactions between parents and children (and indeed, families and service providers) and—critically—to appreciate that downstream social marketing alone cannot deal effectively with a "wicked problem" like obesity.

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Number: 17

## From Public Will to Social Marketing: Lessons from a Campaign Promoting Trauma-Informed Care in Post-Katrina New Orleans

Conference track: Mental health and wellbeing

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### Abstract:

Public will campaigns aim to impact widely held beliefs and values to prime the public for action and shift cultural norms. This session will use a case study to explore the relationship between public will and social marketing campaigns and how the former can evolve into the latter. How does it impact the adoption of a behavior change? How do you know when the community is sufficiently primed? These questions will be explored in a discussion of the In That Number (ITN) campaign in New Orleans, LA that promotes attitudinal shifts for youth impacted by trauma and pairs narratives of traumatic adolescent experiences with emotional wellness data collected from thousands of youth. ITN launched as a public will campaign in 2016 and will relaunch in June 2019 as a social marketing campaign.

### Aim of the session: Set out what you aim to cover and or achieve in the session.

The aim of this session is to analyse the In That Number campaign as a case study, exploring the benefits and/or burdens of engaging in a campaign that transitions from a public will campaign to a social marketing campaign. It is the opinion of the author that this approach leads to higher adoption of the proposed behaviour change(s) because beginning with a public will campaign: 1) raises awareness about the complexities and nuance of the issue and its root causes; 2) creates familiarity and trust with campaign branding, messaging and spokespersons; and, 3) establishes ahead of time an emotional impact on the consciousness of the public. Another aim of the session is to engage professionals that have used this approach and explore other combinations of types of campaigns.

### Focus of the session: Include details of the topic, issue, target group and or setting

including country setting if applicable.

As of July 2016, there were an estimated 1,268,883 residents living in metro New Orleans.<sup>1</sup> Fifty-nine percent of residents were African-American, 31% White, 3% Asian and approximately 6% identified as Hispanic.<sup>1</sup> Median household incomes of the metro area (\$48,343) and the city of New Orleans (\$39,077) are significantly lower than the U.S. median income of \$55,775.<sup>1</sup> The poverty rate was 23%, which is higher than the U.S. rate of 15%.<sup>1</sup> Closely related, inequality is very high, with New Orleans beating out the national ratio of the income of the top 5% of households as compared to the income of the bottom 20% at 15:1 as compared to 9:1.<sup>2</sup> Homeownership is also low, with a rate of 46% (national rate is 63%),<sup>1</sup> and 36% of residents are severely cost-burdened renters (national average is 25%).<sup>1</sup>

According to the United Health Foundation's 2018 America's Health Rankings, the state of Louisiana ranks 50th out of all 50 US States for general health outcomes and is considered the most challenged state.<sup>3</sup> A major challenge is the high prevalence of both frequent mental and physical distress for adults. Nationally both rates are 12%, yet in Louisiana they are 16.1 and 16.5 percent, respectively.<sup>3</sup> On the local level, in 2015, nearly 37% of New Orleans' approximately 88,850 children lived in poverty.<sup>4</sup> Other challenges include a lack of living wage jobs and access to the transportation that ensures stable employment. In addition, though the murder rate dropped in 2014, every other violent crime rate rose from the previous year, including a 27.5% increase in assault and a 38.6% increase in rape.<sup>5</sup> The new adoption of charter schools has also impacted the health and well-being of many young New Orleanians. Graduation rates (73%) continue to stay below the national average (81%),<sup>1</sup> and the number of youth aged 16-24 that are neither in school or working, was almost three times more than the number of youth graduates in 2014.<sup>2</sup>

Lack of social and economic resources, exposure to violence and poverty, and living in unstable neighborhoods can cause anxiety and

toxic stress for any population, but the brunt of negative effects is borne by children. Chronic stress associated with poverty can alter the brain during critical developmental phases and ultimately cause deficits in learning and behavioral problems, as well as lead to an array of negative health outcomes, both mental and physical.<sup>6</sup> For young people who experienced Hurricane Katrina, this stress may be compounded by untreated trauma associated with the disaster. Further exacerbating the problem, the provision of mental health services in New Orleans has been dramatically reduced since Hurricane Katrina due to the diminished number of mental health providers, reduction in mental health beds, and the closure of facilities that manage psychiatric crises such as Charity Hospital.<sup>7</sup> With this backdrop, the need for more trauma-informed practices, policies and resources is critical to the strength and health of the city of New Orleans and its most vulnerable residents in all aspects of society from education to criminal justice to housing and even healthcare.

In 2012 an organization providing sexual health education in New Orleans designed and implemented an Emotional Wellness Survey (EWS) for youth participants to assess symptoms of poor mental health including depression, PTSD and suicidality, exposure to violence and access to basic needs. Data collected from 2015 – 2017 (n = 1548) with youth aged 11 – 19 (93% African-American) reported symptoms of poor mental health (21% reported signs of depression; 46% reported signs of lifetime PTSD; 13% expressed suicidal ideation) and exposure to violence (38% witnessed domestic violence; 54% experienced the murder of someone close; and 18% witnessed murder) among youth in the sample. Findings also indicate that exposure to violence and security-related worries (48% worried about getting shot, stabbed, beaten or murdered) are associated with the mental health outcomes of survey participants. Witnessing violence, worrying about food and housing, and worrying about not being loved (23% worried about not being loved, valued or appreciated at home or school) were also strongly correlated with negative mental health outcomes. Results of the survey show that the prevalence of mental health disorders among youth in New Orleans is extremely high, two to three times higher than the national average. The lack of available, accessible and affordable mental health resources for local youth has become a point of advocacy for this organization and collaborative partners interested in the well-being of youth in New Orleans.

### Method / approach

In 2014 research began for a city-wide public will campaign entitled In That Number to change negative perceptions of youth, and advocate for the need for trauma-informed youth mental health services. As evidenced by the campaign's slogan "Sad, not Bad," in lieu of viewing youth with behavioural issues as "bad," the campaign challenged adults throughout the city to see them as possibly "sad" and in need of adequate emotional health services. In That Number also championed efforts to circumvent the school-to-prison pipeline and excessive school suspensions, with restorative justice methods and a focus on a trauma-informed care (TIC) response instead of a criminal justice response. Formative research included a literature review, online survey, focus groups, and interviews. The primary audience was then chosen to be adults in the "Contemplative" Stage of Change (according to Prochaska & DiClemente's Transtheoretical Model) that are aware that compassion and a trauma-informed approach are preferable to more punitive measures. People in the Contemplative Stage by definition are open to changing their perceptions/actions in the future yet have not taken any concrete steps to do so. The secondary audience was comprised of individuals and groups in the "Action" State of Change. These entities are already doing work to reframe the conversation about "troubled" youth in areas such as juvenile justice reform, education reform, youth empowerment, violence reduction, etc. They also serve as gatekeepers to the youth being affected by these negative assumptions and comprise a large number of the campaign's partners.

Inspired by the 'Humans of New York' campaign, In That Number featured short narratives from youth of different backgrounds that have experienced trauma. The stories illustrate the responses (or lack thereof) that they received from the adults and systems around them and each narrative relays real experiences that correspond directly with data collected from the EWS. In That Number launched its social media component in January 2016 with dedicated pages on Facebook, Instagram, and Twitter, as well as a campaign website. These platforms were chosen by the percentage of formative research respondents that indicated regular use. The images and narratives were released on social media over a three-day span, with portions of each youth's narrative and

portions of the anonymous photographs shared daily to represent each youth's story. Those images were followed by three days of relevant EWS statistics that paired with each story, creating a mosaic of artistic imagery, heart-wrenching narratives, and hard data. In That Number (ITN) has been visible citywide through billboard and bus ads, PSAs aired during local news broadcasts, the publication of articles in local and national news outlets promoting the campaign and its themes, and radio spots and local news segments with staff members discussing the campaign.

In its first year, campaign billboards were seen over 10 million times (Eyes on Impressions), bus ads were seen over 30,000 times/day (six-month run), and the website averaged 52 unique visitors/week. ITN earned 12 media outputs and established 20 partnerships including organizations, schools, the Health Department and task forces. It amassed over 1400 followers on social media that year, with 242,967 Twitter impressions, a Facebook reach of 81,077, and 5,900 Instagram likes. Within the first quarter of the campaign it received a resolution of support from the city's Children and Youth Planning Board as well as five references in news articles, two radio interviews and two television news appearances. One notable partnership was with the Louisiana Center for Children's Rights (LCCR), a nonprofit law office that defends youth in Louisiana's justice system through direct representation and policy advocacy. The campaign featured the narrative of a systems-involved youth working with LCCR and campaign staff also participated in their Louisiana Youth Justice Coalition (LYJC) which in 2016 led to important juvenile justice reform measures through the Raise the Age campaign. In 2016 the Raise the Age Act was overwhelmingly approved by the state legislature to include 17-year-olds in the juvenile justice system, as the vast majority of states do, and take 17-year-olds out of adult prisons. These successes paved the way for more policy and systems-level change that the campaign could support and impact, eventually culminating in 2018 with the adoption of landmark trauma-informed resolutions at the municipal level in New Orleans.

The campaign stayed active through: in person (film screenings, community conversations, youth champion awards) and virtual events (Twitter chats); information, articles and resources shared on social media; and the release of new narratives, statistics and imagery online and through billboards. Staff conducted presentations on trauma and trained teachers, school personnel (nurses, coaches, etc.) and other adults that work with youth to recognize signs and symptoms of trauma and respond from compassionate spaces instead of punitive spaces. In 2017 ITN gained 300+ new followers on social media, expanded partnerships with schools and other community-based organizations to provide crisis intervention and anti-bullying activities, and earned eight new earned media mentions. Then in June of 2018 the flagship local newspaper, Nola.com/the Times-Picayune ran a series on a youth football team in a notoriously violent area of New Orleans where during one coach's 14-year tenure, 28 of his former players were killed. ITN data informed the series, and the campaign and/or its data was featured in five of its articles. This new angle reinvigorated the conversation around the city about the impact of trauma. Public dialogue and community advocacy led to two new City Council bills designed to address trauma. In July the Council unanimously approved a resolution imploring all schools to implement trauma-informed systems to promote the well-being of children. Two weeks later, the City Council also unanimously approved a resolution calling for a comprehensive, citywide approach to the prevention, intervention and treatment of childhood trauma. This resolution included the creation of a taskforce overseen by the New Orleans Children and Youth Planning Board which is charged with: 1) making recommendations to increase mental healthcare services for children; 2) identifying new streams of revenue to pay for those services; and 3) suggesting changes to city policy and laws required to implement its recommendations.

With a new energy for policy change and laws to address trauma, it appeared that the phase of "priming" the community was successful, the time was right to switch to direct action/advocacy by promoting behavioral changes that will impact policies, laws, practices and procedures and have lasting impacts. By winter 2018 the organization adapted and utilized a tool to conduct a citywide needs assessment on the quality and quantity of local behavioral health services. In partnership with the aforementioned taskforce, campaign leaders also held a charrette in December of 2018 with over 50 community members to discuss the areas of the city where trauma-informed approaches are most needed. Event attendees provided possible solutions on how to be more trauma-informed and proposed core sectors to focus on in the relaunch of the campaign. An online survey was created focusing on those three sectors and was recently disseminated on a variety of

platforms to gather more community input for the campaign relaunch.

Organizations that represent each sector will be chosen to engage in further work, including conducting formative research within their organization and engaging constituents to identify the most pertinent CTA to make their sector more trauma-informed. The CTAs will be clear and simple - actionable behavioral changes that followers of the campaign can easily adopt. They will serve as the actual products for the campaign and this formative research will inform the 4Ps. In the summer of 2019 the campaign will relaunch with new narratives, new social graphics and messaging, short videos (per sector) and new billboard ads for each CTA. The campaign previously hosted "Community Conversations" with topical films followed by a panel and Q&A with community-based experts. Community Conversations will be reinvented in this iteration as in-person events for each sector/CTA that will: premiere the videos; share research findings and the work being doing with community partners; and feature a conversation with guest panelists, other local experts and community members-alike. Finally, the campaign aims to impact the city on an organizational level by working with sector partners to conduct their work through a more trauma-informed lens. Partners will assess their current services, policies/procedures and the lens through which they view their work, and they will receive technical assistance on ways to apply trauma-informed principles in their respective settings, ensuring sustainable practices in their workplaces.

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## Number: 23

### Where national meets local, partnership working to change travel behaviour

Conference Track: Interdisciplinary and cross sector action to influence behaviour for social good

**Authors: Stuart Douglas, Programme Manager, Paths for All, Scotland**

#### Aims and Objectives:

Smarter Choices, Smarter Places (SCSP) is a £15million national partnership programme. It is funded by Transport Scotland, an agency of the Scottish Government, managed by a Scottish charity and delivered at a local level by local authorities and third sector agencies.

It aims to increase active and sustainable travel across Scotland to cut CO2 emissions, improve health, improve air quality and build community capacity.

In 2014, transport accounted for 28% of total Scottish CO2 emissions of which 73% can be attributed to the road sector. In 2016, only 64% of adults met the Chief Medical Officers' guidelines for moderate or vigorous physical activity.

# INTERVENTION / CASE STUDY

## Target group focus, segmentation and insight

The Programme seeks to influence behaviour change at a population level across Scotland. A similar project in England identified that “Projects should be targeted to geographical areas where there is the most potential for change, and where there is strong community and political support. Projects that grow out of a pre-existing partnership (e.g. with employers or a university) are more likely to succeed than projects where there is no pre-existing relationship.”

A pilot project in Scotland found that:

‘Correctly identifying the social needs of a community and linking promotional messages to these is essential’ and ‘Working with the local media was important in all pilot areas.’

Scotland has a diverse population. Consequently, the solutions to encourage sustainable travel options vary enormously. The transport priorities are different for people living in urban areas compared to remoter rural areas. Some parts of Scotland have better developed active travel infrastructure than others; some have better public transport system than others. To balance the need for a national programme that responded to local circumstances and priorities the Programme is delivered in partnership with local authorities and third sector organisations that are attuned to local circumstances. These partner organisations determine the most appropriate target groups to focus on, building on their own uniqueness and need. However, the solutions need to demonstrate that they will deliver against the nationally agreed outcomes.

## Citizen Orientation

The take up levels of active travel in Scotland have remained largely unchanged over recent years :

Only 21 per cent of daily work journeys had walking as the main mode of transport, a decrease from 24% in 2016; and only 3.0% of adults usually cycle to work, compared to 2.6 per cent in 2016.

Use of public transport has shown significant decline in Scotland with 420 million bus journeys in 2012/13 reducing to 380 million in 2017/18.

In 2016, 33% of all transport journeys were under 2km and 55% were under 5km. These distances are easily walkable or cyclable for most people.

## The Social Offering

Sedentary behaviour contributes to strokes, some cancers, depression, heart disease, dementia, osteoarthritis, high blood pressure, type 2 diabetes, anxiety and back pain. Walking and cycling as everyday activity is a highly effective preventative action to these illnesses. ‘If a medication existed which had a similar effect to physical activity it would be regarded as a wonder drug or miracle cure’

In the UK four in ten children are breathing toxic air that breaches WHO guidelines. Encouraging children, parents and carers to walk, scoot or cycle to work will improve air quality, improve health and increase brain function.

The SCSP Programme outcomes are:

More people choose to walk or cycle for short local journeys, evidenced by

- an increased number of people walking for everyday journeys less than 5km, or
- an increased number of people cycling for everyday journeys less than 5km.

More people choose sustainable transport options for longer journeys, evidenced by:

- an increased number of people using public transport or community transport for everyday journeys over 5km
- an increased number of people using car sharing for everyday journeys over 5km
- more people using e-bikes for everyday journeys over 5km.

People develop more positive attitudes towards sustainable transport choices, evidenced by:

- a reported change in attitude, or
- a demonstrated willingness to try a form of sustainable transport where they would not have done previously.

People’s knowledge about sustainable transport choices increase, evidenced by:

- people demonstrating more knowledge about the sustainable travel choices available, e.g. knowledge of local walking and cycling routes, quiet roads, bus and train services.

There is an increased evidence base to support sustainable transport interventions, evidenced by:

- the number of organisations funding, planning or delivering active travel initiatives
- an increased number of research, impact or feasibility studies available that evidence the impact of sustainable travel interventions.

## Competition Analysis

There are many reasons why people choose not to travel actively and sustainably for their everyday journeys. In rural areas there is often a poor public transport infrastructure with infrequent or non-existent bus services. Perversely in Scottish towns and cities fear of cars prevents parents allowing their children to walk or cycle to school. Poor weather is often cited as a barrier to walking. Car use continues to receive subsidy from the UK government. It has frozen fuel duty since 2011 meaning that the exchequer has forgone around £46bn in revenues since then. There is a lack of safe cycling infrastructure with a small patchwork of segregated cycling routes.

## Integrated Intervention Mix

Project initiatives offer a wide range of activities that support people to change their behaviour, for example led-walks, cycle training, cycle maintenance classes. Specific examples include the Velocity project in Inverness that provided cycle training and group rides for people with mental health needs; ‘Braveheart’ project provides led-walks for older people to encourage them out of their cars for their everyday journeys. Scottish Borders Community Transport supports elderly and disabled people share transport, reducing solo car journeys and reducing CO2 emissions.

Across the programme there is a mix of activities tailored to local communities that inform and educate local people. Maps, apps, events, community and workplace challenges, Real Time Bus information are commonplace. The Routes 123 project combines community development and community art approaches to create wayfinding routes that inform users of new routes.

SCSP only supports revenue funded projects. Initiatives that promote and encourage the use of new infrastructure such as pedestrian crossings, new paths, electric buses, are included in the programme. Collaborative working with other third sector agencies to ensure active travel infrastructure investments are promoted and publicised.

The Programme supports initiative such as the roll-out of 20mph zones in Edinburgh. It encourages the uptake of school traffic exclusion zones and the introduction of car free zones in city centres.

The presentation will select a few of these initiatives and identify how they have been successful.

## Systematic Planning

The Programme uses the Transtheoretical Model to provide a framework for its outcomes, and the consequential reporting, as follows:

Behaviour Change Stage	Outcome
Pre-contemplation	There is an increased evidence base to support sustainable transport interventions
Contemplation	People’s knowledge about sustainable transport choices increase
Preparation	People develop more positive attitudes towards sustainable transport choices
Action	More people choose to walk or cycle for short local journeys
Action	More people choose sustainable transport options for longer journeys

Evidence gathered over the first three years has allowed the development of a large database of activities that deliver against the Programme outcomes. Fund applicants can easily align their activities with the outcomes, making reporting more efficient and effective. The framework also helps applicants understand which behaviour change stages they are investing in. It has also allowed an online, automated system to be implemented which has increased consistency of reporting; significantly reduced the costs of data collection at both project and programme level and made evidence verification more likely.

Our presentation will be able to demonstrate how this system works.

## Results and Learning

A review of the 2017/18 programme discovered that:

- Nearly 3 million people received some form of message that promoted active and sustainable travel
- Over 60,000 people increased their walking and cycling for everyday journeys
- Over 150,000 people participated in active travel events and activities including festivals and challenges
- Over 50,000 more people have taken advantage of sustainable travel options including using buses, community transport, car share and e-bikes.

An independent review of the 2015/16 SCSP programme found that:

“The SCSP Programme has been successful at enabling smarter travel work to be undertaken in many areas where it would not otherwise have been funded.”

The Transport Scotland review of 2016/17 SCSP found that:

“Overall it is clear that the SCSP programme has been successful in delivering behaviour change projects across Scotland and shows positive indications of increasing active and sustainable travel behaviours.”

The independent review of 2017/18 found that:

“The SCSP Programme contributes to the Scottish Government’s key strategic priorities around active travel and sustainable transport, supporting improved health through physical activity and the transformation to a low-carbon economy”.

The Programme’s success is reflected at a policy level and is now cited as contributing to the Scottish Government’s Climate Change Action Plan 2018 and the Physical Activity Delivery Plan

## Lessons Learned

‘Social Marketing’ is a difficult concept for some people to grasp, particularly for those who are used to delivering services to the whole community. Being flexible at the beginning of the programme helps bring them onboard so that they can develop more targeted actions later.

Engaging communities in deprived communities takes time. Building effective partnerships with community-based agencies can accelerate the engagement and build capacity to achieve other socially beneficial outcomes

From a Programme Management perspective, it can be too easy to focus on the minutiae of projects’ planning to help them be successful. But this is resource intensive and does not make any significant difference at a programme level. Fund projects that are enthused and capable, then let them get on with it.

Many projects are reluctant to share their success. Put extra resources into communication activity early in the process to develop relationships with the project deliverers and help them demonstrate what ‘good looks like’.

## Conclusions and Recommendations

The Smarter Choices, Smarter Place Programme has demonstrated how national aspirations to change behaviour can be delivered using social marketing techniques. Funding local agencies to identify local priorities and empowering them to deliver projects can deliver national outcomes.

The Third Sector is an effective tool for delivering change. Harnessing the expertise, enthusiasm, knowledge and energy of charitable, voluntary and community groups generates significant value beyond the financial cost of their outputs.

Aligning programme outcomes to behaviour change stages has been transformational. It has made it much easier for delivery agencies to understand what they are trying to achieve; has allowed them to focus on their mission and has made data collection more effective and efficient.

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## Number: 31

### A mobile health intervention: Using creative technology to raise breast cancer awareness in India.

Conference Track: Promoting global health and reducing the impact of disease through behavioural influence.

**Authors: Judith Fletcher-Brown and Diane Carter University of Portsmouth, UK.**

### Aims and Objectives

To apply health care social marketing practices in order to seek changes in behaviour and normalise breast familiarity for women in India. Furthermore, to establish whether the implementation of mobile technology via Accredited Social Health Activists (ASHAs) to communicate awareness, is a viable intervention to challenge a serious public health phenomenon in India.

To examine the mobile digital application’s potential to reduce asymmetry of breast health messages and improve the reputation of the signaler Ministry of Health and Family Welfare (MoHFW) to provide quality health care.

To determine the ASHAs resistance to technology, by measuring perceived usefulness and perceived ease of use through an adapted Technology Acceptance Model (TAM).

To explore the potential to change behaviour towards breast cancer awareness through a visually centred designed mobile application/tablet.

### Target group focus, segmentation and insight

Statistics show by 2020 breast cancer is set to overtake cervical cancer as the most common type of cancer among all women in India, the highest mortality rate occurring in those aged 30-50 (Shetty, 2012). Recent research, (Fletcher-Brown et al., 2017; Sapri et al., 2015) has evidenced the essential cog in the communication wheel are community health workers, known as Accredited Social Health Activists (ASHAs) and Anganwadi (AWW). Community health workers are a key cadre in India’s health programme which is designed to improve maternal and child health care (Hariprasad and Mehrota, 2016). Their unique standing within the community provides a key communication channel between the MoHFW and women in the community. It is an ideal opportunity to benefit from this relationship by introducing breast awareness information as an addition to their present role. Currently breast cancer information is not facilitated by the ASHAs, there are advertising campaigns most notably DefectToDefeat, where in short films, celebrities endorse breast self-examination through the mantra of just two minutes to yourself. Utilising the ASHAs who are respected in the communities means that the message of breast familiarity is reinforced. In so doing, their role is not only informative, but also demystifies some of the current misunderstandings and taboos surrounding breast cancer.

### Citizen Orientation

In India the highest female mortality rate is women aged 30-50 years (Khokhar, 2018). Breast cancer accounts for 32% of all female cancers in Indian women and is more likely to occur due to late diagnosis and a lack of awareness (Breast Cancer India, 2016). There are two reasons for this firstly, India’s cultural complexities surrounding the female body, which results in a rarity of meaningful discussions and in some cases the subject is taboo (Katrak, 2006) Secondly, a lack of investment in government educational campaigns around issues of breast cancer and self-examination (Gupta, Malik and Baig, 2017). Overall control is held by the MoHFW and without an effective intervention strategy India could be faced with an epidemic (Khokhar, 2018). In addition, during the last two decades there has been little improvement in the reputation of the MoHFW as a significant health provider (Fletcher-Brown et al., 2017). The World Health Organisation (2016) reports that mobile health initiatives have risen significantly since 2012, resulting in a plethora of

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global interventions, but few have been successful. For example, 80% have been pilot interventions, 20% facilitate very little evaluation, and interventions rarely address breast cancer awareness (Bassi et al., 2016). India has experienced some success with technological health interventions to assist in type two diabetes and childhood diseases, but a sustained, robust policy is still required (Ilozumba et al., 2018; Muralidharan et al., 2017). The complexity of the breast cancer problem in India could be addressed by adopting a mobile health (mhealth) approach, but an interdisciplinary focus is desirable since the traditional 4Ps of marketing practice struggle to impact social marketing strategies (Lefebvre, 2012; McCarthy, 1960).

## The Social Offering

The mhealth social offering of this study is determinable at macro, meso and micro levels. At a macro level a healthy female Indian workforce is crucial if the country is to benefit from its demographic advantage and sustain its economy. India has grown rapidly and is poised to be the fourth largest economy by the end of the decade and employing more women would add an additional \$ 2.9 trillion to India's GDP by 2025. Thus, confronting breast cancer is crucial to India's economic development. On a meso level, the social offering proffers the notion that MoHFW could be transformed into a sustainable, high performance entity with a reputation for delivering quality breast cancer health care. This idea, located in Spence's Signaling Theory suggests that the MoHFW by advocating the importance of breast cancer awareness as a product or service to another party, in this case Indian women as positive, will affect the way the message is received. The receiver's belief in the sender's reputation has been argued to align with the notion of quality. This shares some characteristics with reputation and prestige and therefore it is pertinent to examine India's MoHFW ability to deliver these core expectations to reduce asymmetry. Using technology as an intervention on ASHAs behaviour would signal a degree of capability by the MoHFW, to provide quality healthcare, thereby improving its reputation and signals efficiency to competently deliver effective breast cancer awareness (Su et al., 2016). At the micro level, the behavioural intention with mobile technology will stimulate a normalisation of self-examination and "opens the potential for social capital, enriching non-economic behaviour and outcomes through benevolent collectivity" (Fine, 2018). This notion aligns with prior literature that predicts the single largest impact on breast cancer in India will come from raising breast cancer awareness and educating women and their communities about breast familiarity (Hansa, Kannan and Ghosh, 2012).

## Competition Analysis

In India, the task of delivering healthcare to over a billion people has proven a challenging and complex task. Recent initiative in India suggest the government is recognising its own limitations in women's healthcare and has begun to establish public-private partnerships (PPP) to provide affordable services to the underserved. For example, the central government has partnered with not-for-profit, non-government organisations such as The Pink Initiative, which seeks to raise awareness about breast cancer via a range of communication channels and events. Although PPP is emerging to deliver a more holistic healthcare system, it still leaves the majority of India's population reliant on the state for their primary healthcare. In the latest National Health Policy (2017) the percentage of GDP by 2020 for healthcare should rise to 2.5%, a rise of 1.5%, but again there is no strategic focus on breast cancer.

## Integrated Intervention Mix

Research suggests the traditional 4Ps approach to designing behavioural interventions is no longer a strategic fit for the complexities of contemporary social marketing problems (French et al., 2011; Michie et al., 2014; Tapp and Spotswood, 2013) Likewise, Crie and Chebat (2013) promote the need for further exploration of social marketing issues via an interdisciplinary approach. Therefore, due to the complexity of the breast cancer problem in India, the intervention requires an interdisciplinary approach. Consequently, this study applies social marketing, digital technology acceptance and Signaling theory. The emergence of new technology has provided social marketers and consumers new opportunities, but research in India is sparse (Rai, 2016; De Souza et al., 2014). The ubiquitous use of the mobile phone has already led India's health sector to deliver a series of mhealth services, offering the MoHFW an opportunity to capitalise on these innovations with regard to breast cancer awareness (Mehta, 2013). The proposed implementation of mobile technology on the ASHAs

operational behaviour will be researched through the varying stages of elicitation, design and implementation, using an adapted technology acceptance model (TAM). To explore the relationship between user and technological systems by measuring effectiveness and resistance, through perceived usefulness and perceived ease of use (Davis, 1989; Venkatesh and Bala, 2008). This model is increasingly being used in mhealth research to gauge the usefulness of technology in improving the access to and quality of healthcare (Holden and Karsh, 2010; Hoque, 2016). This study will employ a modified model of TAM, in consideration of societal and cultural factors in India. The design aspects will incorporate cultural and language aspects and the user's validity of reliability across different technologies and usage contexts (Park, 2009; Lu et al., 2003)

## Systematic Planning

Social Marketing interventions should include initial planning, formative research, strategy development, programme development, pre-testing, implementation and evaluation (Grier and Bryant, 2005; Kotler and Lee, 2008). The researchers propose a robust and substantive solution to the research objectives and therefore propose a longitudinal study with five sequential stages of data collection. An interpretative-inductive exploratory methodology follows the directives of Gioia, Corley and Hamilton (2012,) to imbue 'qualitative rigor'. Researchers adopted Strauss and Corbin (1998) iterative research process and tracked back and forth between the literature and the data, which led to the emergence of common dimensions, which were categorized and integrated to explore the key themes. Finally, selective coding was used to identify possible and verbatim comments used to illustrate the resultant substantive themes and enhance validity (Fielding, 2005). The planning stages:

Stage 1. (2018) Semi-structured interviews with community health workers to determine technology skills, acceptance and content of proposed mobile technology.

Stage 2. (2019) Training session with a team of CHWs with hardware and prototype. Commence pilot by integrating the technology into their role over a period of 6-10 months.

Stage 3. (2019) a. Identify skills gap, ease of use, preferred content, design and platform. b. Examine the effectiveness of communication between ASHAs and Indian women.

Stage 4. (2020) Produce and implement final app for use, review and assess training needs.

Stage 5. (2020) Gather reflexive commentary from the ASHAs; skills level, message content and impact on behavioural change for Indian women and their families to normalise breast familiarity.

## Results and Learning

The thrust of this investigation was to examine the mobile digital application's potential to reduce asymmetry of breast health messages and improve the reputation of the signaler, (MoHFW) to provide quality health care. Results found that an investment in mobile technology would upskill ASHAs and have a positive impact on reputation of the MoHFW and potentially reduce asymmetry. Stage 1 of the research examined the ASHA's level of resistance to using creative mobile technology in their current role which is evidenced by their attitude to accept technology in their role. Questions were posed to assess their current technical skills level, and their perception of ease of use and usefulness. The ASHAs were found to be functional in some areas of technology with scope for improvement in others (see table 1). All used a mobile phone in their personal lives and in their public health role operated 'corporate user group' technology. This facilitates free calling/messaging amongst CUG members and is provided by many public sector organisations in India. Sixteen ASHAs used mobile phones with traditional keyboard functions, four used smartphones, which they consider 'touchscreen' phones. The sample group showed an overwhelming appetite to learn new technology for personal and professional development demonstrating little resistance to technology in their role. Perceived usefulness was identified through suggestions for content such as video, animation and images, whilst it was agreed a touch screen function would make the application easier to use.

A Priori Themes	Key Concepts of theory evidenced from literature.	Evidence: verbatim comments from ASHAs.	Evidence of acceptance to community mhealth technology.
<p>TAM (resistance to acceptance through perceived usefulness and perceived ease of use)</p>	<p>In India new technology has also emerged as an opportunity for health marketers and consumers (Hariprasad and Mehrota, 2016)</p> <p>To gauge the usefulness of technology in improving the access to and quality of healthcare (Holden and Karsh, 2010)</p> <p>There is a paucity of literature regarding the effectiveness of mobile technology to communicate health messages in India ( Ramachandran et al., 2014)</p> <p>Mhealth technology can help in the expanding the scope of service delivery, reducing the response time by using trained non-physicians. (Bassi, et al.,2016)</p> <p>It is widely recognised that the availability of timely, accurate and relevant information plays a key role in shaping knowledge, which in turn is a driver of health-related change (WHO, 2016).</p> <p>ASHAs are the first port of call. Cancer protection...can only be achieved by collective efforts of government, research institutions and field workers, with use of technology assisted learning.</p>	<p>"making a video is better for understanding"</p> <p>"it will be better to provide information via Whatsapp or mobile videos as women also use mobile [technology]"</p> <p>"when [we visit] these women discussion on breast cancer should take place with the help of audio visual aids"</p> <p>"we have CUG [corporate user group] provides free calling/ messaging amongst CUG members"</p> <p>"I don't have a tablet but know about them and would like to use it"</p> <p>"I would like to know more about tablets ... .play games "</p> <p>"I have a touch screen phone at home .... I would like to learn more technology"</p>	<p>ASHAs are familiar with technology but only limited use in their job role</p> <p>All ASHAs enthusiastic about learning new forms of technology for their job role.</p> <p>3D imaging is used extensively in aesthetic and reconstructive breast surgery – a tablet could be used to engage women in breast familiarity through information, awareness and abnormalities through 3D technology and design.</p>

**Table1. Tabular evidence of behaviour intervention (TAM)**

### Conclusions and Recommendations

This paper is a contribution to the growing social marketing literature with an interdisciplinary focus (Lefebvre, 2012). It broadens the accepted 4Ps marketing theory by identifying ASHAs as a mediator of the signaler's message. Mainly because they are indigenous to the community, they comprehend the cultural complexities that present as obstructions to the success of traditional communication methods. Their insider knowledge accentuates their position to one of privilege and to the nuances of the community protocol and they are able to use their cultural familiarity to their advantage to propagate health messages rather than viewing culture as a barrier to effective messages (Davis et al., 2013). A further contribution of this paper is the adaptation of TAM to evaluate the use of technology by the ASHAs. Their standing in the community fuses their cultural and health knowledge to overcome misconceptions about breast cancer awareness (Khokhar, 2018; Stiglitz, 2000). The role of the ASHA is established as an essential facilitator of breast cancer education and empowerment with the potential for social capital. In other words, using technology as an intervention to change the operational behaviour of the ASHAs could be used to disseminate breast care information, 'when all the women are sitting around chatting.' Therefore, this is an opportunity to stimulate a normalisation of breast self-examination and "...opens the potential for engagement and exchange" social capital (Fine, 2018). Women, their families and the community as a whole will co-create and develop the value of the social offering as the message of breast awareness is espoused. ASHAs will play a crucial part in the assessment of content, as the software develops this will be monitored and researched in stage 2. Initial findings identified a willingness by the ASHAs to contribute to the design and welcomed further support and training to maximise the impact (Ramachandran et al., 2010; WHO, 2016).

This application will rely on touchscreen technology, visuals and exclusively viewed on a mobile tablet device. The application offers a visual-centric approach because there are multiple languages and dialects. Over time, ASHAs may become confident and competent in the use of mobile technology through embedded medical and technological training. This integrated study facilitates a behavioural research framework for an mhealth intervention, using creative technology rather than a costly nationwide health advertising campaign which to date have proven unsuccessful (Deshpande et al., 2013).

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world by the Intelligent Community Forum (ICF), for three consecutive years (2009,2010,2011). Among some of their initiatives was to pilot a driverless bus, launching online services including public policy forums, telehealth, installation of an ATM for public documents and monitoring all city operations digitally. Citizens feel closely connected with the city authorities and claim to be understood, heard and their problems often solved (Guardian, 2017).

## Target group focus, segmentation and insight

The target group were primarily bar and restaurant owners so that they would comply with the ban on smoking in enclosed public spaces. The secondary audience where the municipal police, officials and the community of Trikala.

Scoping the program design and implementation involved both primary and secondary data collection and review. Primary data was collected through a series of open meetings, stakeholder closed-group meetings, surveys and co-creation exercises by the project development group.

SHS exposure is proven to have serious health effects (Taylor et al, 1985; Tobacco Control, 1997) resulting in million of deaths (DHHS, 2014).

Furthermore, there is scientific evidence on the effect of smoking bans in public spaces to reduced exposure to SHS (Callinan et al, 2010; Frazer et al, 2016). Additionally, there is a correlation with high exposure from SHS with drinking three or more alcohol drinks per day (Irribaren et al, 2001), which indicates side effect on health which can occur by enforcing the ban of smoking in bars, cafés and restaurants. The results of a national survey across Greece of 2,038 adults in 13 regions, regarding the attitudes of the Greek public towards the non-implementation of the smoking ban law, showed that 83.8% of Greek citizens consider the violation of the smoking ban as a sign of cultural decline or cultural degradation, 88.1% considered national objective for smoking reduction as important and 74.2% reported being upset whenever they visited an indoor public space where the smoking ban law was violated (Demi et al, 2017). The same survey found 69.8% of the people reported they were willing to voluntarily participate in actions to reduce smoking.

Legislation in Greece bans smoking in enclosed public spaces, yet there is extensive tolerance across Greece by shop owners to allowing smoking. This behaviour was influenced by their belief that to stop patrons smoking inside, would mean losing customers. The abovementioned belief, compounded by the lack of enforcement by municipal police, led to the law being largely ignored. It became the norm nationwide which resulted in law enforcement and inspection authorities adopting a soft policy on the punishment for businesses that did not comply.

Greeks demonstrate strong characteristics of a high context culture (Hall, 1976), especially in the domains of temporality and learning, which illuminates the strategic role of existing norms to the delivery and response to a message. That illustrates the Greeks resistance to engage with a new legislation. It also guided the type of interventions that had to be created to get buy-in from both the café owners and the municipal police.

The first attempt to legislate the ban of smoking in Greece was in 1856 under the Kings Commandment, aiming to prevent smoking in public buildings and working spaces. In 2002, a legislation review extended the application to hospitals, public transportation and educational institutions. However, this law, had a loophole encouraging non-compliance. Following the inefficiency of the 2002 law (WHO, 2015), in 2008 a new law was introduced (L 3730/2008) and was set to start July 1st 2009, with the belief that compliance would be easier during summer, because most people sit outside and not in enclosed spaces.

Official data shows that 73% of Greeks are non-smokers (Eurostat, 2014). Data from the city council indicates that approximately 90% of Trikala citizens agree with the ban on smoking in closed spaces. This implies only 10% would be opposed to the ban being enforced, therefore the key to success was to motivate the supportive 90% in changing the norm. Additional findings demonstrated that many influential groups such as doctors, police officers, and public officials could act as opinion leaders and ambassadors for banning smoking in enclosed spaces. Based on these findings and the framework of the SEM, it was surmised that the non-supporters of the smoking ban, could be convinced to change behaviour, as the primary barrier to adopting the law was driven by the fear of a loss of revenue. Those challenges had to be understood in order to change society dynamics to support increased compliance with the law. Because of the multilevel approach that would be needed to tackle the issue, the social ecological model was deemed to be the most appropriate framework to structure the program.

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**Number: 36**

## **A Citizen Designed Program to Ban Smoking in Enclosed Public Spaces: The Trikala City Programme. Greece**

Conference Track: Using citizen focused design thinking, participative design, actor engagement and co-creation

**Authors: Leonidas Skerletopoulos/Angela Makris**

### **Aims and Objectives**

Guided by a socio-ecological model (SEM), the overall objective of this project was to enforce the ban on smoking indoors in the city of Trikala aimed at restaurant/café/bars owners, the largest group of non-compliant commercial locations in the city. The project aimed at involving business owners, the municipality and citizens to initiate change. The social goal of the program was to protect families and children from the effect of Second-Hand Smoking (SHS) in enclosed public spaces. The economic aim was to convince business owners that by enforcing the law there would not be a decrease in business and profits.

Trikala every December becomes a major destination for families from across Greece. Thousands of families visit the city to attend the "Mill of Elves". The 83,000 population of the city sees an influx of 1.2 million people visit over a 10-day duration (ERT, 2019). This fact triggered the Trikala city council to enforce the no smoking indoors law and protect hundreds of families from exposure to SHS, during their stay in the city.

Trikala city has a long history of urban innovation, starting from 2004 where the Greek Ministry of Economics named Trikala, the "First Digital City" and later the city earned its place in the list of 21 Smart Cities in the

## Citizen Orientation

The design process included meetings with restaurant and café association members, health professionals, stakeholders, the community and city council members. A core Intervention Design Team (IDT) was formed to lead the program implementation, including members of all stakeholder groups. Each open meeting was moderated by the IDT which included citizens - both smokers and non-smokers and shop owners to represent their stakeholder group, which participated in all closed and open meetings. The role of developing and sustaining partnerships was a key element in value co-creation and successful implementation. The stakeholders of the program were, Trikala Municipal Police, commercial and business associations, the Smoking Unit of Trikala General Hospital, Thessaly University, School of Physical Health and Sports Science, Trikala Social Intervention Centre and the Trikala Volunteers Network

Additionally, three open meetings were held to understand the viewpoints of those opposing the law, and another two stakeholder meetings were held to understand their perceived barriers and arguments against compliance.

## The Social Offering

The project aim was twofold. Firstly, to decrease the fear of café/ restaurant and bar owners of the loss of business and revenue from enforcing the law, whilst it was not enforced in neighbouring cities and secondly, to enforce the ban across all of the city through business incentives offered to all owners. Those incentives were free rental of outdoor space in front of their venues for smokers to have a place to go.

The main social goal of the program was to protect the community from SHS, especially families that spend time in Trikala with their children, both locals and visitors over the 10-day festive event.

## Competition Analysis

Survey data indicates that close to 70% of citizens in Greece are non-smokers (Eurostat, 2013), and half of smokers supported the ban of smoking in enclosed public spaces.

However, reality was a different thing, after the decision of the City Council was officially announced, there was strong resistance from both citizens and store owners. A minority of the City Councillors, initially, stood against the program. Furthermore, an unexpected event occurred during a meeting of the City Council, when a group of university students and professors entered the room to light up a cigarette, as an act of opposition. Additionally, restaurant and café owners threatened the Mayor, forcing him to consider the political cost of pressing ahead with the programme. Their basic argument was the negative impact enforcing the law would have on the sustainability of their businesses, arguing that people will choose to spend their weekends in neighbouring towns that permitted indoor smoking.

## Integrated Intervention Mix

The intervention mix of activities is presented below in the following figure (figure 1), based on the De-CIDEDES framework (French, 2011).

Table 1: Activities described through the lens of the De-CIDEDES framework

Inform	1. Three (3) open stakeholder meetings. Three open consultation meetings were organized inviting stakeholders and community to discuss the implementation. 2. One (1) Open Public meeting 3. Flyers: were placed in the restaurant and bar tables 4. Social Media campaigns: Extensive use of Social Media to raise awareness 5. Campaign logo was placed in the door of each participating store 6. Extensive media coverage to raise pride in locals being the first city in Greece, that complies with the law. 7. Sports Teams associated with the initiative. Placed a logo on their communication and clothes demonstrating their support to Smoke Free Trikala Initiative.
Educate	1. Awareness campaigns to primary and secondary school students. Awareness campaigns and material with messages, "I learn not to smoke" and "I learn to be Smoke Free" was delivered. 2. Sports associations were educating their members towards a smoke free attitude. 3. Events to inform on health issues were held in all seven (7) municipalities around Trikala. Participation of doctors and scientists who, after presenting the facts in keynotes, initiated open discussion with the audience answering questions to support the evidence and raise awareness.
Design	1. Opinion leaders, doctors, professors, teachers, police officers, city counsellors were approached, to act as role models and not smoke in enclosed public spaces to help change social norms.

2. Dedicated Website with the complying stores, promoted the social proof.
3. Positioning "Trikala Quit Smoking", was selected to appeal to emotions. The slogan was "It's not a matter of legislation, its fundamentally a matter of civilization"
4. The project team formed an intervention scheme in which participants were citizens, store owners, association reps, officials, experts.

<b>Support</b>	1. All stores had a period to comply, from announcement day to the actual day of enforcement. 2. Motives for owners. Shop owners who participated in the program were offered free public space outside their store, to use and decorate for their smoking clients. 3. Smoking Cessation Unit offered call center support and advise on smoking cessation.
<b>Control</b>	1. Intensive inspections followed the enforcement of the law. 2. Fines were issued even to employees of the Municipality that refused to comply, communicating the commitment.

## Systematic Planning

The overarching framing for the planning of the intervention was the social ecological (SEM) model adapted to health promotion (Mc Leroy et al, 1988), based on the initial work by Bronfenbrenner (1977,1979). This model guided the focus on how the program would build capacity in the community to address change and shape the existing social norms to better structure the process of co-creation for the program. The significance of the social norms of the city cannot be overstated and the role of culture context highlighted the role of all stakeholders in changing existing behaviour and beliefs. It provided a key to understanding the social influence in general and conformity in particular that was a key issue in addressing compliance of the non-smoking law in Trikala, by understanding that learning and communication was happening through the observation of peers. The social norms, which are the accepted standards of behaviour of social groups, were one of the significant barriers to the uptake of the law, especially when watching officials continually breaking the law. The whole of Greece was lax in implementing the ban on indoor smoking. Thus, a casual culture of non-compliance with no repercussions was the cultural norm across the country.

Table 2: Planning guided by SEM model

SEM Level	Description
<b>Individual</b>	Community: The insights provided guidance that vast majority people support the program, but the existing social norms discourage the adoption of beneficial behavior. Shop owners: The fear of losing customers reinforced their belief in the enforcement of the law.
<b>Interpersonal</b>	The implementation of the law by officials and stakeholder groups would create positive results in maintaining the change in behavior not only in encouraging it.
<b>Community</b>	A strong network between multilevel stakeholder organizations and groups, both upstream and downstream would allow citizen orientation and insight driven approach to the solution of the problem.
<b>Organizational</b>	By understanding the shop owners concerns the city council and the IDT could respond by offering an alternative route (or exchange) through incentives and benefits, that would allow owners to comply, yet still serve their customers who smoke. The bars and restaurants are set up with identical smoking outdoor spaces that the community would be able to easily identify as smoking spots.
<b>Policy/Enabling Environment</b>	The absolute enforcement of the law with intensive inspections is necessary to eliminate the fear of owners that they will lose customers from a non-complying shop. This will accelerate the adoption cycle.

Based on the findings of the primary and secondary research and the SEM framework, the intervention activities were focused primarily on the community and organizational level.

## Results and Learning

The program was successful and delivered important findings that shed light on challenges associated with implementing such a programme. Before the initiation of the city wide programme, less than 5% of businesses -approximately five of them - were compliant with the law. A year after the programme implementation, 90% of them were compliant - more than 60 businesses.

During the implementation period, there were significant changes in many of the owners' behaviors. They modified the internal operation of their enterprises spoke with customers, to explain the benefits of being a

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smoke free enterprise for both the customers and the business. An additional challenge for the businesses was helping staff shifts their behavior. Many staff needed support because they were frightened about explaining to customers the regulations were now being enforced and if they wanted to smoke, they would now have to go outside.

Equally important to note, many enterprises initially “bent” the rules, many of the compliant stores were smoke free until 23:00pm, and then allowed smoking. Notably owners had a stronger association with the punishment associated with non-compliance, rather than with a change in their beliefs, this was brought about by the strict adherence to the enforcement of the law. However, one year after the application of the program the majority of the enterprises respected the law and did not allow smoking indoors. A further important outcome was the knock-on effect of the programme, it encouraged two other nearby cities to follow the lead of Trikala (Fortune, 2018, ERT, 2018).

A significant learning was that the program had little effect in smaller communities, and villages around Trikala city. The inhabitants resisted strongly, program implementation had poor uptake as local people and businesses felt strongly that they should have control of their rules and space. This lack of uptake was further exacerbated because of the limited number of municipal policemen engaged to enforce the ban. The program was mainly focused on businesses in the urban area, which turned out to be an issue as less attention was focused on the suburban and rural areas of the municipality.

## Conclusions and Recommendations

The success of the program highlighted the weakness of the main argument against implementing the law i.e. that it discouraged most Mayors from the rigorous enforcement of the legislation, because of the fear of the potential political cost. However, the Trikala program showed that when the law is properly and fairly enforced there is no threat to revenue for business owners. Political ramifications did not occur which was not surprising based on that fact that 70% of adults are non-smokers and about half of the smokers support the legislation.

The Trikala city program and design can be easily transferred and applied at other Municipalities across Greece. This is because the social and behavioural norms which served as barriers in Trikala are the same across all of Greece. The fact that the program worked and has been sustained, with no political ramifications is a testament that it can work in other areas too because of the high context culture of Greece.

Despite the program being successful in Trikala City, a greater level of resistance in small regional communities was observed. Health literacy on passive smoking is very low in these regional communities which may have impeded the change in social norms in the community. The lack of success of the programme was compounded by the limited resources of the municipal police to check on the café and restaurants on the uptake of the law. It is recommended that a survey be conducted followed by a public health campaign in the regional communities surrounding Trikala city on the health impact of passive smoking based on the findings of the survey, aimed at both the community and the café/shop owners to increase understanding of the importance of applying the no smoking law.

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**Number: 43**

## Using Soft Systems Methodology to Improve Midwifery Policy and Practice in Jordan

Conference Track: Using systems thinking to solve complex societal problems and influence social policy

**Authors: Houda A. Khayame, Mona M. Abdeljawad**

### Aims and Objectives

The World Health Organization acknowledges the essential role of midwives as 'front-line service providers' for primary health care and the International Confederation of Midwifery (ICM) includes a large array of reproductive health services in the scope of midwifery practice. However, midwives' role in Jordan to provide maternal and child care is limited, and despite the number of midwives increasing from 1,455 in 2013 to 3,606 in 2017, a shortage of qualified midwives remains especially in remote rural areas. Additionally, a UNFPA report highlights that midwifery is perceived as the least attractive profession in Jordan. Considering Jordan's goal to achieve a total fertility rate of 2.1 by 2040 and Jordanian women preference for female providers, enhancing the role of midwives could significantly promote the use of reproductive health and family planning (RH/FP) services. Therefore, the USAID Jordan Communication Advocacy

and Policy (JCAP) project has engaged into a policy change process in order to enhance the role of midwives. The intervention's objectives were to 1) understand the professional, educational and legal barriers to the midwifery practice, 2) assess the strengths and weaknesses of the Midwifery Law #7 for the year 1959, 3) build constituency for the required legal amendments, 4) advocate for government buy-in and submission of an amended midwifery law to the Parliament.

## Target group focus, segmentation and insight: stakeholder analysis

The Ministry of Health (MOH) is the second largest employer of midwives after private sector hospitals, and the MOH grants midwives' licenses. The MOH relies on midwives to provide RH/FP services in primary healthcare centres, however under doctors' supervision such as conducting normal deliveries and intrauterine device (IUD) insertions. While acknowledging the importance of midwives' role in RH/FP service provision, the MOH management corresponds to the physician-led national model where prenatal, neonatal and postnatal care, and managing normal deliveries, are viewed as medical prerogatives.

The Jordan Nursing Council (JNC) was established in 2002 with the mission of enhancing nurses and midwives accountability and professionalism. In 2016, the JNC developed the "Midwifery Scope of Practice, Professional Standards and Competencies" framework that was not adopted nationally. The JNC also developed the Bylaws #85 for the year 2016 which create "The System of Specialization and Technical Classification in the Profession of Nursing and Midwifery." However, the classification of the midwifery profession was not enacted due to the absence of a legal backup in the current law, and the poor education environment of midwives. The JNC is supportive of legal amendments of the midwifery law in order to support the implementation of the competency based framework and related bylaws.

The Jordan Nurses and Midwives Council (Syndicate) has the mandate to protect the professional rights of its members. Midwives are required to register in the Syndicate in order to ensure that they are treated without discrimination. The Jordanian Nurses and Midwives Syndicate promotes the right of midwives to conduct normal deliveries without medical supervision, to independently admit mothers into hospitals, to receive an equitable remuneration, and create a clear referral system between midwives and gynaecologists based on defined roles in handling deliveries.

The Jordanian Society of Obstetrician-Gynaecologists views that delivering babies is solely within the mandate of obstetrician-gynaecologist physicians. Their argument is that midwives are currently not equipped with the knowledge and skills to detect complications and the time lag of calling in a doctor is risky for the mother. The Society also rejects the idea that specialized midwives can practice their profession independently. The Jordanian Society of Obstetrician-Gynaecologists usually represents the Physicians' Syndicate.

## Citizen Orientation: evidence-based policy process

The policy intervention was designed based on the findings of 1) primary research about gender determinants to the use of family planning and social and cultural barriers impeding women's access to RH/FP services, 2) a situation analysis of the midwifery profession in Jordan, including a literature review and focus groups with midwives working in public and private sectors, 3) a legal review of the Midwifery Law #7 of the year 1959 and 4) a literature review on midwifery legislation in the US, France, the UK and New Zealand. This body of research provided an understanding of the legislative, educational and practice gaps in the midwifery profession in Jordan compared to international midwifery standards. Findings indicated a dominant physician-led model in Jordan, where the obstetrician or another doctor is the lead professional for maternal healthcare. Midwives might be alternative providers but only under the supervision of a doctor. Alternatively, research shows that women and infants benefit more from a midwife-led model, based on continuity of care from initial prenatal care until the early days of parenting. For instance, women were less likely to have an epidural, episiotomies or instrumental births.

## The Social Offering

According to Jordan Department of Statistics, the maternal mortality ratio in 2017 was 19 per 100,000 live births, and the neonatal mortality rate was 11. Studies indicate that the number of deliveries under medical supervision have reached 99% in 2017, which might indicate an over medicalization of maternal care. Indeed, according to Rifai (2016) "Caesarean deliveries nationally in Jordan have increased to 30%, including among births that are likely low risk for the most part. This level is double the threshold that WHO considers reasonable". Furthermore, Jordan is suffering a shortage of

specialist doctors in the public sector, especially in rural areas: four populated governorates (Zarqa, Mafraq, Jerash and Ajloun) fall short of the physician density average of 4.2 per 10,000 citizens. In this context, shifting paradigm towards a midwife-led model will foster competent and empowered midwives who can play a pivotal role in helping Jordan improve its maternal and child health indicators.

## Competition Analysis

In the current context, obstetrician-gynaecologists are midwives' competitors. Their interest is to maintain the status quo where they gain professional prestige and financial return regardless of having or not performed RH/FP acts including delivery. Indeed, the analysis of midwives' practice of delivery has shown that many midwives often perform autonomously but doctors' names are on the birth certificate delivered by the hospital. Thus, transforming power dynamics to the benefit of midwives is perceived by obstetrician-gynaecologists as a threat to their professional status and a loss in their financial income.

## Integrated Intervention Mix: Soft Systems Methodology (SSM)

### Stage 1. Identifying a problematic situation

In 2016, the Minister of Health issued a decree allowing midwives in the public sector to perform IUD procedures without medical supervision but the decree was inconsistently applied. A national committee "took a [systemic] design turn" (Ison, 2017) by considering the whole midwifery system, and raised issues related to legal impediments including poor education, insufficient clinical training, and doctors' power over midwives. Thus, USAID/JCAP and JNC facilitated the committee's efforts through a SSM cycle (Chekland & Poulter, 2006) to embrace the situation's complexity, acknowledge multiple worldviews, facilitate worldviews "accommodation", design an activity model that is desirable and feasible for policy improvement, and implement policy change actions (Figure 1).

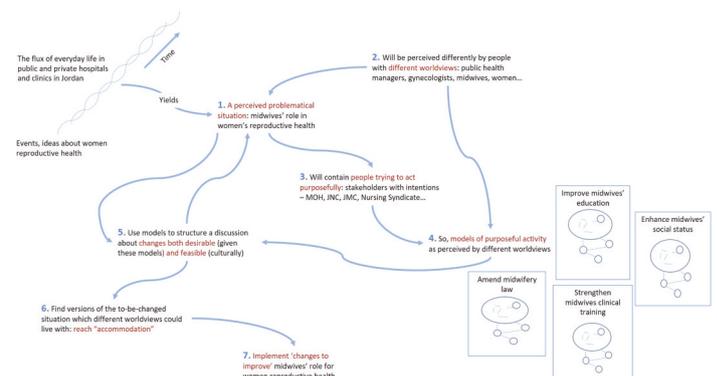


Figure 1. SSM's cycle of learning for action to improve midwifery policy (adapted from Checkland & Poulter, 2006)

### Stage 2: Problematic situation expressed (rich picture)

Rich pictures are recommended at this stage, as they help visualize interacting relationships, stakes at hold and emotions involved.

Figure 2 reveals multiple actors with conflicting worldviews about the role of midwives.

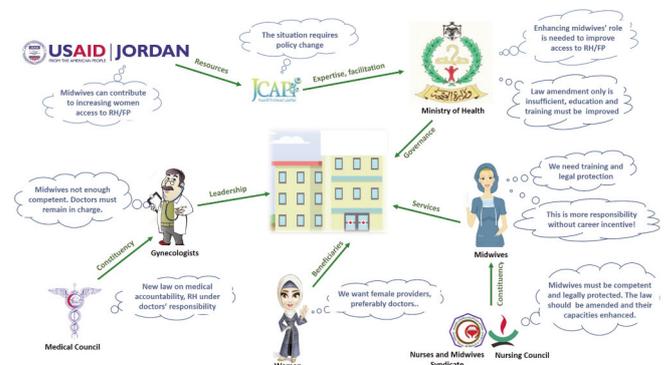


Figure 2. Stakeholders' views on midwives' role in the provision of women RH/FP services

### Stage 3: Formulating relevant systems

The policy change process started in December 2016 with the formation of the National Committee to Review Legislations and Policies related to Midwifery chaired by JNC. JCAP provided a situation analysis and a

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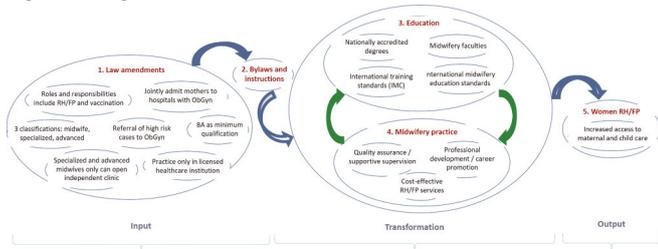
review of the Midwifery legislations to yield insight and help formulate 'root definitions' that are the 'essences of the processes implied by the relevant system to improve the situation' (OU, 2017). The CATWOE checklist recommended by Checkland and Poulter (OU, 2017) was adapted in table 1 below to guide the writing of a root definition:

**Table 1. CATWOE checklist for root definition of a relevant system to improve midwifery policy in Jordan**

<b>C</b> Customers of the system	Midwives and ultimately women are 'those who are on the receiving end of whatever it is that the system does' (OU, 2017). Women prefer female medical professionals but have minimum access to female physicians in rural areas. Midwives are currently conducting normal deliveries in MOH hospitals under medical supervision and without taking credit or financial incentives. Tasks such as IUD insertion were added to midwives' job description but without incentive. In theory, midwives are allowed to conduct normal deliveries and insert IUDs under medical supervision; in reality, midwives practice independently without being recognized. Midwives expect their technical competencies, career development and social status to be enhanced.
<b>A</b> Actors	Institutional actors (MOH, JNC, Nurses and Midwives Syndicate, Universities, and Parliament) are the individuals and groups who will carry out the activities envisaged in the relevant policy change system. They are supported by policy champions e.g. a Member of the Senate and a national advocacy figure for women rights.
<b>T</b> Transformation process	The stakeholders agreed that shifting the power dynamics from physicians to midwives is the core part of the transformation process to improve maternal and child health services. Amending the law, which subsumes bylaws and instructions, provides the legal backup necessary to trigger this shift in power dynamics. Further, the law can englobe diverse areas addressing the need to enhance midwives' professional status such as education.
<b>W</b> World views	The world views that guided and informed the selection of the relevant system saw midwives as untapped although essential human resources to help increase women's access to cost-effective and high quality RH/FP services. The JNC adopts the International Confederation of Midwives (ICM) definition and scope of practice where midwives practice independently however this definition is not enshrined in national legislation. Gynecologists' world view is that Jordanian women favor the physician-led model, and that midwives are not qualified enough to detect complex cases independently. Alternatively, a recent law on Health and Medical Accountability has challenged doctor's token "supervisory role" as doctors would be held accountable for malpractice even for acts performed by midwives on their behalf. Hence, gynecologists' worldviews support clarifying roles and responsibilities between them and midwives.
<b>O</b> Owners	These are the gatekeepers of the transformation process, who could either foster or impede the policy intervention. Owners vary according to the stages of the policy change cycle. The main gatekeeper at the initial stage of the transformation was the JNC that made the case for the shift to a midwife-led model. The JNC engaged allies including the Nursing and Midwives Syndicate, the Royal Medical Services, influential experts from Jordanian universities and the MOH Director of the Nursing Department. In the second stage, the JNC yielded its leadership to the Minister of Health who formed a national committee under the leadership of the MOH. In the parliamentary stage, ownership would be shared between the MOH, the JNC and the Nursing and Midwives Syndicate.
<b>E</b> Environmental constraints	The relevant system for policy change would mainly face political challenges in terms of power dynamics between groups seeing midwives' empowerment as necessary for women's health, groups seeing it as a threat on the quality of maternal care and others seeing it as a loss of professional power and financial income. Moreover, the perception of midwifery as the least appreciated healthcare profession in Jordan reflects a low social status for midwives, which represents a barrier to their enhancement in the Jordanian healthcare system.

## Stage 4: Designing a conceptual model

Thus, the root definition of the relevant system was formulated as "A legal amendment that supports a midwife-led model defining midwives' role, setting mandatory education and training standards, and providing a legal protection to the midwifery practice", which led to the activity model designed in Figure 3.



**Figure 3. Policy change as a relevant system to improve midwifery practice and women RH/FP healthcare**

## Stage 5: Comparing model and real world

The midwife-led model undertakes that midwives are qualified and have the basic competencies to assume their professional responsibilities independently. However, the majority of midwives do not have a

bachelor's degree, and there is no referral system that clearly frames midwives' acts in relation to obstetricians. Considering the fundamental element of midwives' education, consultation meetings have been conducted with five universities in Jordan to assess the potential for introducing midwifery programs qualifying for Bachelor and Master Degrees. This assessment revealed a scarcity of qualified faculties to teach undergraduate programs. The law amendments detailed in figure 3 are the outcomes of several iterations of draft amendments that were debated during meetings of the national committee. The boundary interaction between the legal concepts and the real world was translated into "more realistic" provisions of the law amendments.

## Stage 6: Systemically desirable and culturally feasible changes

Stakeholders except the Jordanian Society of Ob-Gynaecologists agreed on adopting the midwife-led model and drafted the law amendments following an interactive consultation process to accommodate conflicting worldviews about midwives' roles. Despite setting a Bachelor's degree as a prerequisite for midwifery practice, the amended law allowed midwives who are currently in practice to continue regardless of their qualification level. It also provided time for universities to create a midwifery program leading to the Bachelor's degree starting 2023. The amended law instructed the creation of bylaws defining a referral system between doctors and midwives; and created a career path for specialized and advanced specialized midwives who would be allowed to open independent practice if they have adequate experience. The issue of allowing midwives to conduct normal deliveries that was initially contested by physicians was seen desirable given the enactment of the new medical accountability law.

## Systematic Planning

**Table 2. Stage 7: Taking action**

Political ownership and leadership	February 2018	The Minister of Health formed and chaired the National Committee to Promote the Role of Midwives in Jordan.
Building constituency	July 2018	A Midwifery National Validation workshop gathered over 100 participants, mostly midwives, to present the results of the situation analysis of midwifery in Jordan and the legal analysis, and agree on desirable and feasible changes to improve the situation of the midwifery profession in Jordan. The participants validated the shift to the midwife-led model and the law amendment.
Fostering policy change process	August 2018	USAID, the Prime Ministry and the MOH approved updating the midwifery law as a Condition Precedent for direct assistance funding.
Law amendments adoption	October 2018	A consultative workshop gathered 64 participants to discuss the amended articles. The National Committee adopted the final draft of the amended law with the reservations of the Jordanian Society of Obstetrician-Gynaecologists and the Private Hospitals Society.
MOH approval	November 2018	The Minister of Health transferred the amended midwifery law # 7 for the year 1959 to the Prime Minister.
Amended law endorsement	January 2019	A Cabinet resolution was issued to transfer the amended midwifery law to the Legislative Bureau that endorsed the amended midwifery law for submission to the Parliament.

## Results and Learning

The SSM process has contributed to initiating a paradigm shift towards a midwife-led model by modifying the legislative framework of the midwifery profession. The SSM principle of acknowledging different worldviews supported an inclusive process of policy dialogue. However, gynaecologists remained opponents of the amendments that have been endorsed by the Legislative Bureau. Hence, the accommodation stage has been partial and it is expected to encounter resistance at the parliament from lobbying groups for doctors' interests. Checkland and Poulter highlight that SSM is an iterative cycle towards a situation's improvement as 'the flux of events and ideas' changes constantly. Indeed, at the policy implementation stage, midwives and gynaecologists will have to collaborate to design the referral system, contribute to midwives training and academic programs, and balance power dynamics in their professional relationship. Ultimately, follow-on SSM cycles would purposefully seek to foster such collaboration to evolve from provider-led models toward a patient-centred care system respectful of women's needs, values and preferences.

## Conclusions and Recommendations

- Using SSM helped USAID/JCAP and JNC effectively and efficiently facilitate a law amendment with the purpose to strengthen midwifery practice in Jordan. However, a paradigm shift in the real-world will require longer term systemic changes e.g. overcoming cultural norms valuing physicians over midwives, and solving the current doctor-midwife divide.

- Jordan educational system needs to be supported to create adequate undergraduate and graduate programs on midwifery; and a scholarship scheme is required to build the academic cadre for these programs. The process of creating qualified midwives would contribute to balancing power dynamics with gynaecologists, enhancing midwives' social status and eventually increasing students' attraction for the midwifery profession.
- Awareness programs for midwives are needed to help them understand their rights, and revamped clinical training is required alongside new academic programs. Consequently, midwives could self-organize in communities of practice that would generate momentum for continuous professional development.

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## Why A Change In Financial Behaviour Does Not Always Trigger A Change In Financial Well-Being?

Conference Track: Promoting and safeguarding financial literacy and wellbeing

**Authors: Tam Nguyen-Cousins, Martin Upton, Helen Roby**

### Aims and Objectives

The main purpose of this study is to explore how to make use of online financial education to promote desirable financial behaviour change and well-being. This study considers online financial education as a potential social marketing product that can be embedded in the theory of behaviour change and social marketing mix to enhance desirable behaviour change. The study seeks to inform the interested parties in applying online financial education in changing unhealthy financial behaviour and promoting financial well-being in designing their intervention strategies. This paper does not focus on assessing the outcomes of the intervention but drawing the relationships between financial education and well-being, the factors that influence financial behaviour, behaviour change and well-being. The financial education intervention was the online Managing My Money course (MMM), which aimed to educate people, giving them knowledge and skills to manage their personal finances. The course offered free access to seven major steps run over 8 weeks that equipped learners with knowledge and skills in (1) Financial planning and the life-course; (2) Income, taxation and benefits; (3) Expenditure and budgeting; (4) Debt and borrowing; (5) Savings and investments; (6) Housing and the household balance sheet; (7) Pensions; (8) Insurance. These steps were developed to support the change in unhealthy behaviours such as over-borrowing; over-spending; under-saving; lack of forward planning and irrational or uninformed choices of financial products.

### Key behaviours

Four in ten people in the UK cannot manage their money. 8 million people are in serious debt while 16 million working age people have less than £300 in savings (The Money Advice Service, 2018). According to The Money Charity statistic, total personal debt in the UK in September 2018 was £1.605 trillion; the average total debt per UK household including a mortgage was £59,008; and the total credit card debt in was £72.4 billion or £2,663 per household (The Money Charity, 2018). These issues are commonly considered a result of low financial literacy levels in the ability to use knowledge and skills to manage financial resources effectively (Collins and Holden, 2014). The lack of adequate financial skills is also a cause of low personal savings rates; high levels of consumer debt; and increases in personal bankruptcy filings (Bell and Lerman, 2005; Lyons et al., 2006; National Endowment for Financial Education, 2004). Hence, this paper focuses on saving and borrowing behaviours to understand why improving individual financial well-being matters.

### Target group focus, segmentation and insight

The course targeted those who need online and open access to learn the essential knowledge and skills to manage or change the way to manage their finances effectively. The course was specifically designed for the UK market but did not limit access to worldwide learners. 3,918 learners joined the course when it started in January 2018. However, only 59.50% of them were active during the course. 12% of learners were social learners who took part in the online discussion platform. 125 of 398 learners who took part in the research also engaged in online discussions during the course. A small number, 7.40% of learners, completed 50% or more of the learning steps in the course. This suggests that most of the learners had a specific learning need for one or more course topics. Hence, they only took part in the steps needed rather than completing all the steps. This paper examined two key segments. Firstly, those who have the attitudes of debtors and are more risk seeking. People in this first group tend to feel more comfortable with borrowing for something that they consider to be essential or often use credit for non-essential items (Vlaev and Elliott, 2014). While people the second group are likely to be savers. They are more risk-averse. Borrowing makes them feel uncomfortable. They only spend within their

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means and adjust the amount of money they spend on non-essentials when their life changes (Vlaev and Elliott, 2014). In addition, this study found two segments that really need financial education. The first group is the most vulnerable population. They have a low financial capacity (income, assets, family or social help etc.) and undesirable behaviours in managing their money. In contrast, the second group includes those who, despite having higher capacity, did not save as much as they should be able to.

## Citizen Orientation

In 2015, 27 million people did not have sufficient savings buffer to allow them to cope with a significant income shock (Financial Capability Strategy for the UK, 2015). In a recent progress report of Financial Capability Strategy for the UK in 2017, there were around 16 million working-age adults, have less than £300 in savings and 8 million people in the UK are in serious debt. 1 in 6 people in that research were over-indebted. Financial difficulty, particularly when it leads to problem debt, is one of the biggest social problems in the UK. The UK Government is working to improve financial capability via a 10-year strategy, 2015-2025. The strategy aims “to support people’s ability to manage money better on a day to day basis, prepare for and manage life events, and deal with financial difficulties” (Money Advice Service, 2017). The intervention in this study was sponsored by the True Potential Centre for the Public Understanding of Finance (PUFin) at The Open University. True Potential LLP funded PUFin to offer open access to the free online courses to improve public understanding of personal finance. The course was an effort to tackle the issues of inequality in financial education, with the hope that open access to financial education offers better opportunities to the disadvantaged population in the UK.

## The Social Offering

Social inclusion is an important aim of the intervention. The intervention seeks to tackle social issues in financial capability. It offered an 8 weeks course with the support of mentors to listen, guide and encourage people at risk of financial difficulty to improve their financial knowledge and skills. This potentially helped them to review their financial matters and to make a future informed decision. The course encouraged learners to save small amounts as a cushion against financial shocks and balance between paying off debt and saving more. The course combined financial knowledge, skills and encouraged learners changing undesirable behaviours. Using the insights from marketing and behavioural science in the course design, people were nudged towards better financial habits rather than just to improve their knowledge. Many authors agreed that social capital can contribute to personal well-being (Zorondo-Rodríguez et al., 2016; Costanza et al., 2007). The online discussion platform embedded in the course social engagement between learners and mentors. In other words, the intervention created and offered the social capital to learners. It improved their financial well-being by creating a sense of an online community, where people connected and offered their social support to tackle financial issues of their own and others in that community. For those struggling financially, the successful stories offered free lessons, encouragement and hope for a better future. While the unsuccessful stories showed people which paths not to follow and the importance of keeping up with desirable behaviours of budgeting and planning ahead. The intervention created an open source of knowledge that brings people together to tackle a social issue.

## Competition Analysis

The Open University is a leading educational institution for offering online financial education to the public in the UK. While there are various organisations also offering some sources of free financial education to the public including the Money Course (themoneycourse.org), the Money Charity (themoneycharity.org.uk) or Learn My Way which is owned by Good Things Foundation (learnmyway.com). The Money Course and the Money Charity offer face-to-face courses at schools, colleges, universities, work environment, community centres etc. In contrast, Learn My Way is more like Future Learn, offering free access to online courses. The common benefits that these organisations offer the public are free courses covering various subjects, including financial knowledge, skills, tools and guidance to better manage individual personal finances and to improve individual financial well-being. The face-to-face training model from The Money Course and the Money Charity have a different method of engaging with target audiences and works well for those who prefer not to learn online. However, this model has limited access to wider audiences and more time-constraints than the online courses from Learn My Way and Future Learn. Likewise, the MMM course on Future Learn has benefits that Learn My Way courses do not have. The unique selling

points of the MMM course is the online mentors and discussion platforms with facilitators to encourage learners to engage with the course. This online learning environment creates a sense of being part of a community. It makes people feel more interactive and inspires learners to share their issues or learn from others unsuccessful or successful stories in managing their money. Learners can access the MMM course anytime, anywhere for eight weeks. It is also important to stress that PUFin did not set out to compete with other courses. It purely set out to benefit the public by filling the gap in financial education needs. The unique value in competition in social marketing in comparison to commercial marketing is that all organisations usually do not try to compete with each other, but work together to achieve the same goals of promoting a large desirable change in personal finance.

## Integrated Intervention Mix

This intervention used an integrated intervention mix including product, price, place, promotion, people and social co-creation in designing the course.

*Product and Service:* The intervention focused on changing saving and borrowing behaviours. Using the insights from marketing and behavioural science to select useful information, practical skills and other techniques to make small changes. It helps in improving individual confidence as well as nudging them towards better financial habits and behaviour rather than just improving knowledge. The service delivered by mentors that provides learners with guidance to deal with their financial issues.

*Price:* This financial education intervention was free, hence, there was not a “price” that the participants had to pay but there might be other obstacles they might have to overcome. This might be time investments, practice, financial capacity, change of lifestyle or more when it involves spending and borrowing less but saving more. The organisers covered all the costs of running the intervention to offer the benefits to target audiences. This is the pure “social” value in this educational intervention.

*Place:* The online Managing My Money course offered open access to the public with the expectation that an easy availability of the product would attract the participants (Strand, Rothschild, & Nevin, 2004, see Edgar, Huhman and Miller, 2015). The intervention also created an online market place where target audiences exchanged their knowledge and experience in making a change in their cognition, behaviours and well-being. They give and take tips from each other on how to save or survive a financial difficulty.

## Promotion Through Internal and External Channels

The intervention was promoted through internal and external channels. The marketing team at Future Learn and Open University advertised the course to the huge database of their existing learners in the UK and worldwide for months before the course started. Public relations management was outsourced to an external agent who dealt with media relations. For external channels, they used both free and paid channels, such as BBC radio, printed magazines and newspapers. The information about the course was shared with their partners such as the UK universities, colleges, British Council and other financial advice sites, such as moneysavingexpert.com. Traditional media channels such as BBC radio, printed magazines and newspapers were used. While social media channels such as Facebook or recruitment websites were also used. Other referral channels such as search engine optimisation (SEO) techniques were also useful to promote the course on Google, Yahoo etc.

## People and Co-creation through Online Social Markets

People are one of the key values of this intervention. The design and process of delivery of the intervention involved the contributions from both the organisers and the target audiences. While the course leader and mentors who are experts in the field offered the knowledge, skills and guidance in managing personal finance effectively, learners contributed their own useful knowledge and experience. By sharing their own case studies, gave advice, or encouraged each other to make a change, the learners together with the mentors created the value to the course through communications in the online social market.

## Systematic Planning

Financial well-being (FWB) is very much in an early stage. Studies to develop new tools and practices to measure FWB as well as interventions to improve FWB and financial behaviour are needed (Brüggen et al., 2017). Using other disciplines such as psychology, sociology in marketing studies for financial well-being are encouraged (Brüggen et al., 2017). Especially, how social marketing can promote financial well-being at the individual level needs to be further explored. It

was found an educational intervention does not always result in behaviour change (SeiLing and Shockey, 2006). More empirical evidence of the internal and external factors that promote or constrain the impact of online financial education towards behaviour change is required. A range of behaviour change theories were considered, including; the theory of planned behaviour (Ajzen, 1985; Fishbein and Ajzen, 1975); stages of behaviour change (Prochaska and Norcoss, 1994); financial attitude (Vlaev and Elliott, 2014, OECD, 2011; Rajna et al. 2011; FSA, 2006; Atkinson et al., 2006); financial needs and satisfaction (Maslow, 1954, Tay and Diener, 2011, Mcleod, 2017).

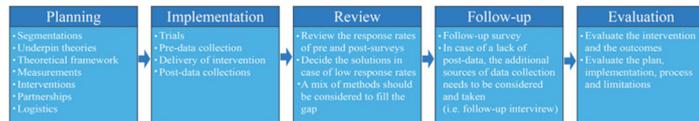


Figure 1: The systematic planning process

## Results and Learning

In this study, there was a low response rate of the post and follow-up surveys. To overcome this a range of different datasets have been used to determine whether a change in behaviour occurred. These include literacy quizzes, tests, surveys, interviews and online platform. These datasets provide an in-depth understanding of our target audiences and fills the gap of missing data from one data collection method. There were 396 responses in the pre-data survey. In addition, there were four sources of data that showed the small-scale impacts of the intervention including (1) fourteen responses in the post-survey, (2) twenty-six responses in the follow-up survey, (3) six interviews and (4) online discussions where learners shared how the course had changed them in different ways. This paper uses some data from these sources to explore the impact of the intervention.

## Results

### 1. The associations between financial well-being and influential factors

The results from various regressions revealed the relationships between perceived financial well-being and influential factors such as financial behaviours, attitudes and capacity. Perceived financial well-being defined as the feelings of learners when they think about their overall financial circumstances. For instance, the more often learners “put money in emergency savings fund” or “saved money from every pay-check” the happier they felt about their finance or the more often they stayed within budget the less nervous they felt about their finance and vice versa. Those who less often “use credit for non-essential items” tend to feel less nervous, tense or worried. In contrast, learners who felt more “comfortable with borrowing for something that I consider to be essential” also felt more anxious and depressed. Moreover, the longer they could make ends meet if faced an unexpected drop in income without borrowing the more satisfied they felt about their finances and less anxious, worried, nervous and vice versa. The findings repeated in two or three surveys from small to large sample scale before and after and follow-up the intervention.

### 2. Stages of behaviour change

The survey used 14 items measured participants’ financial management behaviours in the past six months in four domains: consumption, cash management, savings and investment, and credit management from previous studies (Dew and Xiao, 2011) The response set for these questions ranged from 1 (Never) to 5 (Always) and Not applicable. This study translated the five scales to five stages of behaviour change as Pre-contemplation = Never (1), Contemplation=Seldom (2), Preparation= Sometimes (3), Action=Often (4), Maintenance=Always (5). Statistic analysis found 17 learners moved to a new and positive stage of behaviour change with the higher scores in their financial behaviour reported follow-up the intervention. Furthermore, learners were in different stages of behaviour change for individual financial behaviours. They had both desirable and undesirable behaviours. For instance, some learners often “saved money from every pay-check” while also regular “made only minimum payments on a loan” and vice versa. The data from the online discussion revealed that some learners also recalled their decision making of paying off debt over saving more such as clear off their debts before started saving. It means they could not have both desirable saving and pay off debt at the same time due to a limitation in financial resources. These measures did not cover the relapse stage of learners before the intervention. The transtheoretical stages of behaviour change model suggests that as people make progress towards changing their behaviour, they move in a set order through the various stages of

change from pre-contemplation to maintenance, although during relapse, it is possible for individuals to revert to a previous stage (Prochaska et al., 2002). Through online discussion, some learners shared that they relapsed and then went back on track again after years of dealing with challenges. For instance, a learner (age range 56-65, British, single, no children, house owner) disclosed that she had relapsed in saving behaviour due to unexpected changes in circumstances “I had a different, well-paid job and had saved quite a bit. Then my mother got cancer and I became her carer. Then I lost my job. I was unable to work for over three years after mum died, and my savings dwindled”. After that relapse period she “now I have a fulfilling part-time job, but earn much less and as fast as I save a little, it is swallowed by the next emergency. I budget carefully and am thankful that I have so far avoided the debt-ridden situation”. This study suggests that the relapse period is sometimes triggered by an out of control and unexpected individual financial situation, rather than purely because of convincing themselves about the desirability of changing behaviour and maintaining saving itself as suggested by some authors (Xiao et. al, 2002). Another learner had to live on their savings after losing their job. Those who are in this situation need more than a behavioural intervention. They will also need support in finding a way to deal with financial difficulties and a shortage of financial resources.

### 3. Risk attitude and financial attitude

This paper defines financial attitude as individual attitudes towards managing their finances. Risk-averse can be influenced by individual recent experiences or life events (Money Advice Service, 2018). Using the qualitative data from online discussion, the keyword “risk-averse” was coded following learner ID number then exported to SPSS to run statistical analysis. A regression found that the more risk-averse attitude the learners had the more resilience they developed to resist pressure to “keep up with the Joneses”. Interestingly, many of risk-averse learners suggested that they would take more risks with their money if they have much more money. Some of the risk-averse learners realised that they should learn to make an informed decision to take reasonable risks so that they can make more money than keep it in savings accounts that are gradually devalued. They also anticipated the needs and wants while spending and budgeting their expenses to prevent being trapped in debt. They were enthusiastic to learn how to save more to buy a house, how to make informed decisions about borrowing, considering the priority between paying off debt or saving more, how to make the most of their savings wisely or where to start planning for their pension etc.

## Evaluation Outcomes

The changes of some key variable are reviewed to assess the outcomes of the intervention including financial behaviour/attitudes, attitudes towards making a change, knowledge, capacity and well-being.

### 1. Changes in financial behaviours

A pair sample t-test was carried out to explore the changes in financial behaviours of learners before the intervention and followed-up six months after the intervention. The value of t was negative in the test which suggests that the follow-up scores were higher than before the intervention. Some changes in financial behaviours before and after the intervention were found significant among learners. As a result, learners more often when shopped around for financial products and services after the intervention ( $t=-3.040, p<0.05, df=19$ ). Learners were putting money in emergency savings fund ( $t=-2.268, p<0.05, df=19$ ) and saving for a long-term goal ( $t=-2.300, p<0.05, df=15$ ) more regularly after the intervention. However, a significant change in borrowing behaviour or paying off debt was not found.

### 2. Changes in financial attitudes

The changes in financial attitudes six months after the intervention were exposed by a pair sample t-test. It was suggested that the follow-up scores were higher than before the intervention as the t value was negative. The p value  $<0.05$  means the changes were significant. Learners agreed that they felt on top of their monthly outgoings ( $t=-2.915, p<0.05, df=17$ ); knew the detail of their financial situation at all times of the month ( $t=-2.298, p<0.05, df=17$ ) and felt comfortable dealing with financial matters ( $t=-2.496, p<0.05, df=17$ ) more strongly than before the intervention.

### 3. Changes in attitude towards making a change in financial behaviour

When learners were asked to think about changing the way they manage their finances before and after the intervention, learners agreed that they felt that they had the necessary knowledge and skills to manage their finances ( $t=-2.803, p<0.05, df=17$ ) more than before the intervention.

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## 4. Changes in financial knowledge

### 4.1. Self-assessing financial knowledge

There were changes in the self-assessments of learners towards their financial knowledge as a result of a t-test. Six months after the intervention, learners evaluated their knowledge significantly better in Financial Planning for the future ( $t=-2.843$ ,  $p<0.05$ ,  $df=20$ ), Consumer credit and borrowing ( $t=-3.205$ ,  $p<0.05$ ,  $df=20$ ), Mortgages/home loans ( $t=-3.167$ ,  $p<0.05$ ,  $df=20$ ), Debt management ( $t=-3.133$ ,  $p<0.05$ ,  $df=19$ ), Savings ( $t=-2.276$ ,  $p<0.05$ ,  $df=20$ ), Pension ( $t=-2.227$ ,  $p<0.05$ ,  $df=20$ ), Insurance ( $t=-4.512$ ,  $p<0.001$ ,  $df=20$ ). The improvement in the knowledge of insurance was the most significant.

### 4.2. Assessing financial knowledge objectively using quiz and test.

The financial knowledge of learners was assessed objectively using the quiz method. This method requires a repeated measure before and after the intervention. Hence, the questions in the quiz were selected from the questions in the tests at the end of the weekly step. The quiz was embedded as a part of the course contents and learners were encouraged to complete the quiz at the very start of the weekly step. Each quiz had between 1 to 3 questions selected from the weekly tests. The scores from the quiz measured learners' financial knowledge before the intervention while the result of these weekly tests was considered as a measure of learners' financial knowledge post the intervention. It is important to stress that learners had to pay a small fee to upgrade to gain access to complete weekly tests and obtain a certificate of achievement. This might be the reason for the limited responses to the weekly tests which resulted in the lack of post data while assessing learners' financial knowledge before and after the intervention. There were only 14 people upgraded but not all of them completed all the tests. As a result, there is inadequate data to run a t-test on the objective changes in financial knowledge using the quiz and tests. Only the first step of "Financial planning and the life-course" found a significant change and positive improvement in financial knowledge after the intervention ( $t=-2.197$ ,  $p<0.05$ ,  $df=13$ ).

## 5. Changes in financial capacity

A change in the financial capacity of learners was also found in a t-test. Learners revealed that length of time they could make ends meet if faced by an unexpected drop in income without borrowing was longer than before the intervention ( $t=-2.111$ ,  $p<0.05$ ,  $df=18$ ). This might be a result of better ability to manage finances thanks to an improvement in financial knowledge, behaviours and attitudes.

## 6. Changes in financial well-being

There was not any significant change in perceived financial well-being before and after the intervention. This may be caused by insufficient changes in the influential factors. Furthermore, it requires more financial behaviours to be changed simultaneously to perceive a significant positive change in perceived financial well-being such as "happy". For instance, the regressions found that after the intervention, a positive improvement in learners' behaviour of "paid all your bills on time" and "paid off credit card balance in full each month" could predict an improvement in feeling "happy" among learners. However, the changes in these two behaviours after the intervention were not statistically significant, hence, a significant change in feeling "happy" also did not happen. Furthermore, there was not a significant change in satisfaction in the financial needs of learners after the intervention.

### Learning outcomes

Studying behaviour change and financial well-being requires long-term observations to assess rigorously the impact of an intervention such as financial education. The challenge of a longitudinal study is a lack of follow-up responses from participants. Without full participation of audiences in all stages of data collection, it is very difficult to assess the impact of the intervention on an individual and the audiences as a whole. A flexible approach in dealing with data collection is important. Using a mix of research methods to make use of different relevant sources of data is needed to fill the gap in data as much as possible.

## Conclusions and Recommendations

### Conclusion

Understanding financial well-being and its influential factors are challenging due to the complexity of associations between a variety of elements. There is not a straight forward answer as to why there were some changes in behaviour, attitudes, attitudes towards making a change, knowledge, capacity, but these did not result in a significant change in financial well-being. It might be that the level of change in the

influential factors was not large enough to trigger a change in financial well-being. It could be that some changes in the influential factors are not enough to transfer to a significant change in financial well-being. It might require a change in all indicators in each influential factor. A lack of post-data makes it difficult to justify the causes of this result.

### Recommendations

There are some ideas for the course managers to improve the impact of the intervention. Firstly, designing follow-on online bespoke courses to tackle the specific needs of different segments. By categorising learners' stages of behaviour change to promote other interventions to target individual behaviours. People need financial education at all stages of behaviour change. However, it is, especially important to those are at Pre-contemplation, Contemplation and Preparation stages. The educators should consider offering a free tool to build budgets or manage money that has app and web access. This would be a useful channel to maintain the relationship with their target audiences. It also helps measure the impact of an educational intervention, as well as designing new courses based on reports on data collected through the tool. Educational programmes should add in steps to support behaviour change. More tools and information showing real examples of people from different backgrounds, such as those on low-income and the youth, who have made positive steps forward should be included. Encouraging more learners to be involved and engaged with the course to make it useful and applicable to them is crucial. Interventional product development which offers flexible choices of learning, allowing learners to pick and choose partial or full courses, that are applicable to their individual circumstances or levels of knowledge and different stages of behaviour change, would be beneficial to all the segments. Additionally, specific courses or different ways of attracting people from different segments, such as for low-income individuals, pensioners or the youth, may be appropriate. The behavioural change sessions also should be designed for different behaviours. The behaviour sessions cover the knowledge and tools to support an individual during the stages and processes to make a behaviour change. The challenge and how to overcome it to achieve the rewards of having an improvement in personal finances and financial well-being.

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**Number: 86**

## **Social Marketing to Change Gift Giving Behavior, Decrease Consumption and Improve Well-Being**

Conference Track: Global climate change, environment protection, overconsumption and sustainability

**Author: Kelley Dennings, New Dream Advisory Committee, New Dream, USA**

### **Abstract**

Research has shown that not only does decreasing consumption support the environment; it is also good for our health and well-being (Kasser, 2002). New Dream's mission, as a national non-profit organization, is to empower individuals, communities and organizations to transform their consumption habits to improve well-being for people and the planet. In collaboration with New Dream, the overall goal of this project was to use social marketing to learn how best to motivate individuals to shift some purchases from material gifts to experiential gifts during the 2017 winter holidays. Specifically, the purpose of this study was to explore the attitudes, awareness, barriers, benefits, and any existing behavior around the topic of giving experiential gifts and how those results would inform the intervention. Survey respondents were segmented into six groups – participate in outdoor activities, greenminded, happiness level, millennial, income level, and race/ethnicity. Overall, study findings support that those with less material things are happier. In addition, significant differences between segments were found, so multiple messages, graphics and interventions were used to appeal to different priority groups. Although cost was not a top challenge, creating and sharing inexpensive experiential gift ideas was important as those with a high income were more likely to give an experiential gift than lower income individuals. Also, messaging around both top benefits associated with experiential gifts (e.g., lasting memories and uniqueness) was included in the intervention material as it varied between whites and non-whites. Survey results showed that millennials were willing to use an online wish-list to share their gift requests with family. This also was part of the campaign strategy. The campaign included a Simplify the Holidays pledge where individuals committed to giving at least one experiential gift instead of a material gift. In early January of 2018 we sent a post-pledge survey to the 241 Simplify the Holidays pledge takers to ask questions about how their experiential gift giving activity went. Sixty-nine post-pledge surveys were received. The results showed that 83% followed-through on their pledge and gave an experiential gift; 59% of gifts were given to family; 42% of experiential gifts were done within 2 weeks of giving and 33% increased their satisfaction with life after the holidays, but 28% had their satisfaction with life go down after the holidays. Additional research around this topic could include: 1) barriers to giving an outdoor experiential gift, 2) the role of social norms, 3) testing a public health messaging frame, and 4) how to decrease consumption as income increases. The results of this research support the social marketing body

of knowledge for use with waste reduction and its effect on the environment and health.

**Aims and Objectives:** The document, *Principles of Ethical Practice of Public Health*, describes how people and their physical environment are interdependent - People depend on natural resources and a damaged environment has an adverse effect on health. However, people also effect the environment through consumption of resources and generation of waste (Public Health Leadership Society, 2002). The goal of this social marketing campaign was to motivate individuals to shift some purchases from material gifts to experiential gifts during the winter holidays, thus increasing time spent with friends and family and in the out-of-doors leading to a boost in long-term happiness and overall well-being, along with supporting the environment by decreasing consumption.

New Dream has a very popular winter campaign called Simplify the Holidays because more waste is generated during that time of the year. The behavioral objective for this campaign was to have a holiday gift giver present at least one experiential gift to a friend or family member during the 2017 winter holidays. Experiential gift examples include: going someplace with friends or family like to a winery, concert, sporting event; getting out in nature by camping, picnicing, skiing, or traveling to a nearby town. This might also include doing a class together like cooking, painting, wildflower identification, etc.

### **Target group focus, segmentation and insight:**

The project's priority audience was millennials or green-minded individuals. Research shows that green-minded individuals do not do pro-environmental behaviors consistently, so this intervention could help (Binder, 2017). In addition to running the statistics on demographic questions we also created a few indexes based on a series of questions asked within the survey. So segment responses by those that do outdoor activities, those that are "greenminded" and their personal happiness level were also calculated.

For the resaerch noted below, millenials were more likely to create an online wish list to share with a family member, more likely to say they would be happier if they could buy more things and less likely to carry a reusable bag. Those at higher income levels were more likely to give an experiential gift and less likely to wear thrift store clothes and use cloth towels. Those with less income are less likely to have taken a trip in the last year. Non-white's were less likely to eat out, less likely to carry a refillable bottle and more likely to use cloth towels versus paper towels. They also differed in their belief of the top benefit to giving an experiential gift to a friend. They believed it would provide lasting memories, whereas non-Hispanic whites felt the top benefit was that it would be unique. Non-white's thought the top challenge to giving an experiential gift to a family member would be that it is hard to think of an age-appropriate experiential gift versus non-Hispanic white's saying the top challenge is that it is hard to schedule a joint activity as an experiential gift.

For the three indexes we created there were some statistical differences. If you ranked higher on the happiness scale you felt less need for material things. Those that do outdoor activities were not different than other responders, but if you were someone that didn't do outdoor activities you were also less likely to eat out, take a trip, go to the movies and carry a refillable bottle or mug. Finally, the hypothesis was that if you were greenminded you would have a higher environmental ethos and have statistically different responses. That was true. However, even greenminded individuals have room for improvement. They do not "always" pick the most environmentally friendly action.

### **Citizen Orientation**

The research included a scientific literature review and four focus groups (one specifically with millennials).

Technique	Sample Size	Source
Literature Review	Not applicable	Journals
Focus groups – all ages - regarding gift giving behaviour	13 people – one conducted in North Carolina, one in Virginia and one in Louisiana	Convenience sample from friends, family, colleagues, the community and listservs
Focus group – millennials – regarding gift giving behaviour	4 people from American University in Washington, DC	Convenience sample

Two surveys were conducted to better understand the barriers and benefits associated with experiential gift giving and the types of waste prevention activities currently being conducted.

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Technique	Sample Size	Source
Paid survey audience	189 participants from NC, good age, education, income and race diversity	Survey Monkey
Unpaid survey audience	790 participants from across the US, higher educated, higher income, non-Hispanic white females	Convenience sample from friends, family, colleagues, the community and listservs

## The Social Offering

The actual product or behaviour we promoted was giving an experiential gift versus a material gift. The core product was that experiential gifts increase personal health and well-being along with supporting the environment. The augmented product to enhance adoption were tools, templates and technology to request experiential gifts or offer skills or hobbies one has as a gift. Our social offering/positioning statement was “We want millennials to see experiential gift giving as an easy way to help the environment and increase their health and well-being; and as more important and beneficial than material gift giving”.

## Competition Analysis

As noted in Table 1 below, the competition uncovered was that giving an experiential gift is hard to schedule if people live in different towns or have limited schedules.

Table 1. Response differences between friends and family

Question	Friends	Family
Have given an experiential gift	52%	55%
Top benefit of experiential gift	They are more unique, different or special (41%)	Provide lasting memories (46%)
Top barrier of experiential gift	Hard to schedule a joint activity if in different town (20%) and due to limited schedules (20%)	Hard to schedule a joint activity if in different town (21%)
Plan to give experiential gift	2.80	2.89
They would support me in giving an experiential gift	3.59	3.75
Willing to share personal hobby as a gift	3.46	3.53

## Integrated Intervention Mix

This intervention used the 4 P’s marketing mix. The product was giving an experiential gift. Common price issues were time and money. To decrease the price associated with giving experiential gifts we provided easy-to-understand tips that included creative gift ideas for all ages and budgets. The place component was online to advertise the intervention and promote the tools to help giving an alternative gift. However, the actual experiential gifts happened away from a computer out in the world with friends and family. Promotional strategies included New Dream’s website, newsletter, social media, earned media, and Google ads. Promotional messages involved the following themes: tradition, giving something unique, and making lasting memories.

## Systematic Planning

This campaign utilized the Theory of Planned Behavior. The theory states that if people see the suggested behavior as positive (attitude), if they think others want them to perform the behavior (subjective norm), and if they have confidence in their ability to perform the behavior (self-efficacy) this results in a higher intention (motivations) and they are more likely to actually change their behavior. (National Cancer Institute, 2005). The use of a pledge is an excellent way to solicit behavior change. Commitment strategies have been well studied and clear guidelines of how to use them exist. The strongest commitments tend to be specific in nature, obtained privately but displayed publicly, and signed (rather than verbal or online). The New Dream intervention pledge followed these guidelines.

After someone submitted their online pledge to give an experiential gift they received 3 weekly emails between Thanksgiving and Christmas. The emails addressed the barriers we heard in the research. We had 241 pledge takers from all across the country. These pre-intervention pledge takers answered questions about their behavioural intention and happiness levels. In early January we sent a post-pledge survey to the 241 pledge takers to ask questions about how their experiential gift giving activity went. Sixty-nine post-pledge surveys were received and 23 states were represented.

## Results and Learning

Intervention results showed:

- 83% followed-through on their pledge and gave an experiential gift

- 59% of gifts were given to family
  - 43% planned to give to family and friends but only 13% did
- 42% of experiential gifts were done within 2 weeks of giving
- All experiences that were done were rated as “good” or “excellent”
- 91% said they would give an experiential gift next year
- 33% increased their satisfaction with life after the holidays, but 28% had their satisfaction with life go down after the holidays.
- 64% said they were somewhat satisfied to very satisfied with life after the holidays. This was up from 58% before the holidays for this same group of people.
- 1% said they were unsatisfied to very unsatisfied with life after the holidays. This was down from 7% before the holidays.
- 6 people increased their life’s satisfaction more than 1 point – 2 people increased by 4 points.

## Conclusions and Recommendations

The top conclusions to this project were those with less things are happier. It also showed that there are differences between various segments so one message, program or action does not fit all. Those that are greenminded have room for waste prevention improvement too and finally, we need to move beyond carrying a refillable water bottle or using a reusable bag as a way to get to waste prevention.

In the future we would like to use the social ecological model to move beyond individual behaviour change to larger systematic change for waste prevention. Additional research to continue supporting this work could include: 1) barriers to giving an outdoor experiential gift, 2) the role of social norms, 3) testing a public health messaging frame, and 4) how to decrease consumption as income increases.

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## Number: 93

### Be her Pre-Testie Bestie – an audience-first approach to reducing the number of babies exposed to alcohol in early pregnancy.

Conference Track: Reducing the impact of addiction including substance, misuse alcohol, tobacco and gambling.

**Authors: Kathy Compton, Marketing Team Lead, Health Promotion Agency, New Zealand**

## Aims and Objectives

Drinking alcohol during pregnancy can result in pregnancy complications (including miscarriage, stillbirth and premature birth) and a child being born with lifelong physical, mental, behavioural and learning disabilities (collectively known as Fetal Alcohol Spectrum Disorder or FASD).

Prevalence of FASD is conservatively estimated at 600 New Zealand children born with FASD each year (Conner and Casswell, 2012), with an estimated cost of \$1.6-\$2.4 million per child over their lifetime (Elliot et al, 2008).

Our organisation’s alcohol-free pregnancy strategy aims to prevent FASD and contributes to the government’s action plan - Taking Action on Fetal Alcohol Spectrum Disorder: 2016-2019. The intention of this strategy is that women who are pregnant, trying to get pregnant, or who could be pregnant are aware of the risks of drinking, motivated and able to choose not to drink, and are supported in this choice by physical, social and policy environments and services around them. This case study focuses on one of the actions this organisation takes as part of the FASD prevention strategy (a public-facing behaviour change campaign).

A key objective of the alcohol-free pregnancy strategy is to reduce the number of babies exposed to alcohol in early pregnancy.

The strategy also seeks to influence:

- the percentage of audience who would stop drinking if there was any

chance they could be pregnant;

- the percentage of audience who have considered if they could be pregnant before drinking;
- the percentage of audience who have supported someone who is pregnant to stop drinking; and,
- the percentage of audience that have encouraged others to consider if they are pregnant before drinking.

## Target group focus, segmentation and insight

The primary audience for the alcohol-free strategy is young New Zealand women aged 18 to 30 years of all ethnicities but particularly Māori, who drink alcohol at moderate to high levels and are sexually active. These women are not currently pregnant or planning pregnancy.

The secondary audience is key supporters and influencers of young women. These supporters tend to be female friends and family members.

The primary audience often drink at hazardous levels and have high levels of unplanned pregnancy. This puts them at higher risk of drinking alcohol during the early stages of pregnancy which can result in children being born with FASD. Alcohol can affect a developing baby throughout pregnancy, including before a woman knows she is pregnant. There is no known safe amount and no known safe time to drink alcohol during pregnancy.

Communicating effectively and sensitively to young women who are not planning pregnancy has particular challenges. Drinking is a common and socially sanctioned behaviour, sex and pregnancy are sensitive topics and their environments are filled with competing priorities.

There is a lack of awareness or belief that any amount of alcohol, consumed at any time in pregnancy (especially around the time around conception), can cause permanent damage to an unborn baby. Inconsistent messages about drinking during pregnancy are being provided by a range of sources including health professionals.

It is common knowledge that smoking, soft cheeses, raw meats etc can harm a developing fetus, but there continues to be a good deal of debate about the effects of alcohol during pregnancy. Women are willing to change diets when they are pregnant and there is a strong perception that smoking is bad in pregnancy, but awareness and acceptability of drinking alcohol at some point in pregnancy seems less clear.

## Citizen Orientation

Learnings from an initial phase of marketing activity to young women showed:

- the audience wanted shocking, memorable or funny content to grab their attention;
- drinking scenarios needed to be relevant and relatable to their circumstances eg, not necessarily party scenes;
- the topic of drinking during a possible pregnancy is more relevant to someone they know rather than themselves;
- the need to be careful that communications don't ignore a woman's right to choose whether to keep baby, or to imply that all sexually active women shouldn't drink.

Testing of approaches to messaging through Facebook showed the audience responds well to a light-hearted, humorous approach to the issue.

A Sector Leaders' Group made up of health practitioners and industry body representatives was formed to advise on strategy approaches from a health perspective. Getting key message alignment across consumer and health settings was identified as a key step to reduce audience confusion and reduce barriers to behaviour change.

## The Social Offering

The alcohol-free strategy seeks to:

1. Influence young women who think they might be pregnant to be alcohol-free until they have confirmed they're not pregnant - ensuring the healthiest start for a potential pregnancy.
2. Influence friends of young women who think they might be pregnant to help them stay off alcohol - solidifying their 'bestie' status by giving sound advice and helping to ensure the healthiest outcome for their friend and a potential baby.
3. Influence health professionals to provide accurate information about drinking during pregnancy - ensuring the healthiest outcome for patients and their babies.
4. Influence regional health promoters to leverage the national

marketing campaign at a local level - helping to address health inequities and meet health targets and objectives.

5. Influence the alcohol industry to provide clear unambiguous messaging about drinking during pregnancy on products - demonstrating that they are a responsible industry.

## Competition Analysis

1. New Zealand has a risky drinking culture that has become the social norm. Social lives of young adults often revolve around alcohol. This culture can make turning down a drink or not drinking at all, difficult for some.
  - a. One of our wider organisational strategies aims to build social support for drinking less or being alcohol-free. This strategy includes providing support, resources, advice and training to venues, sporting bodies, workplaces, community action groups and the hospitality industry. It also has a comprehensive and long-running marketing programme in place aimed at young adults.
  - b. A marketing campaign specific to the alcohol-free pregnancy strategy – Pre-Testie Bestie - focused a portion of the content around strategies for saying 'no' to a drink without overtly stating 'I'm pregnant'. Regular supporting social media posts focused on providing party support eg, ways to avoid alcohol in social situations, ways to have fun without alcohol, wide-ranging benefits of not drinking etc.
2. Many young women that these messages are aimed at will not be thinking about pregnancy, apart from trying to avoid it. Research (Kantar TNS New Zealand, 2017) findings suggested that women didn't find the issue relevant to their own lives.
  - a. Messaging worked hard to convince the audience that if there is any chance at all of pregnancy, the obvious and indisputable thing to do is to stop drinking so that, when this issue does become salient for them, they are very clear about what they should do.
  - b. It's easier to imagine supporting a friend who might be pregnant than to imagine being pregnant yourself. Marketing was pitched at friends of young women and equipped them with information and strategies to play a key supporting role to a friend during an uncertain time. Given these friends of young women are often part of the audience themselves, they were then armed with information and strategies if they ever found themselves in the same situation.
  - c. Loose scripts for the Pre-Testie Bestie videos were created but the actresses were given creative freedom on the shoot to ensure relevance and cut-through with the audience. This included use of language, humour and actions that were at the riskier end of the scale for a government-funded campaign.
  - d. Regular supporting social media posts focused on how to be a good friend eg, ways to help a friend who may be pregnant, tools to disarm peer pressure etc. They also focused on pregnancy freak-outs and symptoms that prompted them to stay off alcohol eg, relatable, funny symptom-based moments, educational info, pregnancy prevention tools etc.
3. Perceptions of the risk of drinking when pregnant are influenced heavily by anecdotal evidence and widely believed myths about drinking during pregnancy. Women often cite examples of babies whose mothers drank alcohol while pregnant and are "fine". This 'evidence' is often seen as more trusted than the expert advice not to drink alcohol while pregnant.
  - a. Our organisation facilitated 18 national health bodies and organisations to endorse the message of 'Stop drinking alcohol if you could be pregnant, are pregnant or are trying to get pregnant. There is no known safe level of alcohol consumption during pregnancy'.
  - b. Messaging directed women who wanted more information to a website where a comprehensive evidence-base on the topic was provided. Regular supporting social media posts focused on generating healthy debate eg, articles and scientific findings that pose questions to get our audience thinking about the issue of drinking during pregnancy.
  - c. Evidence-based consumer facing and health professional resources were produced and distributed clearly addressing misconceptions.
  - d. Our organisation is working to get the most up-to-date evidence

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and messaging into training programmes for health providers.

#### 4. Alcohol pregnancy warning labelling on alcohol is currently voluntary in New Zealand.

- a. Our organisation is providing policy advice and facilitating meetings to encourage message alignment and compulsory labelling.

#### Integrated Intervention Mix

**Product** – Provide the healthiest outcome for women and babies. Play a key role in preventing babies being born with FASD. Play a key supporting role to a friend.

**Price** – The price of not drinking during pregnancy is the potential perceived loss of social connection that often comes with drinking alcohol. To address this, messaging focused on being a supportive friend by helping to cover up non-drinking and/or doing alternative activities that don't involve alcohol.

#### Place/Promotion

*To address the overarching risky drinking culture*

A long running marketing campaign focusses on how to say 'no' to alcohol and taps into the fear of missing out (FOMO) when you have too much to drink. This campaign focuses on the lead up to the weekend, the moment of drinking and the morning after drinking and uses relatable language and content for a young adult audience.

Advice, signage, resources and training is made available for a range of settings where alcohol is sold to create environments that support low-risk drinking or not drinking. Support, resources and advice is given to venues, sporting bodies, hospitality industry, workplaces and community action groups to improve alcohol management. Policy advice is provided to government when considering alcohol legislation changes.

*To address prevention of FASD*

The Pre-Testie Bestie marketing campaign takes an edgy and humorous tone, challenging women to be a 'Pre-Testie Bestie' and support their friend to be alcohol-free if they think they might be pregnant. In an initial video we meet a young woman who suspects she might be pregnant. Her friend assigns herself the role of 'Pre-Testie Bestie', promising to help her friend to 'keep off the booze, 'till she's got that prego news'. The campaign uses a series of videos and related content that follow the Pre-Testie Bestie story.

By taking this approach, the campaign hoped to get young women who are not planning pregnancy to engage with a pregnancy issue, and to do so in a busy social media news feed filled with other content they are more likely to be interested in. In addition to social media, the campaign was promoted heavily in online environments such as YouTube and targeted out-of-home placements such as adshells, women's bathrooms in bars, gyms, malls and cinemas. In addition, two social media influencers came on board with the project using their own content and tone of voice to get the messaging through.

Eighteen national health bodies endorsed the message of 'Stop drinking alcohol if you could be pregnant, are pregnant or are trying to get pregnant. There is no known safe level of alcohol consumption during pregnancy'. Credible information websites and sources were encouraged to update their pregnancy information to reflect the message.

This key message was then used in consumer and health professional resources that were promoted through sources that distribute health information nationally. The health professional resource was also distributed through health professional networks. The latest evidence and messaging is being added to existing clinical support tools and training programmes.

Our organisation worked closely with public health promoters to integrate messaging and resources into targeted settings. Two regions localised the marketing campaign in their area through event activations and extension to channels that paid media could not reach.

With input and advice from our organisation, the Australia/NZ Food Ministers recently agreed that the Australia NZ Food Standards Code is to include mandatory pregnancy warning labelling requirements. Once implemented, this will strengthen consistent messaging around drinking alcohol during pregnancy.

#### Systematic Planning

The programme approach was informed by stakeholder feedback, research and several early concept development activities including:

- Drinking in pregnancy international literature review

- Consumer discovery research
- Evaluation of an early phase of marketing
- Concept testing
- Analysis of comments and feedback on social media posts
- Annual national alcohol moderation advertising survey.

Planning was based on a four-step framework that groups the process into discovery, design, delivery and measurement/evaluation.

Exchange theory underpins the programme messaging. The benefit offered in this exchange is the opportunity to provide the best start for a healthy thriving pregnancy (should the pregnancy proceed). And in the case of the pre-Testie Bestie marketing campaign, the opportunity to play the role of a supportive friend.

The strategy for the Pre-Testie Bestie campaign was to tap into the intimate moments shared in a best-friend relationship and show the behaviours we were after in a relevant, engaging way. By focusing messaging on the secondary audience (the supporters), rather than the primary audience (possibly pregnant women) we could increase relevance and spotlight the issue with more of the audience (given many of the secondary audience could also be the primary audience one day). The strategy allowed us to popularise a catchy new term for people who support their friends in the event of a pregnancy freak-out – Pre-Testie Bestie.

#### Results and Learning

After one year of activity a survey of female drinkers aged 18 to 30 who had seen the marketing showed the following results:

- Percentage of women that supported someone who was pregnant to stop drinking increased from 24% in 2016/17 to 59% in 2017/18.
- Percentage of women that had considered if they could be pregnant before drinking increased from 27% in 2016/17 to 64% in 2017/18.
- Percentage of women that encouraged others to consider if they were pregnant before drinking increased from 17% in 2016/17 to 69% in 2017/18.

2019 results for the above measures are currently being collected. However, an additional survey (Survey Monkey, 2019) using different methodology to the results above confirm that the programme is having a positive effect:

- 62% likely to stop drinking alcohol if they thought they might be pregnant
- 70% likely to support someone else to stop drinking alcohol if they thought they might be pregnant
- 47% likely to consider if they are pregnant before drinking alcohol
- 53% likely to support someone else to consider if they are pregnant before they drink alcohol.

The above survey also showed that 70% of the audience found the marketing relevant to them or someone they knew (consistent with a previous study).

A recent Youtube Brand Lift Study measured and compared ad recall and consideration to change drinking behaviours between two groups of our target audience. One group hadn't seen the Pre-Testie Bestie ads and the other had. There was a 249% lift in ad recall and a 103% lift in consideration. Google would normally see 40% ad recall uplift and 15% consideration uplift so our results are well above these benchmarks.

Anecdotal feedback and post comments from the audience themselves, health promoters and medical professionals has been overwhelmingly positive. Young women like the upbeat and positive tone and welcome the absence of 'doom and gloom' messaging. The tone, language and general topic area has proven to be controversial generating some strong online debate. The fact that people are viewing it, learning from it and talking about it indicates it has been successful at gaining cut-through.

Working with such a sensitive topic area and with an audience who aren't necessarily interested in the issue has meant truly embracing youth culture, attitudes and language. This is not easy as it means releasing the tight grip we usually have on content when promoting messages on behalf of the government. This strategy has proven that when you put the audience front and centre and allow them to speak for themselves unedited, results tend to follow.

#### Conclusions and Recommendations

The Don't know? Don't drink campaign is an excellent example of how changing your approach to reflect feedback from your audience can produce excellent results. By keeping the audience at the forefront and

being brave with our messaging, we've managed to get cut-through on an extremely difficult topic with a hard-to-reach audience.

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**Number: 101**

## Giving Malaria the Boot! USAID's Malaria Action Programme for Districts' World Cup Malaria Campaign 2018

Conference Track: Promoting global health and reducing the global impact of disease through behavioural influence

**Author: David Ochieng**

### Aims and Objectives

Uganda has one of the highest number of malaria infections in sub-Saharan Africa (Okello PE, 2006) (World Health Organization, 2017). While all three vector control strategies (Uganda, Ministry of Health, 2014) have been implemented country wide, men have been identified as major influencers, currently not sufficiently supporting adoption of malaria preventive practices at household level (Magnussen, 2005).

Men are key players in decision making regarding household malaria interventions, including use of mosquito nets, seeking timely testing and treatment as well as increasing Intermittent preventive treatment in pregnancy (IPTp) uptake. Using the Fédération Internationale de Football Association (FIFA) 2018 World Cup as an opportunity to engage this audience group, the Malaria Action Program for Districts (MAPD) project collaborated with the National Malaria Control Programme, District and local leaders to engage with male audiences around malaria prevention messages during the viewing of the matches.

Based on self-determination theory (Deci, 2000), MAPD sought to increase men's knowledge of and intrinsic motivation to practise positive preventive behaviours by using FIFA 2018 World Cup matches as an edutainment vehicle to reach men (heads of the household) and positioning malaria prevention as the responsibility of heads of households. Subsequently, it sought to increase expectant mothers' uptake of free mosquito nets and intermittent preventive treatment.

### Target group focus, segmentation and insight

Men between ages 20 and 35 years in urban, peri-urban and rural areas

- All parents desire to give birth to a healthy baby and hope that their children go through education with hope that they will become successful doctors, engineers, lawyers or to become soccer stars and make them proud.
- To achieve this, a parent will go the extra mile to do whatever it takes
  - Sleeping under a mosquito net
  - Taking malaria intermittent preventive treatment (IPTp) at least 3 times during pregnancy
  - Seeking treatment from a qualified health provider with 24 hours of onset of a fever.
  - Testing for malaria before receiving treating
  - Adherence to the prescribed medication

### Citizen Orientation

A situation and behaviour analysis was conducted to identify primary and secondary target audiences and their current understanding of ideal malaria prevention practices and how they valued the prevention of malaria in their homes, using the Behaviour Change Wheel framework [ ]. It looked at capability (knowledge and skills), motivation (beliefs, values and motives) and opportunity (access to services/commodities and social

norms). The analysis was based on a review of existing studies and literature and primary data collected through on-site consultations with target audience and district-level stakeholders.

### The Social Offering

Based on the behaviour analysis findings, a visual and conceptual campaign was developed to promote the benefits of malaria prevention at home. These focused on the cost of malaria, cost of malaria measured in lives lost, in time spent ill with fever, and in economic terms. Money spent on preventing and treating malaria, the indirect costs of lost wages, time home from school (for the children), and time spent caring for sick children, adds up at the personal level. The health benefit of preventing malaria was promoted as an additional gain and the pride of not having malaria at home as an emotional gain.

### Competition Analysis

Uganda has implemented several communication campaigns to control malaria, however unengaged men have particularly been identified as a major barrier (competition) for adoption of malaria preventive practices at household level (David M Maslove, 2009). As shown by the MAPD gender analysis a lot of malaria awareness interventions reach many more women than men, including male youth due to the difficulty of successfully accessing and engaging them. Men and male youth rarely go health centers where health education is done, and they often don't prioritize community sensitization as they tend to think that health issues (including malaria) requires only the attention of women.

### Integrated Intervention Mix

The campaign focused on tapping into men's emotional drivers (excitement about soccer and the pride of having a healthy, malaria free, household) and positioned malaria prevention as the men's responsibility as the heads of the households. We delivered these messages just before and during the matches using a multi-channel approach: experiential mobile cinemas, radio spots, announcements by football commentators, and community dialogues. The campaign took place June-July 2018 (6 weeks) in 25 of the projects' 48 operational districts; the remaining 23 served as the control districts.

**Product:** Keeping your child's dream alive by protecting them from malaria by: sleeping under a mosquito net, taking IPTp at least 3 times during pregnancy, seeking treatment from a qualified health provider with 24 hours of onset of a fever, testing before treating, adherence to the prescribed medication.

**Price:** The cost of malaria can be measured in lives lost, in time spent ill with fever, and in economic terms. Money spent on preventing and treating malaria, the indirect costs of lost wages, time home from school, and time spent caring for sick children, adds up at the personal level. In the public sector, large fractions of health sector budgets are spent on malaria control and treatment. And at the macroeconomic level, a heavy national burden of malaria dampens economic development, sometimes subtly, but pervasively.

**Placement:** To increase accessibility to malaria control interventions and information village health team helped facilitate the community dialogues, during the matches, with the help of health providers and they were positions as your first point of contact if you get a fever and such they shared their contacts with the target audiences so that they could be contacted there after easily.

**Promotion:** It was an intensive four-week campaign (June – July 2018) in 25 districts, using the World Cup matches to engage, entertain and motivate the target audience to adopt health seeking behaviours on prevention, testing and treatment of malaria. It delivered pre-match behaviour change messaging via a multi-channel approach: experiential mobile cinemas, radio spots, announcements by football commentators, and community dialogues so as to help control the disease.

**Participation:** The campaign was designed using a participatory approach and regularly refined basing the exit and entry interviews carried out between the soccer matches and by analysing the impact on the target audience.

**Partners:** The campaign partnered with local leaders, cinema halls, trading centres leadership and media outlets.

### Systematic Planning

The campaign design followed an integrated marketing communications approach [ ] and involved systematic planning: 1) deciding the precise behavioural goals; 2) conducting behaviour, gender and motivational analysis; 3) developing an overall strategy and implementation plan for

# INTERVENTION / CASE STUDY

achieving stated behavioural result; and 4) developing the marketing communication pack, piloting and refining it based on insights from the target audience, production, implementation and monitoring and evaluation.

**Appeal Technique:** Using FIFA 2018 World Cup matches as edutainment opportunities and employing emotional drivers and positioning malaria prevention as heads of households' responsibility. The campaign promise – protect your child from malaria he could be the next soccer star.

**Creative Approach:** Based on the consumer insight, we chose to tap into the emotion aspect of the parent/caregiver by pitching a strong message supported by a call to action addressing the parents on what they ought to do to secure their children's dreams (the next soccer star). And also to pitch this while they were watching the game as they were a captive audience.

**Tone and Style:** All messages, pictures/images in the campaign were simple and easy to understand and had an emotional tone. A graphic of young boys playing soccer aspiring to be the next soccer captain only if they avoided malaria with the caption 'protect Uganda's next soccer captain'.

**Monitoring and Evaluation Plan:** Data on campaign activities were generated from the national health information system, activity reports, village activity register, and exit interviews. Baseline data was gathered from the District Health Information System and the national Health Information Management Systems. Analysis compared intervention group data (the districts where the world cup activations took place in 25 of the MAPD districts) and the control group (where there were no world cup interventions and no MAPD interventions – in Eastern Uganda, Busoga region).

## Results and Learning

During the campaign period, uptake of at least three doses third of IPTp increased by 12% from 40% to 52%, while July while in the control districts it was at 2% in May and reduced to 1% and maintained at that position for the two months. Malaria in pregnancy reduced by 3% while antenatal care visits increase by 3% from 40 to 43% while it increased in the control districts from 18 to 19%. Of the 538 people that responded to exit interviews at activations, 80.6% were males. About 54% expressed their intentions to ensure that they and their households use mosquito nets consistently and correctly; 9% pledged to get rid of mosquito breeding places and 38% indicated that they would seek treatment within 24 hours of onset of fever; 31% promised to adhere to test results. Over seven million people (54% of the target population) were reached with radio messages while 1,967,200 were reached through interpersonal and experiential activations during the World Cup matches. The World Cup intervention has great potential to augment current efforts to reach men and improve their knowledge which is crucial to the elimination of malaria Uganda.

## Conclusions and Recommendations

This campaign successfully used an edutainment intervention to engage men in a key public health issue and, in so doing, contributed to an increase in households' uptake of preventive malaria interventions. Thus, it highlights the value of adopting innovative strategies and addressing gender norms when designing malaria-related SBC interventions. If engaged, men can contribute to increased uptake of malaria prevention actions at household and community level.

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## MAPD contextual analysis

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*IPSOS Media campaign reach analysis*

*MAPD Interpersonal activity reports*

## Number: 103

### "It just gives you a good feeling, doesn't it!" – preliminary learnings from a pilot intervention to reduce volunteering in orphanages overseas

Conference Track: Promoting Equality and Reducing Inequality

**Authors: Justine Williams, Global Campaign Manager, Better Care Network, UK and Rowena Merritt, Head of Research, National Social Marketing Centre, UK**

## Aims and Objectives

To determine the impact of a social movement which aims to reduce the number of young people volunteering in orphanages and rewire the emotional desire to give back, with an idea that creates a more positive impact.

This is in response to the growth in popularity, particularly among young gap year students and short-term missionaries, for orphanage volunteering as a form of voluntourism, which is creating a demand for 'orphans' and weakening care reform efforts to move away from the use of residential care institutions in low- and middle-income countries.

## Target group focus, segmentation and insight

Young people aged between 18-22 years old who either volunteer at overseas orphanages or who plan to volunteer. Several insights were identified through formative research among prospective and experienced orphanage volunteers in the UK and the US (both gap year travellers and short-term missionaries). These include:

- The overarching key motivational factor is to make a difference/give something back
- Most volunteers have some previous experience of volunteering with children and strongly believe that children's programmes are where they can give most
- Volunteering in an orphanage ticks multiple boxes at once (to do good, look good, feel good, travel and experience a new culture)
- For gap year travellers, social media is very important for deciding if they should volunteer and where they should go
- For short-term missionaries, church leaders and other members of the congregation were particularly influential
- All volunteers (gap year and missionaries) are swayed by their peers, friends and families
- Voluntourism offers a safe way for young people to travel overseas in a group
- There is low awareness of the issues with orphanage volunteering
- Volunteers (and parents) trust the volunteer-sending organisations they travel with; and, therefore, trust that their programmes are delivered in 'good' orphanages

An audience segment was developed based on current awareness of potential harms of volunteering and beliefs around better options or how to 'do better'. These are mapped against the TTM Stages of Change model (Prochaska and DiClemente, 1983)

The three audience segments are:

- Unwoke (Pre-contemplation)
- Woke Reactive
- Woke Pro-active

## Citizen Orientation

Young people have been engaged in the shaping of the campaign through formative research (as outlined above) and co-creation. Young people were recruited to two youth panels in the US and the UK to inform the creative development. A youth-led marketing agency was appointed as the creative partner.

## The Social Offering

This campaign is working towards creating better outcomes for children

of families living in poverty in low- and middle-income countries.

Around 80% of children in orphanages are not orphans but have at least one living parent – the main reason for parents to place their children in orphanages is poverty. The solution is to strengthen families and communities to help keep families together.

## Competition Analysis

Four competitors have been identified:

- **The education sector**, where the benefits of volunteering are ingrained at a young age and overseas volunteering is positively encouraged (e.g. as global service learning in the US, and through programmes such as the Duke of Edinburgh Award and International Citizenship in the UK). A 'planning your gap year' component has recently been added to the subject PHSE in England and Wales. Gap year fairs are commonplace in secondary schools, targeting the senior; and in universities, where volunteering is actively encouraged for students, and in some cases, particularly in the US, overseas volunteering forms part of the 'offer' to recruit students
- **The voluntourism sector**, which recruit volunteers through emotionally-engaging advertisements, satisfying the desire to 'do good, look good, feel good, travel and learn'. A growing number of volunteer-sending organisations have ceased orphanage volunteering; however, some are simply changing the names of their programmes – e.g. replacing orphanage volunteering with child care volunteering or directing volunteers to other equally problematic opportunities for volunteering with vulnerable children overseas (e.g. street children).
- **Social media**, which is important for prospective volunteers to decide if and where they should volunteer overseas. Many voluntourism operators use volunteer testimonials to promote their programmes on social media.
- **Church leaders**, who are influential in directing support for overseas mission among their church congregation.

## Integrated Intervention Mix

There are a number of interventions integrated into this campaign, which are mapped against the TTM Stages of Change, the main theory underpinning this campaign:

- A short docu-story, told from the perspective of care leavers about the impact on their lives of growing up in an orphanage. (Conscious raising, Dramatic Relief, Environmental Re-evaluation, Self Re-evaluation)
- A pledge to not volunteer in an orphanage, which is shared to social media (Public Commitment)
- A video thank you message from a care leaver (Reinforcement Management)
- Testimonials from former orphanage volunteers who now believe and 'do better' (Helping Relationships)
- A volunteer checklist to help young people make an informed choice about volunteering overseas (Counter Conditioning)
- Signposting to volunteer-sending organisations which have ceased orphanage volunteering (Stimulus Control)
- A Facebook group called Change Volunteering (Social Liberation)

All interventions are delivered via the campaign website – [www.loveyougive.org](http://www.loveyougive.org)

Upstream interventions for engaging with faith communities and volunteer-sending organisations are being delivered but fall outside of the scope of the evaluation of this pilot. An education programme, to engage teachers and students at secondary school age, is also being piloted and separately evaluated.

## Systematic Planning

The TTM Stages of Change model was identified as the best fit for this behaviour and used to map the interventions. A Theory of Change and log frame have been developed to inform and support the evaluation work. A mixed-methodology evaluation process comprises in-depth qualitative interviews, pre-and-post surveys, media content analysis, numbers of pledges made. The survey determines which of the three segments people are currently at, and which segments they move to. This helps determine if the target audience has been shifted along the Stage of Change from 'Unwoke' to 'Woke Re-active' and 'Woke Pro-active'. The following behavioural goals were identified for the three audience segments:

- Unwoke: Watch and share the docu-story
- Woke Reactive: Take the pledge/use the volunteer checklist
- Woke Proactive: Join the Facebook group

Measurement, which is ongoing, is being conducted at three time points - pre-and-post exposure to the film, and a three month follow up. Shifts in intention to volunteer in an orphanage is the proxy measure being used to evaluate the campaign's effectiveness in reducing the demand for orphanage volunteering.

## Results and Learning

The campaign launched in November 2018, with the Unwoke segment being the primary audience, targeted through Facebook and Instagram sponsored posts and through engagement with social media influencers who resonate with this target audience. This is supported with off-line activity, in the form of film screenings in university settings, combined with panel discussions for a student audience.

The campaign is midway through the evaluation process, and due to be completed in July 2019. Preliminary findings suggest that the docu-story is having the desired effect of engaging young people to think critically about volunteering overseas. The campaign has performed well in terms of social media reach and engagement with a hard to reach audience (Unwoke). The cut down versions of the film have performed better in terms of number of views than the feature length version (20 mins), with some early feedback suggested that the length of the film may be an issue. Repetition of message to continue to nudge the Unwoke audience will be key to the future success of the campaign.

To date, more than 1,000 people have taken the pledge to not volunteer in an orphanage; and 150+ people have joined and are participating in the Facebook group, Change Volunteering.

There have been some difficulties in gathering responses to the online survey and lower audience numbers at the film screenings, which means that it has taken longer than anticipated to obtain adequate sample sizes for evaluation purposes.

One key learning that is emerging relates to the 'exchange'. The formative research identified that the voluntourism offer is multi-faceted, and an alternative to orphanage volunteering could not be established. The volunteer checklist was developed as a substitute. However, the 'if not, then what' question keeps on being asked. This needs to be resolved for the future development of the campaign to empower young people to be part of the solution for creating more positive impact. This needs to be in the form of tangible alternatives to volunteering in an orphanage. This is currently being scoped as an upstream intervention, to work in partnership with the travel and volunteering sector to identify and develop solutions.

## Conclusions and Recommendations

There are some promising and positive learnings emerging from this pilot which will help to inform the direction of future interventions to reduce the demand for orphanage volunteering and cut through this complex problem.

## Number: 105

### The Chi Initiative - A social marketing approach to reduce the demand for rhino horn in Viet Nam

Conference Track: Global climate change, environment protection, over consumption and sustainability

Authors: Trinh Nguyen, Gayle Burgess, Sarah Ferguson

#### Aims and Objectives

According to Milliken and Shaw (2012) a surge in rhino poaching in South Africa, and the illegal trade in rhino parts and products since 2006, was linked to increasing demand for rhino horn in Viet Nam. Viet Nam accounted for some 20% of the rhino horns seized between 2010 and 2015 (Emslie et al., 2016) and remains a key end-use destination for rhino horn (CITES 2016); making it a primary focus for efforts to reduce the demand for this illicit, yet sought after, commodity.

Consumer research commissioned by TRAFFIC and conducted by Ipsos in 2012/3 (Ipsos 2013) showed that 5% of a sample of 600 respondents from the two largest cities in Viet Nam (Hanoi and Ho Chi Minh City) reported previously buying, using or gifting, rhino horn. Behaviours associated with this included the overt consumption of (usually powdered) horn in social settings to demonstrate status, and the ingestion of horn for a perception of efficacy in treating illness and/or

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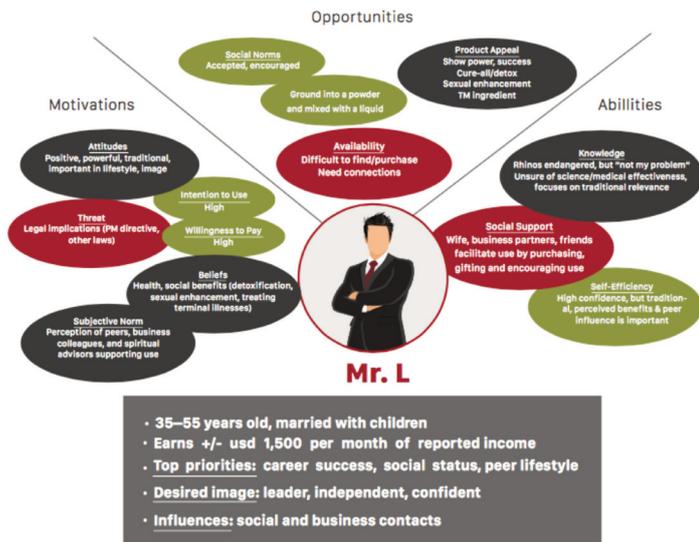
promoting wellness. Gifting of rhino horn to a senior colleague or business partner, to curry favour and convey respect, was also evident.

Based on the insights from this research, in 2014 TRAFFIC launched the Chi Initiative, a social marketing approach co-created with members of the target audience and those influential with them, to change status-seeking consumption behaviours. The aim of this paper is to present a case study of this initiative, including insights into impact, success factors and lessons learned.

## Target group focus

Baseline and formative research conducted in 2012/3 (Ipsos, 2013), identified the most prolific users of rhino horn in Hanoi and Ho Chi Minh City to be urban middle-class males, aged 35–55. Insights into the psychosocial and socio-demographic attributes of these consumers informed the development of a ‘Mr. L’ ‘pen portrait’ or consumer archetype.

Mr. L was characterised as somebody who enjoys being seen as a leader at work, within his community, and among his friends, and who prefers to use natural products in order to stay fit and healthy. Qualitative research insight also revealed that for Mr L, ‘the rhino story was not his own’—i.e. stories regarding the conservation threat to rhinos from consumption, including species extinction, did not resonate with him as he was ‘only the buyer of these products; he did not pull the trigger’ and ‘the dinosaurs went extinct; nothing happens to me or impacts my life’. Mr L seemed driven to using rhino horn to demonstrate his status/wealth, and that he was ‘above the law’—able to acquire products that were dangerous or difficult to attain, in order to impress his peers and superiors in his network. Purported health benefits were less important to him, although also noted (TRAFFIC, 2017a).



## Segmentation and insight

To understand how best to target the Mr L segment of Vietnamese urban society, TRAFFIC commissioned follow-up research to that in 2013, which specifically focused on the Mr L subset (PSI, 2014). The data gathered informed the development of a set of statements reflecting Mr L’s motivations, opportunities and abilities. A total of seven profile statements were prepared to conceptualise the beliefs and attitudes associated with the behaviour being targeted:

- Mr. L believes that rhino horn is an effective agent for detoxification or hangover cure;
- Mr. L believes that rhino horn can bring a person improved socio-economic status;
- Mr. L believes that rhino horn is a valuable gift to gain favours and respect and can strengthen his business relationships;
- Mr. L is not worried about fake rhino horn, or how to find real rhino horn;
- Mr. L identifies rhino horn as having more value because it is illegal and dangerous to obtain;
- Mr. L believes that rhino horn is a valuable gift to gain favours and respect of others;
- Mr. L believes rhino horn works because it is so valuable and expensive. The main motivation for Mr. L to consume rhino horn is categorised as ‘emotional’ in nature and includes practices and

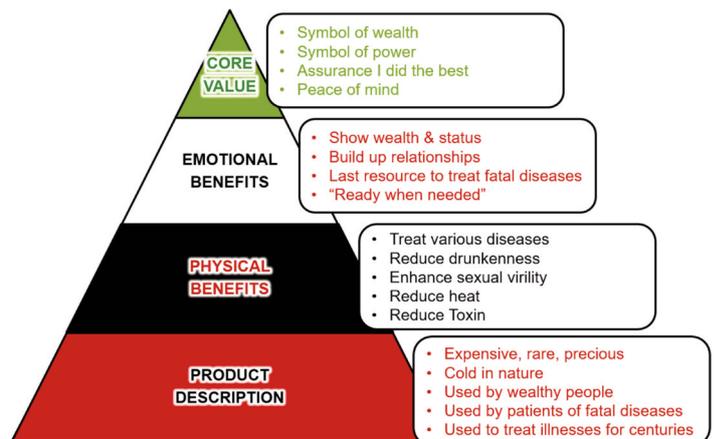
behaviours that represent the purchase for use of rhino horn to fulfil hedonistic pleasures, such as reputational gain and display of wealth (Burgess, 2016).

## Citizen Orientation

This research into Mr L’s attitudes, beliefs and behaviours, one-off consumption incidence triggers and more routine or habitual purchase pathways, showed that he often consumed rhino horn in social settings as a de-toxicant/ hangover cure. Gifting rhino horn, to consolidate professional relationships, and convey respect on the gift receiver from the gift giver, was also evident.

A beneficial consequence to Mr L of ownership of rhino horn, was peace of mind that it was available in the house in case of needing to treat illness in a loved one.

Additional product attributes for Mr L included the preciousness, high financial value and rarity of rhino horn. This finding held significant implications for more traditional forms of conservation communication, focused on raising awareness around the threats to animals and their endangered status.



Based on this body of insight, the Chi initiative was co-created with key stakeholders in Viet Nam, in 2014. The main purpose identified for the initiative was to undermine the ‘status’ driven motivations of Mr. L and change the consumption behaviour arising. Chi aimed to achieve this through the development of a brand identity that built on the word ‘Chi’’s linguistic meaning and cultural significance in Viet Nam (and other parts of Asia): namely, that ‘strength comes from within’. ‘Chi’ thus promoted the idea that Mr L could achieve success and demonstrate status by relying on his own strength of will and internal character, rather than on a piece of rhino horn.

The co-creation process involved consultation and engagement with a diverse range of Chi partners and allies, representing public and private sector organisations at national and local levels. Many were sought specifically for their ability to champion Chi with credibility, inspiration, reach, influence and authority. Specific messaging was designed for several civil society groups: notably, the Vietnamese Chamber of Commerce and Industry, VCCI; the Vietnamese Automobile and Transport Association, VATA; and the Vietnamese e-Commerce Association VECOM. Each group was provided with relevant themed materials, examples of which included a ‘Chi themed’ ‘Corporate Social Responsibility (CSR) Guide’; template ‘Codes of Conduct’ and Social Responsibility guidelines. More information is available here.

Through this approach, appeals for Mr L to change his behaviour were grounded within his core values—e.g. business reputation and image amongst his peers, colleagues and friends; financial performance; opportunities to strengthen his brand visibility, integrity and reach; to avoid exposure to corporate risk and similar. Chi specifically sought to avoid any association with conservation interests i.e. so conservation and other logos did not feature on themed social marketing approaches and behaviour change materials, for risk they might undermine or distract from the credibility of the Chi message.

## The Social Offering

The key offering being promoted through the Chi initiative was the value that success could come from ‘within’, rather than a piece of horn—if you were truly a wise, successful and sophisticated Vietnamese man, you would avoid the use of rhino horn.

Building on this foundation, reference to the barriers and benefits of

undesired and desired behaviours were explored, and a mix of interventions to increase barriers and reduce the benefits of the undesired behaviour, whilst enhancing the benefits and decreasing the barriers for the desired behaviours, were developed.

By putting Mr L at the centre of the socio-ecological and status affirming cycle, and analysing influencing factors around him, the social offering for the Chi initiative was built around the premise that Mr L could fulfil his need for status affirmation amongst his peers. This was through participating in a 'club' of those using their Chi to show they were successful, modern, sophisticated men, demonstrating that success came from within, rather than relying on a piece of rhino horn.

## Competition Analysis

To address the competing factors surrounding Mr L's consumption behaviour, TRAFFIC considered the 'Twin-track' approach (Burgess, 2016). Track one involves efforts, activities and communications around implementing a societal behaviour control (e.g. ensuring the laws are appropriate, perceived to be an adequate deterrent and effectively enforced) or restricting consumer choice (i.e. by retailers removing products from sale, or manufactures using alternatives). Track two involves messaging issued by those influential with consumer groups and other target audiences, to help inspire and shape individual motivation.

In Viet Nam, 'track one' i.e. effort to impose behavioural control or restrict consumer choice, was often led by the government, while 'track two' i.e. effort around issuing messaging to shape motivation, was typically led by the private sector or civil society groups. Some of the challenges surrounding this, included:

- the difference of interests and motivations on conservation issues of involved actors from government to private or to civil society groups;
- the difference of investment level and funding in country for the implementation of each twin track;
- the censorship of government on direct communications for sensitive social issues.

## Integrated Intervention Mix

A social marketing plan was developed and cross-referenced against the eight 'benchmark criteria' (National Social Marketing Centre: NSMC) to underpin the messages, messengers and 'mechanisms' chosen for Chi communications. The 'intervention mix' of behaviour change communications and creative approaches was also designed, through the co-creation approach, from a mix of research evidence and local knowledge and understanding, culturally specific insights and values.

Adaptation of the intervention mix occurred over two phases (thus far): Phase I was implemented from 22 September 2014 to the end of 2015: and Phase II, from 2016 onwards. Phase I activities and approaches focused on those directly engaging Mr L in the behaviour change journey, through core messaging enticing his interest in Chi values and target behaviours (non-consumption/championing zero-tolerance to consumption amongst peers, family and friends). Social marketing communications were distributed by influential Chi ambassadors and champions at events where Mr L was likely to be found: corporate bike rides, golf club events, CEO fora, billboards in the areas where he was understood to reside, and a Chi brand dedicated-website, where Mr L could see how his peers and social reference group were aligning with the brand values.

In Chi Phase II (launched on 6 July 2016), efforts shifted in approach to the development of partnerships (most under formal Memorandums of Understanding) with key Vietnamese civil society organisations (CSOs). Through partners such as the Vietnamese Chamber of Commerce and Industry (VCCI), more than 20,000 Small and Medium sized Enterprises were trained in social marketing components of the Chi message and approach using a CSR tool kit. Key opinion leaders amplified such efforts; for example, a short video showcasing Chi messaging and values was shared on the Viet Nam Posts and Telecommunications Group (VNPT) official website and internal communication channels to more than 90,000 employees. Risk management procedures for transport companies to avoid being implicated in wildlife trafficking was also shared.

Government agencies also played a key role in the delivery of Chi. Examples included a formal Memorandum of Understanding (MoU) with the Communist Party's Central Committee for Propaganda and Education (CCPE), which enabled the placing of billboards at Hanoi's Noi Bai International Airport and the dissemination of the Chi Lunar New Year calendars amongst 500+ senior government officials. Many other events and face to face engagements accompanied this, as here.

## Systematic Planning

TRAFFIC employed a 'Five-Step Approach' to the design, development and delivery of Chi.

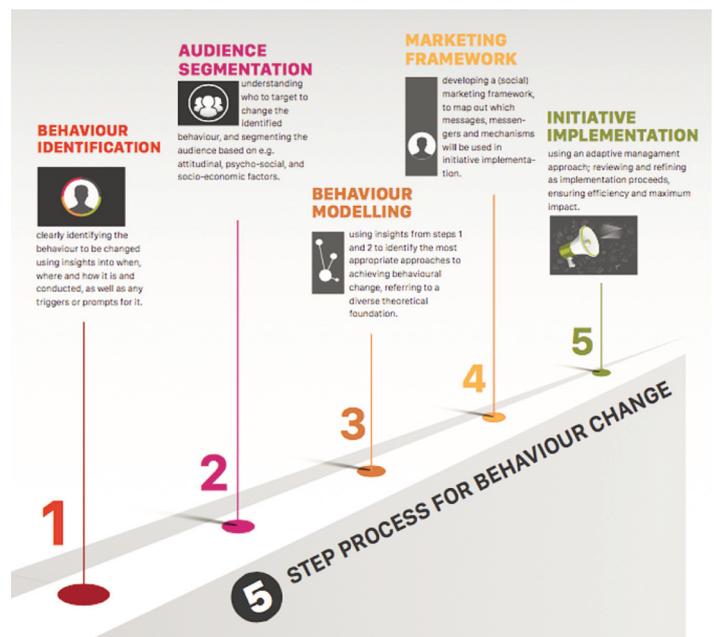
'Step 1' – Behaviour Identification: TRAFFIC's research revealed the key rhino horn consumption behaviours that could be targeted for change; so rather than just say 'stop buying illegal wildlife products', understanding the emotional drivers and psychological triggers for purchase and use of rhino horn specifically so that a more finely grained level of resolution and understanding could shape social marketing comms.

'Step 2' – Audience Segmentation: The research really helped to crystallise the priority consumer group; 'Mr L' as a 'consumer archetype': developed using an attitudinal segmentation, rather than one just restricted to socio-economic or demographic signifiers.

'Step 3' – Behaviour Theory Modelling: TRAFFIC identified the behaviour change tactics, models and theories that might help design the most impactful initiative in changing Mr L's behaviour. Core theories included the Socio-Ecological Model and Social Network theory; as well as Diffusion of Innovations; and the Needs, Opportunities and Abilities Model.

'Step 4' – Marketing Framework Development: The Chi initiative was mapped out on a social marketing framework, with consideration around a 'benefits and barriers' analysis—looking at increasing the benefits for Mr L of adopting the new behaviour and reducing the barriers he was encountering to stopping the old one.

'Step 5' – Implementation and Monitoring: The Chi Initiative was rolled out through two phases with annual monitoring and evaluation of success factors, and lessons learned, to help inform adaptive management treatments. Messaging and key visuals were refined between Phases I and II. Based on the evaluation of Phase II, a Phase III will be launched in 2019, to continue engaging Mr L in his behaviour change journey.



## Results and Learning

Results focused on the subset of Mr L, were published previously by TRAFFIC, through the Briefing Paper here (TRAFFIC 2017a).

Since this publication, a follow-up on the 2012/3 baseline study (Ipsos, 2013) has also been conducted. The 2017/8 study comprised a random sample of 800 members of socio-economic groups AB in Hanoi and Ho Chi Minh City (HCMC), aged 20 years+, to enable direct comparison of data between the baseline and endline surveys.

Results revealed that the number of those who reported buying/using rhino horn in face to face interviews, declined from 5% in 2012/2013 to 2% in 2017/8. The frequency of self-reported rhino horn use also declined, although as all was claimed rather than observed data, caution should be exercised accordingly.

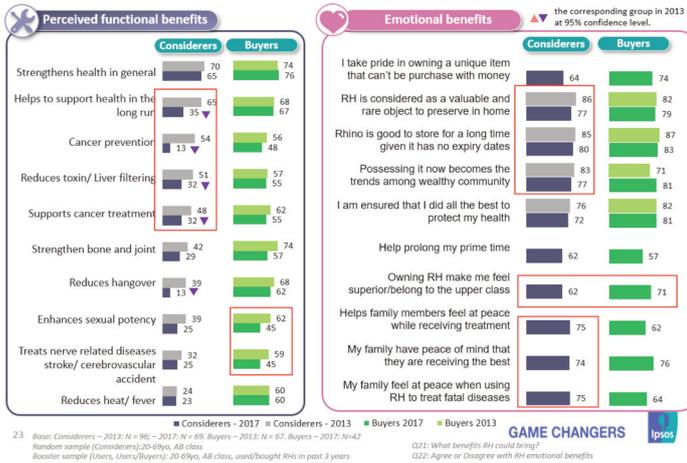
In 2012/2013, 60% of users said that they used rhino horn two to four times per month; in 2017, 95% said they used rhino horn one to two times per year. Thus, they are now using rhino horn much less frequently.

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Differences in reported use between the two cities surveyed were also evident, and mirrored a trend observed in the Briefing Paper aforementioned (TRAFFIC 2017a). The 2017/8 data revealed that 5% of Hanoi survey respondents in 2012/2013 reported using rhino horn, compared to below 0.5% in 2017/2018 (which does not reflect 'no use', just none in the sample). In HCMC by contrast, in 2012/3 there was 3% self-reported use, in 2017, 1%.

Actual rates of purchase and use are likely to be higher, due to the nature of surveying sensitive topics and currently lack of a more objectively verifiable dataset. That said, survey responses largely corresponded with those reported previously, i.e. overall declines in rhino horn use claimed by successful, middle-aged businessmen in Hanoi—but an increase in reported consumption in HCMC.

A slight shift in motivations was observed to contextualise this—buyers/users reporting moving from overt displays of consumption to assert social status amongst professional peers, colleagues or friends, towards more self-assuring motivations and those to do with healthcare. This is illustrated overleaf.



## Conclusions and Recommendations

The Chi initiative is one of the first examples of a social marketing initiative applied to help mitigate the markets for illegally traded wildlife (Olmedo, et al., 2017). A substantial approach to evaluation of impact and influential factors in success or failure has consequently been applied, and shared with a 'Social and Behavioural Change Community of Practice' (here). This Community has been set-up and is convened and facilitated by TRAFFIC, specifically to help enhance the take-up of behavioural science for conservation gain. A current focus is on efforts to reduce consumer demand.

Adaptive management of messaging, messengers and overall approaches between Phases I and II of the Chi initiative, has occurred in line with research findings. Through this process, the significant potential for behaviour change to support conservation outcomes, alongside complementary legislation and enforcement action, has been confirmed.

Research has further reinforced that communications aiming to raise awareness of the plight of the species alone do not necessarily resonate with the most prolific group of consumers in Viet Nam (Burgess, 2016; TRAFFIC, 2017; USAID, 2018). Recent studies (USAID, 2018) have further suggested that the facts of illegality surrounding rhino horn consumption, as well as images of butchered rhinos, risk perverse consequences such as strengthening the desire for, and belief in, the product.

As the target audience is primarily informed by the views and beliefs of their social networks, family and friends, rather than by the facts of the chemical composition of rhino horn or concerns about the threat of extinction of a species, it is imperative that social marketing, and other types of communications initiatives aiming to reduce the demand for endangered species products, consider these realities and design targeted and tailored communications accordingly.

A final consideration regards approaches to measurement of initiative impact. Whilst every effort has been taken to ensure a robust and rigorous process, ultimately the change recorded is self-reported by the target audience, and in relation to a clandestine, covert and illegal behaviour. Thus, it is recognised that more objectively verifiable

measures, and methodologies that can enable a thorough assessment of impact attribution, are urgently required.

TRAFFIC previously developed 'Good Practice Guidance' through engagement with other experts in behaviour change impact evaluation (TRAFFIC, 2017b), to identify how best to address such concerns. Additional material is now being prepared building on this Guidance. It will explore the potential for a common methodological framework, potentially involving a mix of consumer research data that can be reconciled with 'hard' data such as the variability of products in physical and virtual marketplaces; changes in the number of offers for sale; fluctuations in the number of actual products bought and other similar data sources (such as price of the commodity, confiscations by law enforcement action etc.).

Further information regarding the next steps for this work, are available at: [www.changewildlifeconsumers.org](http://www.changewildlifeconsumers.org)

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### "I love my child, I give him Koba Aina": Combining Social Marketing and Behaviour Change Communication to sustainably combat malnutrition in Madagascar.

Conference Track: Promoting global health and reducing the global impact of disease through behavioural influence

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## Aims and Objectives

This case study aims to demonstrate that it is possible to make affordable and high quality complementary foods available to vulnerable population with low purchasing power through innovative distribution networks while increasing awareness among families on optimal feeding practices in order to strengthen direct nutritional impact.

The intervention highlights the importance of a combined action of an inclusive Social Marketing strategy and a Behaviour Change Communication strategy to sustainably improve consumption of adequate complementary food for children 6-24 months and adequate feeding and care practice in order to prevent infant and young child malnutrition.

### Target group focus, segmentation and insight

The specific target group is Malagasy urban children from 6 to 24 months of age and their care givers (from low income families - consumers in C and D segments) vulnerable to malnutrition, especially stunting.

Every year, nine million children worldwide die before the age of five. Directly or indirectly, one out of every two of these deaths is due to malnutrition. Malnutrition is especially devastating during the first 1,000 days of life, that is to say from an infant's conception to its second birthday. Even when it does not kill, it causes irreversible damage lasting into adulthood (high morbidity, physical and mental disabilities), which is passed on from one generation to the next, and has serious consequences for a region's development. Malnutrition during this period is partly caused by inadequate intake of nutritionally appropriate complementary foods to breastmilk, which can cause food-borne diseases (diarrhoea, parasitic infections) or reduce micronutrient bioavailability. Timely use of appropriate complementary foods and/or food supplements is generally recognized as a necessary condition to prevent malnutrition. However encouraging mothers to buy or prepare appropriate food products at the appropriate time is a challenge that has often been undertaken without success in developing countries.

In Madagascar, 47.8% of children under 5 years suffer from chronic malnutrition (and up to 60% in some poor urban areas), which represent more than 900 000 children. Feeding practices do not meet their needs, and manufactured complementary food products available on the market are generally of poor quality or unaffordable when 80% of urban Malagasy families live with less than 1,90\$ per day. More than 80% of the population living in urban areas have a daily food budget between 200 and 500 ariary per day per child (0.05 to 0.13€). Complementary food mainly given to children is made up of rice and water with very low nutritional quality: the traditional meal called "Vary sosoa".

### Citizen Orientation

Since the early stage of our action (1994), customer orientation has completely driven the approach. Indeed, our NGO and a public scientific partner implemented a research-action program aimed at improving complementary feeding of children 6 to 24 months of age through a sustainable approach in order to prevent infant and young child malnutrition in a dozen of developing countries. Using an innovative method combining awareness raising, social marketing of fortified foods and strengthening of healthcare services, the programme fights against all forms of malnutrition, giving priority to women and children under the age of 2.

The program is built on scientific results and lessons learnt through informative research at all levels: direct customers, influencers, distribution actors, local authorities, and health care services' staff. We continuously run several studies and surveys to get feedback from the field before implementing and orientating our action. This comprises:

- Complete scientific diagnosis of the situation on the nutritional status of children, direct and underlying causes of malnutrition, feeding and healthcare practices
- Several Knowledge Attitude and Practice (KAP) surveys
- Analysis of local availability of food and raw materials
- An analysis of the existence of local businesses and their characteristics with a view to producing fortified foods
- Feasibility studies and business model construction
- Product development tests : organoleptic tests, comparison tests, sensory tests, production and quality tests
- Market surveys : demand (beliefs, opinions and perceptions, attitudes, comprehension, practices, purchasing behaviours, needs and expectations of the target groups), offer (direct and indirect competitors and mix marketing), macro and micro economic environment, and distribution network surveys

- Perception, satisfaction and use/consumption surveys among customers and distribution actors.

In Madagascar, in the initial stages of the program (1994), we tried to develop recipes from locally available products for complementary feeding of children over 6 months of age. This method was then abandoned because : the price of the local commodities required to prepare a nutritionally well-balanced meal was prohibitive (to provide sufficient iron would have required expensive animal products, such as meat or poultry); the time to prepare the meals was excessive for busy caregivers; improved recipes were very difficult to explain (specifically, proportions); and too many different recipes needed to be developed to take into account seasonality, local commodities, and variations in local contexts.

LOCAL NEEDS IDENTIFIED	EXPECTATIONS EXPRESSED
Inadequate feeding practices from 6 months ("Vary sosoa")	Adapted to nutritional needs of specific target 6-24months
Low knowledge on Infant and Young child feeding	Information and knowledge on how to better feed children
Constraints to prepare meals with unprocessed raw material	Easy and quick to prepare and/or ready to eat
Low sanitary conditions (especially water quality)	Ready-to-cook product
Time consuming preparation for mothers and care-givers	Adapted to local food habits and constraints (importance of presence of rice and local flavours/tastes)
Insufficient financial means	Affordable to the majority of Malagasy people with low purchasing power
Unaffordability of manufactured food marketed locally	Adapted to different types of distribution networks in terms of price and packaging
Low quality of local infant flours and porridges	Local product with high quality
Weakness of the traditional distribution network (especially in poor areas of urban cities)	Accessible around living areas, high proximity to consumers

### The Social Offering

To address these context issues, we developed an innovative strategy to manufacture easy-to-use fortified products locally and to market them to low-income families with young children, while raising awareness on feeding practices. The action is seeking to influence the adequate consumption of complementary foods for children 6-24 months and adequate feeding and care practices to prevent malnutrition and its consequences.



The product offered: Koba Aina ("flour of life" in Malagasy) is a ready-to-cook flour made of corn, soy, rice, sugar, peanuts and fortified with 25 vitamins and minerals, used in the preparation of porridge and similar to the traditional local rice flour. It is a complete infant flour (1 sachet/ration = 1 meal), locally produced mainly with local raw materials (more than 90%), adapted to suit nutritional requirements of infants and young children 6-24 months in addition to breastmilk, eating habits of populations, international quality standards and that is affordable for low-income populations. The consumption of 2 to 3 rations per day, in addition to breastmilk, enables to cover all recommended daily needs for nutrients for children 6-24 months.

The innovation lies also in the associated service offered to consumers to get better compliance. Indeed, the product is available in two different formats (ready-to-eat porridge by the ladle and in 35g sachet of flour) and is distributed in various ways:

- via the traditional network in more than 8000 direct sales outlets and wholesalers;
- via a real innovative social network, the 36 Hotelin-jazakely, "restaurants for babies"
- via a door-to-door service at the heart of 123 neighbourhoods of Madagascar.
- via the institutional network of public organisations conducting nutrition projects.

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In parallel to intensive commercial promotion (above and below-the-line in line with the International Code of Marketing of Breast-milk Substitutes), families receive appropriate messages on Infant and Young Child Feeding through a complete Behaviour Change Communication strategy specially focusing on complementary feeding and developed in line with government national nutrition policy. This enables to make the consumption of Koba Aina be part of a set of adequate food practices (increase awareness on adequate practices = optimise use and consumption of the product).

Two main actors currently implement the social offering:

- a social Malagasy business\* : for the distribution and commercial promotion of Koba Aina in Madagascar
- an NGO : for the technical assistance on the product development and construction of the social marketing strategy of the social Malagasy business, and implementation of the behaviour change communication strategy with local authorities and healthcare services.

\* Our initial pilot NGO actions on the distribution of Koba Aina in Madagascar has been turned into a social business in 2013. In addition to our NGO, investors of this social business include the local producer of Koba Aina, two French impact investment funds, and an association promoting entrepreneurship in Madagascar.



## Competition Analysis

Throughout regular market surveys, an analysis of competition is run to understand the market evolution and get a better knowledge on potential leading products: through customer surveys on their purchasing habits and feeding practices, and through distribution actors surveys and store-checks. From the field observation, we found indirect and direct potential competitors for Koba Aina product:

- manufactured local or imported complementary food products that are generally of poor quality : not in line with international standards, not adapted to local expectations, not specifically suiting the target nutritional requirements but regularly used due to very low prices.
- manufactured local or imported complementary foods with good nutritional quality but unaffordable for the great majority of Malagasy population. They are targeted medium and high-class families with high prices.
- substitutes for Koba Aina product, used to feed the child : especially traditional family meal "Vary sosoa", or industrial flour for adults, poor nutritious porridges sold ready-to-eat on the market, Chinese noodles, biscuits and snacks.

After observation, one main imported French brand and one Malagasy brand appear to be the most popular brand names in the market. The customers trust on these brand names, and they believe in the quality and benefits of these products. By the way, these brands increase their notoriety via mass media (promotion on TV and radio). The distribution of these products is very intensive both in main cities, with a high visibility in medium and high class shops, but also in the regions thanks to the implementation of regional exclusive distributors who can flood the market quickly (especially for the French brand). The larger product range (in terms of tastes, packaging and prices) and the very user-

friendly preparation (instant flours versus ready-to-cook Koba Aina) are also real competitive advantages of these two brands.

However, Koba Aina is the only complete flour produced in Madagascar with 90% of local raw materials and specifically adapted to the crucial target groups of children 6-24 months to prevent malnutrition. Moreover, Koba Aina is 2 to 4 times less expensive than other industrial products available on the market. This price represents 4 to 8% of the budget of a family with national minimum salary. Finally, Koba Aina is the only high-quality product sold in a convenient ready-to-eat format via door-to-door or at the brand dedicated baby restaurants. It is also very popular among Malagasy children.

## Integrated Intervention Mix

Overview of our twofold intervention mix: Social Marketing and Behaviour Change Communication.

### SOCIAL MARKETING MIX

Product: Koba Aina fortified product (see above "Social Offering")

- It is a ready-to-cook flour fortified with 25 vitamins and minerals, used in the preparation of porridge
- It is suiting international quality standards and local habits & tastes
- It exists in 3 packaging formats: raw (ready-to-eat porridge); one portion-size small sachet of 35g; bulk packaging of 1kg to 50kg
- A range of 3 flavours is available in 35g sachet: natural, strawberry and banana
- The Mascot, a bag of rice from Madagascar with a smiling face, is highlighting brand values (quality, nutrition, local identity). The name Koba Aina ("Flour of life"), the slogan ("I love my child, I give him Koba Aina") and other communication axes have also been chosen in adequacy with mothers' perceptions and expectations regarding infant food.

**Place: Three distribution channels enable to sell the product in urban zones across Madagascar:**

- The social market: 123 selling agents (well-known by the community) sell the ready-to-eat porridge in urban zones door-to-door as ambulant vendors/counsellor or through Hotelin-jazakely ("restaurants for babies"). Parents can also come to buy the porridge already prepared or can let their children eat it in the restaurant which provides an opportunity to monitor the baby's growth and get advice. (33% of sales volumes, Dec. 2018)
- The traditional market: around 8000 retail outlets including small and medium size grocery stores, pharmacies, supermarkets sell the 35g sachet. 15 wholesalers also flood the market. (46% of sales volumes, Dec. 2018)
- The institutional market through NGO's and public institutions: unbranded Koba Aina is sold to social institutions to allow reaching E category (people living with less than \$0.19/day) through free or subsidized products. (21% of sales volumes, Dec. 2018)

### Price: unsubsidized to end consumers

- Through the social network (restaurant for babies and door-to-door) : 300 MGA for one ladle/meal = 0.075€
- Through traditional network (retail) : 500 MGA per 35g small sachet (one portion pack/meal) = 0.125€
- Through institutional network (public organisation) : free for end consumers, and sold less expensive to institutions than the prices in the other channels.

### Promotion:

- Media : advertising spots on TV and radio, sponsoring, documentaries, game contests online, national fairs
- Below-the-line marketing : sales agents in the neighbourhoods (as main communication vector), events on local markets (mobile animation) or with retailers and wholesalers, trade animators in regions, goodies
- The message is not based on "the cheapest solution for the poor". Communication focuses on the fact that this is a solution that is convenient, available near your place, good for your child, of high quality and affordable.

### BEHAVIOUR CHANGE COMMUNICATION MIX

1. **Objective** : raise awareness on adequate IYCF practices, particularly on complementary food and raise motivation of families to optimise their daily practices

2. **Target** : families with children under 2, lactating women, health care staff, community agents
3. **Channel and tools** : a combination of 3 interventions
  - Below-the-line proximity campaign in urban through: restaurants for babies (with community health agents providing free counselling and free weigh-ins), awareness raising group meetings inside the different neighbourhoods (animators and community health agents) and on main neighbourhood markets, theatre groups, mobile-cinema debates, trainings to health staff and community agents.
  - Media campaign: through nutrition education films broadcasted on 2 main national channels; Radio spots
  - Personalized campaign through mobile: nutrition education messages sent through sms and voice messages during 10 months according to the age of the child (for children from 2 to 12 months).

Commercial promotion run by the social business is combined with this awareness-raising campaign. The latter does not have the same objectives, as it is aimed at a change in families' practices with a view to them taking better account of nutritional and hygiene requirements for children and pregnant and breastfeeding women. Via mass media, group events or individualised approaches, messages adapted to suit contexts and needs are circulated to families. The healthcare system and local organisations are trained and equipped to be key stakeholders in awareness-raising at community level.

### Systematic Planning

As described previously, the intervention is developed based on various diagnosis of the context/targeted population but also on 20 years' experiments on the Malagasy field and in a dozen of other developing countries. All along the intervention, a monitoring-evaluation program is set up both by the NGO and the social business to optimise action:

- Daily follow-up of sales force and promotion activities; Monthly monitoring surveys on each distribution networks among points of sales; and 2 times per year among target populations to check the availability of the product.
- Yearly consumption, perception and satisfaction surveys among families, especially with children from 6 to 24 months
- Regular KAP surveys (last one in 2017 and next forecasted mid-2020) to evaluate the impact of the intervention on knowledge, aptitudes and practices of target groups in terms of IYCF, on notoriety and consumption of the product, and on nutritional status.

The underpinning theories for the intervention are : 1) combining research and action to find suitable and innovative solutions for each context and target; 2) working in coalitions of stakeholders from the academic, political, economic and association arenas to reinforce action; and 3) making actions sustainable and part of public policies.

### Results and Learning



Based on previous diagnosis, social marketing of locally manufactured complementary foods appeared to be a solution to provide quality, affordable foods that are fast and easy to prepare to as many people as possible. When accompanied by a complete Behaviour Change Communication that increases awareness on appropriate feeding practices, it enables more appropriate consumption

of the product in addition to recommended practices (such as breastfeeding) and effectively improves nutritional impact.

### Affordability, compliance and nutrition education awareness

- The product represent a complete meal that matches local habits (in terms of preparation, taste and food form)
- It specifically meets mothers' expectations on the fact that the product should be made up of rice from Madagascar (as it is the main ingredient that a child will eat) and easy to prepare (5 min)
- It covers main nutritional needs of breastfeed children from 6-24 months
- Families are ready to pay 2.5 times the price of unfortified rice flour as they trust the quality of Koba Aina
- Koba Aina is still 2 to 4 times less expensive than other industrial products available on the market
- Low-income consumers (from the D category) buy the ready to eat porridge sold in door-to-door by the ladle
- 35g sachets available in traditional network reach families from the C

to B category, even when a part of them live in neighbourhoods where they would have the option to be delivered ready-to-eat porridge at home.

- Brand awareness rate reaches extremely high level of 90% in and around baby restaurants areas.
- 30 000 counselling sessions with mothers have been run inside restaurant for babies in 2017
- More than 13 100 weigh-ins sessions run in 2017
- 163 nutrition education group animations run in 43 areas of Antananarivo
- 380 health community agents trained and coached on nutrition/complementary feeding (mid 2018)
- 104 000 families reached through nutrition education proximity activities (mid 2018)

### Sales, consumption and availability

- 47 millions of meals were sold since 2013. 9 millions of rations were sold in 2018
- 8000 children under 5 are daily reached by the intervention in 2018
- 600 000 families have access to Koba Aina near their home (all points of sales combined)
- The monthly penetration rate, defined as the rate of 6 to 24month-old children consuming at least one serving of Koba Aina (120 g of porridge made from 35 g of flour) per month, is around 62% (end of 2017)
- About 18% of children ate at least 25 servings per month (regular client rate)
- 123 neighbourhoods are currently covered with the service door-to-door in 45 districts
- 123 selling agents are active and an average 5kg per day per agent is sold
- 36 restaurants for babies are operational and more than 5000 direct sales outlets are active;
- More than 250 animations trade were run in retail stores
- 40% of mothers declare to get messages on the use of Koba Aina mainly through radio



### Conclusions and Recommendations

Several lessons learnt can be shared as global recommendations:

1. Social marketing enables to reach poor populations (Bottom of the Pyramid): the affordability of a high-quality product can be proven among C and D customers that are ready to pay more to get adequate food for their child if the product is perfectly adapted to their needs (in terms of format of selling units, content, distribution).
2. Social marketing added to Behaviour Change Communication can more sustainably influence nutrition behaviours and trigger adequate consumption of food.
3. Bottom-up creation of a social offering improve chances of success: in depth diagnosis and regular analysis of the context, acceptability testing among population and distribution network enable to develop a better offering.
4. Focusing on satisfaction (i.e. to the child) and convenience (i.e. for the mother), while meeting local food habits enables better appropriation from the target than the only health promise. "Mothers want to give their children the best food they can afford, not the cheapest product on the market".
5. Developing innovative distribution network to increase availability of products very close to the poorest families is key: door-to-door facilitates the use of a product in a context where many families do not have the facilities to prepare home-made meals and where some meals are usually eaten at home.
6. Develop a premium range (35g sachet) in parallel to a low-price product (porridge ladle) increases trust and notoriety of the product, triggers demand and make the product be aspirational for all target groups.
7. Combining research and action over a sufficiently long span of time is key to find suitable and innovative solutions for each context and target. The importance of continuous monitoring and evaluation

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also ensure that the offering is still adapted to the context and that messages are still in line with the target and legal context.

8. Social entrepreneurship model is a solution for development: it enables to combine the efficiency of an economic approach with the fairness of a social approach, while addressing the challenge of sustainability (through the affordability of the service to poor populations).
9. Working in coalitions of stakeholders from the academic, political, economic and association arenas with dedicated responsibilities is a must to reinforce action in order to better improve nutritional status.

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## Number: 122

### Nugget – co-created mobile game challenges gendered realities for Indian adolescents

Conference Track: Using citizen focused design thinking, participative design, actor engagement and co-creation

**Authors: Emebet Wuhib-Mutungi; Ragini Pasricha; Radharani Mitra; Genevieve Hutchinson**

**Aims and Objectives:** From December 2015 to October 2017, we, with the funder, co-created a transmedia initiative using human centred design principles in India targeting adolescent girls and boys to address gender discrimination and stereotyping. The overall objective was to empower adolescents by creating an enabling environment for them to explore and address gender discrimination and stereotyping. Through research and a theory of change process we refined this down to 4 key objectives focussing on attitudes, norms and self-efficacy. The intervention intended to build:

- Recognition among adolescents and their parents of gender stereotyping and discrimination.
- Confidence in adolescents to discuss gender stereotyping and discrimination with peers and parents.
- The efficacy of adolescents to negotiate with peers and families and build support systems
- A supportive environment for change by influencing parents.

The mobile game, Nugget, focussed particularly on the first objective: recognition of stereotyping and discrimination, the sources of that discrimination and stereotyping, and escaping the force-field of gender normative social expectations. It was also designed to help trigger discussion about these issues amongst adolescents as well as with parents.

India is home to the largest population of adolescents in the world, with 253 million individuals aged 10-19 years – approximately one-fifth of the country's population. Largely invisible as citizens despite their significant numbers, adolescents are for the most part not consulted on decisions affecting them. Deep-rooted gender discrimination has created challenges for adolescents, including early marriage, early childbearing, unwanted pregnancies, a very high dropout rate after completing elementary education, high prevalence of anaemia, and physical and sexual abuse. Girls are disproportionately affected by these harmful outcomes, but preventing these means addressing often deeply held beliefs, traditions and norms. In this context, adolescents' quest for identity, agency and autonomy occurs in a world fraught with family and peer pressure, anxieties about careers, relationships and the future, all of which are reflected in the mobile game.

**Target group focus, segmentation and insight:** The formative and desk research helped to define the primary and secondary audiences for this intervention. Given the increasing importance the mobile screen has on the lives of digitally enabled adolescents, the target group for the mobile game was specifically older adolescents (15-19 years old) in larger and small cities and towns, based on access and usage of smartphones. The mobile game responds to the needs of an 18-year-old first year student in a large university in a metropolitan city as well as a 15-year-old from peri-urban India studying in secondary school. A central insight from the audience research was that a force-field of social expectations inhibits the lives of Indian adolescents. The concept of the force-field comes from an Indian epic, in which a force-field is something that both protects but also limits people. The gender force-field shapes how adolescents think, feel and act and reflects the attitudes and social norms with which they struggle. The expectations of parents, family, friends, teachers, neighbours and society influence their personality, self-worth and ability to negotiate for their rights and aspirations. Gender is so deeply entrenched that no one questions it. This holds true even for seemingly more empowered urban adolescents with digital access. The challenge was to create recognition of the force-field and gender inequity in an audience that has been socialised to accept it. Therefore, the initiative needed to generate conversation and provoke debate not just among adolescents and their parents but in a larger social circle.

**Integrated Intervention Mix:** Given the diversity of age bands within the adolescent category, urban and rural locations and disparate socio-economic categories, and recognising the huge potential of media and its power to influence, shape perceptions and help generate the much-needed intergenerational dialogue, we developed a transmedia integrated intervention. This comprised of TV, radio, social media, a mobile gaming app and an interpersonal communication (IPC) toolkit. Each platform was independent, catering to different audiences, and yet delivering complementary content. The aim was to target 'early adopters' who have high media exposure with AdhaFULL (half full), a 'whodunit' TV drama, and a radio show ('Full on Niki') by addressing gender stereotyping, discrimination and all the issues around it in detail. The smart phone game (Nugget) and social media strategy (#BHL) were pitched to a more urban/mini-metro and peri-urban audience rather than rural, as well as to the older band (15-19 years) of adolescents. Each of the characters in the mobile game also feature in the TV drama and are discussed in the radio show. The IPC toolkit was pitched for a younger age group (10-14 years) along with their parents in a rural context so that it can be used by government and civil society interventions that work with adolescents. This mix aimed to strategically place some of the adolescent issues in the private and public domains – thus creating a supportive environment for open discourse.

The transmedia approach ensured that "breaking the force-field" – recognising gender stereotypes, questioning and discussing the issue, was conveyed through all outputs of the intervention. Essentially, the same communication focus was expressed in different ways, using platform-specific nuances and narrative techniques to build up the same story with the interpersonal communication toolkit, which included graphic novels, an activity book and a discussion guide to complement an omnibus version of the TV show allowing for customized, facilitated discussions and activities in small groups in resource-poor settings.

**Systematic Planning:** The underpinning theory we used to develop the intervention combines the integrative model of behavioural prediction (Fishbein and Capella, 2000) and the sociological theory on changing social norms (Ensiminger and Knight, 1997). We applied their model to develop the intervention theory of change whilst taking into consideration the constraints presented by the social contexts. Essentially the intervention theory of change uses the key insight that a force-field of social expectation inhibits the lives of Indian adolescents and outlines a pathway to create recognition of it and the gender inequity in an audience that has been socialised to accept it by generating conversation and provoking debate not just among adolescents and their parents but in a larger social circle. The planning process for the integrated intervention started with immersion, consisting of desk and formative research, consultations with technical experts, field trips and media and audience landscaping. A very significant part of the immersion was dedicated to hearing the voices and understanding the lives of adolescents and those around them.

Before moving into creative development of various outputs, the project team developed a detailed insight-based 'Dashboard' in consultation with the funder which was a one-stop document that synchronised research, content development across the multiple platforms, programme management, monitoring and evaluation. The use of the Dashboard rather than a typical message brief or creative brief enabled the team to strategically select, mix and match issues impacting adolescents in India across the different platforms, identifying issues that are better addressed through the mobile game or IPC toolkit rather than mass media, as well as monitor coverage of the issues across the different platforms. A multi-disciplinary team combined academic research with experiential learning and technical expertise using a Human Centred Design Process to develop the content strategy and design the mobile gaming app. This involved immersion, defining the problem and insights, generating ideas/solutions, prototyping and testing and user testing. A three-pronged marketing strategy was adopted for promoting Nugget. The Android-only game was released on Google Play Store on July 16 2017 and due to time and budget constraints a small-scale week-long outreach activity was rolled out across four Indian cities and two mini-metros so that adolescents were able to try it. This was followed up by the funder's ambassador and noted Bollywood actor endorsing the game on social media and an official launch through a panel discussion involving game industry experts, development sector professionals and digital leaders.

**Citizen Orientation:** Citizens – in this case our target group of adolescents – were key to the development of the intervention and the mobile game. Formative and desk research was carried out to explore understanding, attitudes and beliefs, norms, efficacy and behaviour related to gender stereotypes, expectations and roles, as well as media and non-media communication access, usage and influence. Several different research techniques were used. First, desk research, consultation through media and audience landscaping, analysing the funder's programme data and research on adolescents, conducting consultations with technical experts and going on 'immersive' field trips. Interacting with the funder's technical experts and the Communication for Development (C4D) team also helped build a foundational understanding of adolescent issues. Second, the team comprising creative and production, ICT, project and research personnel immersed itself in the lives of the audience. The best route to gaining that understanding was to talk to girls and boys in person, see where they lived, studied and led their lives. To inform the development of the mobile game, the team used some of the relevant insights from an earlier immersion trip that informed the development of the TV and radio shows and complimented this with specific insights from an additional immersion trip with a cross-section of undergraduate and postgraduate male and female students from small towns living in hostels or student accommodation in a non-elite college in Delhi and a school on the outskirts.

The research highlighted that games play an important role in developing concentration, resilience and socialisation skills and adolescents have an affinity for technology. The immersion visits for the game revealed:

- Not only do 15-19-year-olds invite friends to play and compete against one another, games are a conversation starter, both online and offline.
- Games on mobile phones are played when between other activities, while commuting, in between tuition classes or before going to bed.
- Short, quick game loops are preferred.
- Levels are motivators, even a casual gamer feels a sense of achievement and pride in being a high scorer among their peers.

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- Global trends or games that are being played by their immediate peer group are most popular.
- They learn about new games primarily through word of mouth.
- No one is willing to pay for games.
- The game cannot be too heavy because of download issues and memory space on the device.
- While boys prefer strategy and/or action games, and girls prefer puzzle games, everyone likes 'infinite running' games.
- Many adolescents would be playing the game on shared handsets. Therefore, the content would have to be appropriate and not cause parental or elder sibling disapproval (the latter especially in case of girls).

The game design had to be for inexpensive smart phone handsets with low specifications, no 3D graphics or high-end formats. It had to be built on an Android platform (version 4.1.2+). Adolescents continued to be central throughout the mobile game development process. Through group discussions and activities, concept testing and piloting of the mobile game was carried out with representatives from our target groups of adolescents. Four rounds of user tests were conducted, journeying from paper-based prototypes to a beta version testing and refining the concept, game mechanics, game play, messaging, look or aesthetics. During game play, motor skills took precedence over cognitive skills, hence a need for overt (not subtle) messaging before and after core game play was necessary. Therefore, text boxes at every level and an accompanying voice-over were added. The content in the game – both text and audio – is in a conversational blend of Hindi and English that is characteristic of most urban teens. Much of the language and a few of the names came from the adolescents themselves during user-testing. This helped us to revise and refine the mobile game to better ensure that it was attractive and entertaining as well as effective in helping adolescents identify the gender 'force-field'.

**The Social Offering:** The mobile game was built to focus on helping adolescents to recognise the force-field: the people and ways in which those people set gender stereotypes or discriminate based on expectations of gender. In the game the protagonist, "Nugget", is androgynous so that players, irrespective of gender, can identify with it. Nugget has six recognisable antagonists who represent the force-field that circumscribes the lives of adolescents. These familiar pressure points in an Indian adolescent's life were gamified. Each character is presented as a stylised arm – one that could crush Nugget – unless the player can help Nugget escape the pressure by swiping left or right (one lane at a time) to avoid the arms. The game consists of six progressive levels, each with a stipulated score target, and a seventh endless level. Nugget creates a link between the virtual and the real world by bringing alive a teenage player's everyday experiences of facing pressure from people around them. In the process of swiping and scoring, we want players to recognise how these limitations can curb their aspirations and make them conform to stereotypes. As a result of playing the game, the social offering is that adolescents will recognise the pressures that judge and limit them through the arms, and learn self-awareness with regard to gender stereotyping, empathy for each other, and interpersonal skills that help create relationships. They also learn about the need for effective communication in terms of assertiveness and negotiation with equals and those in positions of power.

**Competition Analysis:** Our main competitors were the multitude of mobile gaming apps. An analysis of gaming trends in India showed us that:

- On analysing the top 25 free games on Google Play Store, simple games, based on familiar game play, that can be completed quickly in one session, without registration, without Internet connectivity, and without payment were the most popular.
- Online distribution is competitive and expensive with marketing budgets in the commercial world going northwards.

Using this competition analysis and insights from talking to adolescents during immersion trips, it was clear that whilst Indian adolescents enjoyed playing universal games on Google's app store, such as Candy Crush, there was not a game available that spoke to the Indian adolescent experience and in their 'lingo' – Hinglish – which is a mix of Hindi and English. This was the gap our mobile game aimed to tackle.

**However, while mapping competition, two points have to be considered:**

- a) **The time and resources allocated within the project to develop the game app were much lower than its commercial counterparts, which resulted in the team having to manage various constraints.**
- b) **Both the promotional budget and consequently the time period for which it could be promoted were miniscule compared to other such offerings on Google Play Store.**

**Given the above limitations, Nugget fared very well against competition (please see below), but its optimal potential could have been better served if it had the comparable time and resources both during the development stage and after release.**

**Results and Learning:** In the 17th week (November 10-16, 2017) after it was launched, Nugget was featured as the #1 new game (new and updated games section) on Google Play Store. The game had reached over 116,000 downloads with significant ratings. It had been played 92,000 times (sessions) in total, of which 56% were played by new players and 44% by returning players. The average duration of each session is 4.01 minutes, which is close to the global average duration of five minutes for casual games, according to industry experts. Among the players, 70% were boys, 22% girls and 10% of unknown gender. This gender difference is not surprising given the issues girls face in terms of access to or ownership of smartphones and data usage. However, 'stickiness' has been higher among girls, which is demonstrated by the significantly lower drop-out rate through each of the six levels of the game among girls compared to boys. However, 'stickiness' among both age groups (13-17 years and 18-24 years) has remained the same. As part of our transmedia intervention, the game app was developed by us and the funder as an exploration of new, digital platforms and products to involve and engage adolescents in recognising the force-field. Anecdotal feedback has told us that the mobile game is meeting the project objectives as adolescents playing the game seem to recognise the stereotyping and discrimination portrayed in the game as being relevant to their lives. Key learning coming out of the 'games for social change' discussion panel we organised during the launch of the mobile game included a number of important recommendations for us and for others wanting to do something similar in the future. These include:

- As one goes down the pyramid of one billion potential mobile users (in India), the demand for multimedia content – probably for communication and entertainment – goes up. The key challenge is to create a business model to deliver multimedia content at low average revenue per user.
- There is no formula for a hit game. High failure rate and churn rate is the norm in the game industry. An engaging narrative and good user experience are must-haves for any game.
- Gaming is a highly competitive space, where games for social change have to compete against commercial counterparts in terms of 'eyeballs' and engagement. Human centred design processes with a fail-fast approach is a potential way forward for developers.
- Games for social change should explore the trends of augmented reality (AR) and virtual reality (VR) and localisation/hyper-localisation
- Evaluating a mobile game like Nugget can contribute to the evidence around the role of games for social good. However, traditional ways of impact evaluation with a 3-4 year feedback loop has to change when it comes to mobile games for social good. These need regular monitoring and short feedback loops with the target audience.

**Conclusions and Recommendations:** For a transmedia initiative to be successful, recommendations for future practice include:

- Depending on the platform/format and its intended audience, the content has to be calibrated to create the desired synergy and amplification.
- When designing innovative ways to create linkages across multiple-platforms you need to think about themes, narrative, characters and tonality.
- There needs to be synergistic implementation across all platforms for optimum impact.
- Plan for resources and appropriate method of evaluation for each platform.
- If norm change is the goal, plan for sustained engagement.
- Marketing and promotional budgets need to be included for projects to optimize their reach in competitive markets.

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Number: 124

### SKY Girls GH: A tobacco prevention campaign for teen girls in Ghana

Conference Track: Reducing the impact of addiction including substance misuse, alcohol, tobacco and gambling

**Authors: Larissa Persons, Director of Strategy, Good Business UK. Jennie Mitchell, Senior Consultant, Good Business UK.**

#### Aims and Objectives

With tobacco usage rising amongst young people across sub-Saharan Africa, SKY Girls aims to strip the aspiration out of tobacco use and stop girls from starting to smoke. Our programmes are focused on achieving five outcomes based on building empowerment, resilience and self-efficacy that, in combination, we believe will lead to our desired end state – a reduction in tobacco uptake and use. The outcomes are: girls feel supported by their peers, girls are able to share and explore issues, girls feel confident to express themselves through the choices they make, girls model refusal skills and aspiration is stripped out of smoking. This submission will focus on our behaviour change campaign in Ghana which launched in April 2017 and was independently evaluated by Tulane School of Public Health between February 2017 and November 2018.

#### Target group focus, segmentation and insight

SKY Girls is an empowerment based tobacco control programme for teen girls aged 13-16 in Accra, Ghana. During campaign development in 2016, the latest reliable data for youth tobacco usage reported 10.6% of 13-15 year old girls using any form of tobacco (Global Youth Tobacco Survey, 2009). The equivalent data for adult females was 0.4% (Demographic and Health Survey, 2008). This imbalance also existed for male youth versus adults, but the gap was far less stark: 14.1% for youth (GYTS, 2009) and 12.4% to adults (Demographic and Health Survey, 2008). With agreement from the BMGF, we took the decision to focus on teen girls due to the striking differences between youth versus adult tobacco use rates.

Initial qualitative research from group interviews, as well as a pilot of narrative-based research pioneered by SenseMaker, provided the insight that teens know about the harmful effects of smoking and don't want to smoke, but there is a social pressure around them to smoke tobacco. Within their social circles, they are torn between the desire to stand out whilst also fitting in and are not always confident to refuse tobacco for fear of being rejected by their peers. While cigarette use is deemed anti-social, shisha sits in a world apart from other tobacco products for young people in Ghana and its social and aspirational qualities makes shisha a significant risk to teen girls.

#### Citizen Orientation

Our approach to tobacco prevention is to start with the person and not the issue, tapping into the existing desires and ambitions of our target audience. This means that we take the unconventional approach of avoiding any tobacco-related messaging until we have built a credible and aspirational brand. Our core campaign message and brand is built around being true to yourself" and making choices, and we start by creating content based around teen girls' passion points, namely singing, music and friends. Much of the campaign is co-created with girls to make it the only programme both for girls and by girls in Ghana. We encourage girls to support each other within the SKY Girls community, and focus on empowerment messaging to build resilience and confidence. Once established, we introduced tobacco prevention messaging, initially by

highlighting moments when girls have chosen for themselves to reject tobacco.

#### The Social Offering

For girls in Ghana, social connection is everything and peer pressure is a big challenge in their everyday lives. Our tobacco prevention campaigns are based around the principle of building a movement, led by our SKY Girls brand, that would inspire girls to make positive choices for themselves, including the choice to refuse tobacco. We wanted to challenge the notion that if offered a cigarette or shisha within a social environment, teens have to smoke in order to fit in or impress the opposite sex. We created SKY Girls as a smoke-free community by providing content that girls love, a support system outside of their family, and a new vernacular to empower girls to refuse tobacco. Our campaign motivates girls to say "my thing" to things they like, and "not my thing" to things they don't like and encourages SKY girls to use these phrases when making their decision not to smoke. We aimed to build resilience and confidence amongst girls to "stay true to themselves" and inspire them that not smoking is a cool choice by featuring smoke-free role models and celebrities.

#### Competition Analysis

With strict legislation forcing tobacco companies out of western markets, "big tobacco" companies are increasingly focusing on African markets where legislation is less firmly enforced. In 2004, the Government of Ghana signed the Framework Convention on Tobacco Control, committing Ghana to prioritise public health over the tobacco industry. However, it wasn't until 2012 that Ghana implemented changes in legislation limiting smoking in public places and enforced a ban on tobacco advertising. Despite these changes, the latest Ghana Global Youth Tobacco Survey (GYTS) in 2017 showed that 25% of teens aged 13-15 years old still see tobacco advertisements at points of sale, and over half of self-reported smokers said they were not prevented from buying cigarettes, despite being under the legal age to purchase tobacco products. Tobacco use is clearly visible in local media with 61% of teens saying they have seen tobacco on TV, in videos or movies, and 39% reporting exposure to tobacco in indoor and outdoor public spaces.

Over the course of the SKY campaign, through focus groups and anecdotal evidence in discussion with girls, we learned that cigarettes were not our biggest challenge, but that shisha posed a real risk because very few girls knew it was even tobacco. This was later reinforced by the Ghana GYTS 2017 data which showed that shisha smoking has overtaken cigarette smoking amongst teen girls in Ghana. Qualitative data from focus groups suggested the social and one-off nature of smoking shisha at parties made it a more acceptable form of tobacco use compared to cigarettes, which was associated with "mad men on the streets with red eyes". Moreover, the sweet flavours masked the dangerous effects of smoke inhalation amongst many teen girls. Our campaigns aimed to combat this aspirational image of shisha head-on, by creating a popular brand and community of girls who were proudly smoke-free.

#### Integrated Intervention Mix

Our tobacco prevention strategy implements a multichannel approach to drive deep engagement and make the campaign central to girls' lives. Our approach combines community-based events, school activations and clubs, a radio show, one-off competitions, vlogs, two feature films and a bimonthly magazine, with social media as our digital home.

When girls first engaged with SKY, our common entry point uses a pledge mechanic to bring girls into the SKY community and encourage them to "be true to themselves" (Figure 1). Girls could do this at our offline activations and through our online channels, and every SKY Girl would receive a wristband to show they are part of the SKY community. We then introduced a new vernacular and encourage identity exploration by expressing "my thing" or "not my thing" to what they like and don't like.

Although our content and activities are focused on girls' passion points, empowerment messaging is integrated throughout, building a sense of self-sufficiency amongst teen girls and subtly embedding tobacco prevention messages in the context of what they care about.

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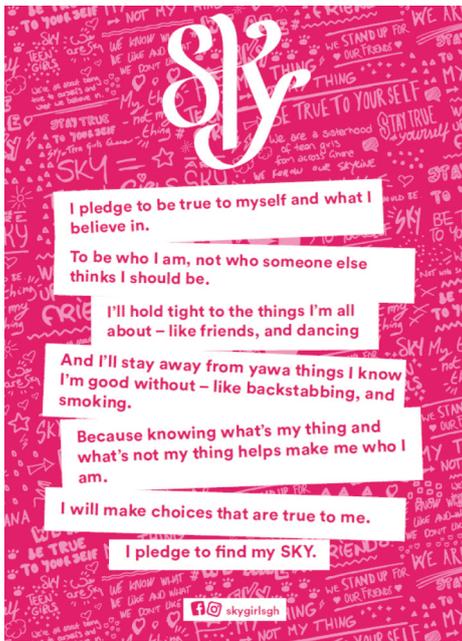


Figure 1. SKY Girls pledge

An example of one activation to bring these messages to life was the creation of a “Do Your Thing” talent competition which ran from April to June 2018 and was activated in 20 schools across Accra. Competitions of this nature are rare for girls in Ghana, which built inherent aspiration into the event. The first half of the activation aimed to build understanding of “my thing” and “not my thing”, encouraging girls to express what they like (such as singing and friends) and what they don’t like (such as backstabbing and smoking). The second half of the intervention was an open celebration of girls’ passions and talents, in which we were able to embed subtle tobacco prevention messaging. The activation engaged 6,000 girls and provided them with an opportunity to showcase their talents and build their confidence. The online voting element of the competition, where winners from each stage were posted on social media, gained a total of 28,000 video views, 260,000 impressions and 24,000 comments.

A key aspect of our campaign was creating an environment where we associated not smoking with positive choices and decisions. We involved smoke-free celebrities in our events, vlogs, school activations and magazines to provide a voice that girls listen to. We also created a two-part teen-oriented feature-length film series, the first of its kind in Ghana, based around our core message of “be true to yourself” and showing aspirational characters refusing tobacco. We worked with schools and local communities to host “movie nights” showing our films and achieved 37,000 offline views over six months. We also hosted both films online, achieving more than 700,000 views to date with both a Ghanaian and international audience.

Other various elements of our campaign were co-created and led by teen girls: teens presented our weekly radio show and vlogs, and girls could be a “guest editor” for our bimonthly magazine. This is an important part of our campaign strategy, empowering girls to “own” the campaign and providing a platform where our tobacco prevention messaging comes from teens themselves. An example of this is the “SO SKY / SO NOT SKY” series in our magazines which discussed the most popular topics that girls had told us they liked and disliked. We created a 4-page feature that showcased how girls in Ghana love singing, and how teens are rejecting smoking. The magazine was a popular and effective channel to carry our tobacco prevention messaging, couched within a stylish medium and content about teen girls’ passions (Figure 2).



Figure 2. Double-page feature in the SKY magazine about how SKY Girls are rejecting smoking published in January 2018.

Over the course of the campaign, we continued to develop innovative activities, providing new opportunities for teens to get involved. The timeline in Figure 3 shows how our campaign developed between April 2017 and November 2018.



Figure 3. Timeline of SKY campaign activities between April 2017 and November 2018.

## Systematic Planning

Developing a theory of change is an important, evolving component of the development of all our behaviour change campaigns for tobacco prevention. The models incorporate several different factors – from our pre-stated agreed grant outputs and outcomes, to the behaviour change thinking that has informed our strategy, to the insights generated into the lives of young people. We also worked with Professor Robert West, Professor of Health Psychology at University College London, to help form the model. (Figure 4).

Our theory of change for tobacco prevention also reflects specific differences in different countries – for example in levels of knowledge around the health risks of tobacco – and has been modified to reflect learnings that have resulted from research and evaluation along the way.

The Theory of Change was vital in designing the independent evaluation of our campaign in Ghana by Tulane School of Public Health. The evaluation was comprised of a large-scale quantitative study based on household surveys to provide data at baseline and endline. The question set was specifically designed around the theory of change, enabling us to test whether the intervention was reaching the target audience in the intended way, the outcomes it is delivering and its impact on the goal state. Phone-based surveys with the household survey participants and our own database of SKY Girls tracked changes in attitudes towards tobacco over time and for optimisation purposes.

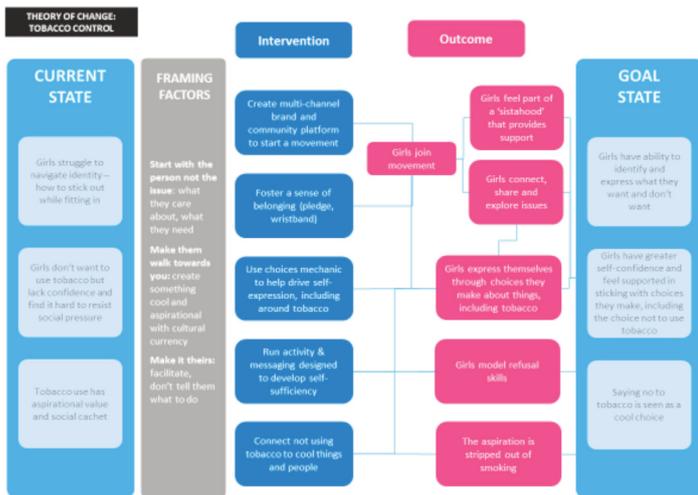


Figure 4. Theory of change for our tobacco prevention behaviour change campaigns.

## Results and Learning

The desired outcomes based on our objectives are set out in Table 1.

Table 1. Desired outcomes of the SKY Girls campaign

SKY Girl Objectives	Outcome areas
1. Girls feel part of a 'sistahood' that provides support	1. Support outside the family 2. Supported decisions 3. Support when saying no 4. Pressure to smoke shisha 5. Pressure to smoke cigarettes
2. Girls connect, share and explore issues	1. Conversations with friends 2. Conversations with adults
3. Girls express themselves through choices they make about things, including tobacco	1. Ability to make choices
4. Girls model refusal skills	1. Confident saying no 2. Positive beliefs about smoking cigarettes (index) 3. Positive beliefs about smoking shisha (index)
5. The aspiration is stripped out of smoking	3. Positive injunctive norms about smoking cigarettes (index) 4. Positive injunctive norms about smoking shisha (index) 5. Positive descriptive norms about smoking

Full results from the independent evaluation by Tulane School of Public Health will be available in early 2019. Preliminary results indicate that the SKY campaign has been effective at reducing pressure for girls to smoke cigarettes, increasing their perceived ability to make choices, and they were less likely to think positively about shisha in society. Early results indicate a dose-response effect, with girls exposed to three or more components of SKY being most impacted. Full results will be available for a speaker presentation in June 2019.

Throughout the campaign, we have faced several challenges and have had to learn and adapt our approach over time. For example, our tobacco prevention campaigns in other sub-Saharan African countries are solely directed at teens, however in Ghana, parents hold a much larger influence on the daily lives of teen girls than we anticipated. This resulted in initial low engagements with our activities because parents were unfamiliar with the brand and our intentions. We subsequently engaged with a local news journalist and created an awareness campaign which aired on local radio and on TV in local buses directed at parents to explain what SKY is and to gain their trust. We also worked in partnership with the Ghana Education Service to run extra-curricular activities in schools, which built trust amongst parents.

As a campaign with no religious affiliations, we initially developed campaign communications with little reference to religion. We quickly realised this would alienate a lot of our audience as religion was a huge part of their lives and motivation, and subsequently engaged with local religious leaders who supported and endorsed the campaign, expanding our reach to more conservative communities and gaining further trust from parents.

Towards the end of the campaign, we were able to run more activities within communities as a result of increased awareness of our brand, trust in our motives and relationships with local leaders. In the future, we plan to continue to nurture these relationships and place more focus on community activations in order to extend our activities to "hard-to-reach" girls.

## Conclusions and Recommendations

Preliminary results suggest our multichannel social marketing approach

for tobacco prevention is an effective strategy to build confidence and resilience amongst a teen population, and subsequently prevent tobacco use. Although SKY was initially designed with social media at the core of the intervention, the reality of low smartphone penetration amongst our target audience meant that social media was a supporting channel for our campaign, rather than a key channel. However, with increasing smartphone penetration globally, we would maintain this strategy going forwards and we believe it will play an increasing role, as this is a more sustainable solution that physical activations and social media acts as a central hub for all activities. We also hope to invest more in community-based activations and pilot innovative ideas to continue growing our audience across Ghana.

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## Number: 128

### Breathe: Co-design and Launch of a New Stop Smoking Service

Conference Track: Reducing the impact of addiction including substance, misuse alcohol, tobacco and gambling

Author: Holly Dixon

### Aims and Objectives

Smoking remains the single biggest preventable risk factor for poor health and premature death. While prevalence has fallen since the early 2000s, in the last few years, rates of smoking have remained stubbornly stable.

In the London Boroughs of Camden and Islington, despite the success of smokers accessing services, the stop smoking services have seen a significant decline in numbers in the last 2 years. Nationally the same trend has been noted, with services seeing a 45% drop in numbers.

The commission was to undertake a review of stop smoking service provision in the two London boroughs. We were asked to deliver recommendations for service designs to enable the Public Health team to procure a new stop smoking service to achieve the reductions set out in the Smokefree Strategy.

### Objectives:

- To undertake a review of stop smoking service provision in the two London boroughs of Camden and Islington alongside Healthier Futures.
- To use this behavioural insight to drive the co-creation of a new stop smoking service.
- To deliver recommendations for service designs to enable the Public Health team to procure a new stop smoking service to achieve the reductions set out in the Smokefree Strategy.
- To co-design the service brand, both with key stakeholders and the target audience, and support with the launch of the new service.
- To provide smokers with the right type and level of support to stop smoking and to convert them into non-smokers.

### Target group focus, segmentation and insight

The target group are men and women, who live in Camden and Islington, and seek to reduce or stop smoking.

The segmentation of the market identified specific key audiences including:

- Smokers in routine and manual occupations
- Mental Health service users
- Smokers with no/low income or from most deprived areas
- Black and Minority Ethnic (BME) communities in particular Black

# INTERVENTION / CASE STUDY

Caribbean, Mixed White/ Black Caribbean, Bangladeshi, Irish, Somali and Turkish

- Smokers living with long term or chronic conditions which are exacerbated by smoking e.g. chronic pulmonary obstructive disease (COPD), diabetes and hypertension
- Pregnant smokers and their partners
- Families with young children under 5 years of age
- Young people (under 25)
- Lesbian, Gay, Bisexual, Transgender (LGBT) smokers

Customer research showed that people wanted different ways to access the service (telephone, face-to-face, online) and the co creation of the new 3-tier service enabled people to choose their preferred level of support.

The campaign messages resonated well with target audiences and produced a supportive, impactful brand design.

## Citizen Orientation

### Initial review:

- Secondary desk research to review current smoking cessation models;
- Telephone interviews with stakeholders;
- Focus groups with specific key audiences identified in target group above. Members of the public from Camden & Islington attended the focus groups and they were recruited through local community organisations.

### Co-design, brand development and testing:

- Public and stakeholder co-creation sessions to discuss the most appropriate communications channels and which messages resonated most powerfully.
- Using the insights gathered in the public and stakeholder co-creation session, the Design Studio then developed 4 service name/logo concepts to test at 'hall test'. Participants were recruited to undertake a short review of designs, messages, straplines etc. and provide feedback.

A new 3-tier service, enabling people to choose their preferred level of support, was launched using the new brand, 'Breathe: It's about living'.

The brand design was informed by key messages that came out of the co-creation:

**Confidential** - No third party harassment

**Less predictable images** - Edgy not stop signs

**Supportive positive language** - Freedom not 'quit'

A digital advertising campaign, informed by the co-design stage, was set up using a blend of pinpoint mobile advertising and Facebook advertising campaigns to direct traffic to relevant digital pages to access the service.

Informed by the co-creation sessions, a suite of campaign assets were developed that resonated well with target audiences, equipping stakeholders and partners with useful tools to support the campaign with the minimum of effort.

### The Social Offering

Save money and improve health

To decrease the number of smokers in the two London boroughs of Camden & Islington by providing the right type and level of support to stop smoking and to convert them into non-smokers.

### Competition Analysis

Cigarette and E-Cigarette manufacturers. Smoking offers such benefits as being pleasurable, helping with stress relief and in social situations, and is very addictive.

### Integrated Intervention Mix

#### Campaign implementation:

- A new 3-tier service, enabling people to choose their preferred level of support, was launched using the new brand, 'Breathe: It's about living'.



IT'S  
ABOUT  
LIVING.

- The brand design was informed by key messages that came out of the co-creation:
  - Confidential - No third party harassment
  - Less predictable images - Edgy, not stop signs
  - Supportive positive language - Freedom not 'quit'
- A digital advertising campaign, informed by the co-design stage, was set up using a blend of pinpoint mobile advertising and Facebook advertising campaigns to direct traffic to relevant digital pages to access the service.
- Informed by the co-creation sessions, a suite of campaign assets were developed that resonated well with target audiences, equipping stakeholders and partners with useful tools to support the campaign with the minimum of effort including:
  - posters (generic/long term conditions/pregnancy)
  - leaflets
  - pull up banners
  - service van redesign



### Systematic Planning

#### Strategy:

The Breathe campaign used a number of theories:

#### 1 - Exchange Theory

Developing a proposition in which the benefits outweigh the barriers.

#### 2 - Nudge Theory

People can be nudged in directions that will improve their lives.

#### 3 - Mindspace Methodology

Messengers, Incentives, Norms, Defaults, Salience, Priming, Affect, Commitment, Ego.

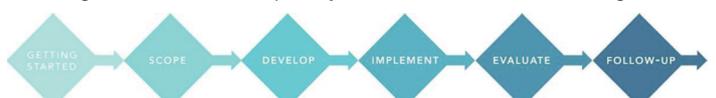
#### 4 - Tapare Methodology

Total At Risk, Persuadable, Access, Resources, Equalities.

#### 5 - Chunking

Grouping information/the ask into bite-sized bits of meaningful chunks to help readers retain important content.

The project also followed the Social Marketing/Behaviour Change Planning Process as developed by the National Social Marketing Centre:



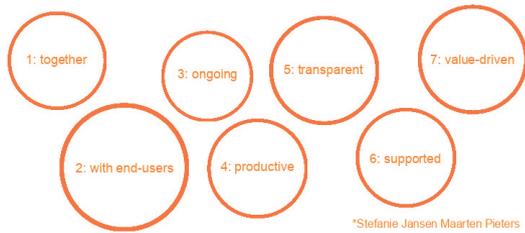
Co-creation was used every step of the way:

- To develop the new 3-tier service, enabling people to choose their preferred level of support
- To inform the brand design key messages

# INTERVENTION / CASE STUDY

- To develop a suite of campaign assets, and a digital advertising campaign, that resonated well with target audiences

## 7 Principles of Complete Co-creation



## Results and Learning

### Results:

Facebook	Mobile adverts
September 2017 – 2 weeks	September 2017 – 2 weeks
<ul style="list-style-type: none"> <li>Impressions – 287,246</li> <li>Reach – 48,330</li> <li>Clicks – 1,993</li> </ul>	<ul style="list-style-type: none"> <li>Impressions – 578,210</li> <li>Clicks – 3,001</li> <li>CTR – 0.52%</li> </ul>
Dec/Jan 2018 – 2 weeks	Dec/Jan 2018 – 2 weeks
<ul style="list-style-type: none"> <li>Impressions – 320,702</li> <li>Reach – 52,502</li> <li>Clicks – 1,904</li> </ul>	<ul style="list-style-type: none"> <li>Impressions – 544,328</li> <li>Clicks – 3,005</li> <li>CTR – 0.55%</li> </ul>
Total	Jan 2018 – 1 week
<ul style="list-style-type: none"> <li>Impressions – 607,948</li> <li>Reach – 100,832</li> <li>Clicks – 3,897</li> </ul>	<ul style="list-style-type: none"> <li>Impressions – 216,984</li> <li>Clicks – 1,505</li> <li>CTR – 0.7%</li> </ul>
	Total
	<ul style="list-style-type: none"> <li>Impressions – 1,339,522</li> <li>Clicks – 7,511</li> <li>CTR – 0.56%</li> </ul>

### Evaluation:

Initial outcomes and evaluation show people have been able to access the service effectively due to the clear, targeted messages delivered in the campaign. The digital campaign enhanced promotion of the service at times when more smokers are thinking about quitting.

Positive engagement at the launch events showed around 40 people signing up for the service at each borough's event.

During the September campaign there was a 20% increase in the contacts (calls and emails) to the service comparative to the 2 weeks before the campaign started.

In January there was an increase of 269%, however this large increase was mainly due to the extremely low number of people contacting the service for the week prior to Christmas which is normal for that time of year.

These results show that the 'Breathe' campaign was highly targeted and educated and empowered the identified target audiences to successfully access the services.

### Conclusions and Recommendations

Camden and Islington Councils were thrilled with the results of this campaign. It showed that by using insight the correct drivers were identified to ensure that individuals were happy to access the service.

After the success of the previous online advertising campaign, Camden & Islington Councils launched an additional 2 week Facebook and online Pinpoint advertising campaign to coincide with 'No Smoking Day' on 14th March 2018.

### References

Testimonial: "We really liked the innovative approach taken to this piece of work. It resulted in high levels of engagement from a wide range of residents. The ongoing positive contribution of residents to the service redesign and campaign has been extremely useful and has really shaped the approach, resulting in an exciting new local service model and brand" Public Health Commissioner

**Camden/Islington Alcohol Campaign:** "Public Health at Camden and Islington Councils were really pleased with the look and feel of the campaign design and messages, which were fresh, warm and non-

judgemental. They reflected insights gathered from our residents and they received very positive feedback from our colleagues, stakeholders and residents. The team found a number of suitable channels for effectively delivering our campaign messages to our target audiences. Thank you for all of your work on the campaign."

Our work has also been recognised and shortlisted for the UK Public Sector Communications Awards 2018 for the following categories:

- Consultation & Engagement Campaign
- Insight Award
- Best Use of Evaluation or Research



## Sharing Best Practice

The Breathe campaign was presented to delegates at the European Social Marketing Conference in Belgium, September 2018.

<https://www.breathestopsmoking.org/>

[https://www.facebook.com/Breathe-Stop-Smoking-119568838732606/?hc\\_ref=ARRifKUHVEveVhYKBePOUGJLVkmJVfBB2\\_tQ3\\_Nz6Ln7PzK31dmBwHWFjdHAz07CpQZg&fref=nf](https://www.facebook.com/Breathe-Stop-Smoking-119568838732606/?hc_ref=ARRifKUHVEveVhYKBePOUGJLVkmJVfBB2_tQ3_Nz6Ln7PzK31dmBwHWFjdHAz07CpQZg&fref=nf)

### Further Brand Guidelines and Campaign Assets:



**Number: 149**

**Reimagining USDA’s social marketing campaign for a new generation of breastfeeding WIC moms**

Conference Track: Promoting global health and reducing the global impact of disease through behavioural influence

**Authors: Roshni Devchand, Vice President, Strategic Planning, Research, & Evaluation, Hager Sharp, USA; Elizabeth Osborn, Vice President, Hager Sharp, USA; Jennifer Wayman, President & CEO, Hager Sharp, USA**

**Aims and Objectives**

Through its Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the U.S. Department of Agriculture’s (USDA) Food and Nutrition Service (FNS) provides health and nutrition services to low-income pregnant, postpartum, and breastfeeding women—a population that is diverse, vulnerable, and often challenging to reach. USDA FNS engaged our organization to update Loving Support Makes Breastfeeding Work, a social marketing campaign launched in 1997, to improve breastfeeding initiation and duration rates among mothers enrolled in WIC.

Over two decades, Loving Support saw many successes—WIC participants believed WIC was a trusted resource for information and support, they were well informed about the benefits of breastfeeding, and a majority initiated breastfeeding. However, knowledge gaps persisted and, due to a myriad of internal and external barriers, breastfeeding duration and exclusivity continued to remain low. According to USDA’s Infant and Toddler Feeding Practices Study – 2 report, the median breastfeeding duration among WIC moms was 91 days (Borger et al., 2018), and the majority of participants in our formative research stopped exclusively breastfeeding or significantly reduced breastfeeding within six weeks of baby’s birth. For this project, we conducted extensive formative research, developed a social marketing plan rooted in behavioural theory, designed a new brand, and created a suite of materials, including first-person narrative videos and a comprehensive, engaging website.

The insights uncovered through formative research demonstrated the need for realistic, focused goals and objectives, outlined in Table 1.

**Table 1. Campaign Goals and Objectives**

Goals and Objectives	
<b>Behavioural Objective</b> <i>What do we want the primary audience to do?</i>	<ul style="list-style-type: none"> <li>• Increase WIC participants’ breastfeeding initiation rates, duration, and intensity.</li> </ul>
<b>Marketing Objectives</b> <i>What do we want audiences to know, believe, and feel?</i>	<ul style="list-style-type: none"> <li>• For the primary audience of WIC participants:                             <ul style="list-style-type: none"> <li>◦ Increase WIC participants’ awareness of the services and resources WIC provides.</li> <li>◦ Increase WIC participants’ knowledge of the biology and processes around breastfeeding, particularly milk supply and how much milk baby needs.</li> <li>◦ Increase WIC participants’ skills, including reading babies’ feeding cues, proper latching, proper positioning, and expressing breast milk.</li> <li>◦ Increase WIC participants’ confidence and self-efficacy so they are empowered to breastfeed and to advocate for themselves with their families, employers, and other influencers/support systems.</li> </ul> </li> <li>• For the secondary audience of partners, grandmothers, and other friends/family:                             <ul style="list-style-type: none"> <li>◦ Increase supporters’ awareness of the services and resources WIC provides.</li> <li>◦ Increase supporters’ knowledge about ways they can support breastfeeding.</li> <li>◦ Increase supporters’ self-efficacy that they can support breastfeeding and help WIC participants breastfeed successfully.</li> </ul> </li> <li>• For the secondary audience of WIC staff, including peer counselors:                             <ul style="list-style-type: none"> <li>◦ Increase WIC staff knowledge about ways they can support breastfeeding.</li> <li>◦ Increase WIC staff opportunities to engage with WIC participants to support breastfeeding.</li> <li>◦ Increase WIC staff implementation of the WIC Breastfeeding Support campaign and use of the resources.</li> <li>◦ Increase WIC staff self-efficacy that they can support breastfeeding and help WIC participants breastfeed successfully.</li> </ul> </li> </ul>

**Target group focus, segmentation and insight**

The primary audience for the new campaign falls into two priority segments of WIC moms, based on who is most receptive and in need of support from WIC to ensure breastfeeding success:

- Moms in the first six weeks after child birth. These moms are enduring critical moments—moments that they need support to overcome breastfeeding challenges. From the first days in the hospital to the transition home, and from the first few weeks of weight loss and growth spurts to the return to work or school, moms need reassurance that their challenges are real, common, and surmountable—and that it does get better.
- Expectant mothers late in pregnancy, particularly first-time moms. These moms need (1) a realistic presentation of how hard breastfeeding can be and (2) reassurance that despite the challenges, they will be well-equipped to succeed. The more they know about the kinds of challenges they may face and understand the resources when they do, the more likely they will be to access those resources when the time comes.

Partners and grandmothers are a critical secondary audience. They see first-hand how hard breastfeeding can be (and like mom, appreciate this acknowledgement from WIC) but sometimes struggle with how best to support mom. From WIC’s breastfeeding campaign, they need specific suggestions/ways to help mom and reminders that helping mom is helping baby.

**Citizen Orientation**

We conducted formative research to better understand the attitudes, beliefs, behaviours, and preferred communications channels of WIC mothers and explore their knowledge, self-efficacy, and perceptions about breastfeeding and breastfeeding resources. The full research protocol included:

- An environmental scan, including a literature review, an audit of relevant social marketing and communication campaigns, and a policy landscape and media analysis;
- An audience segmentation exercise which involved analyzing a variety of demographic characteristics, then developing distinct audience personas to tailor outreach strategies to the needs of underserved women rather than to the dominant/majority population;
- In-depth interviews with 20 key stakeholders, including State and local WIC staff, home-visiting nurse-midwives, community-based doulas, and external breastfeeding subject matter experts;
- Mobile ethnography, which included the use of a smartphone-based platform to solicit WIC mothers’ insights about breastfeeding as they were happening;
- Focus groups with 79 mothers of newborns, 30 expectant mothers, 16 grandmothers, and 14 partners across five markets to test overarching campaign concepts, messages, and taglines;
- Twelve triad groups across three markets with pregnant and new moms to test the final campaign name, tagline, and specific creative elements, including the color palette, fonts, and photography direction; and
- A digital audit of breastfeeding on social media and digital platforms to inform the website content and digital strategy.

We translated the formative research findings into several key insights that fall into three categories: breastfeeding knowledge, attitudes, and behaviours; program delivery and perceptions; and connecting with WIC moms. The insights then drove campaign development, including target audience, calls to action, campaign strategy and approach, and campaign promise. Key insights include:

- Since Loving Support launched in 1997, breastfeeding initiation rates have improved, but duration and exclusivity remain low (Borger et al., 2018; CDC, 2018; Jones et al., 2015).
- WIC moms understand the benefits of breastfeeding, but other knowledge gaps exist (e.g., biology of breastfeeding, feeding cues, proper positioning and latching, and pumping and storing breast milk) that lead to a lack of skills and confidence.
- WIC moms are more likely to breastfeed if it is the norm in their family and/or in their community (e.g., friends, health professionals, and employers).
- Regardless of breastfeeding benefits and good intention, breastfeeding is a lot harder than moms expect and many

intrapersonal barriers (e.g., perceptions of insufficient milk supply, latching issues, exhaustion, formula being seen as a solution to all problems, and the feeling of being “tethered” to baby) prevent them from breastfeeding successfully.

- The outside environment greatly impacts a woman’s ability to breastfeed. Importantly, going back to work or school leads many women to give up breastfeeding, despite breastfeeding supportive laws.
- Not all moms understand the breastfeeding resources available to them, but those who do speak highly of WIC.
- Certain policies and program delivery practices (e.g., food package policies, breast pump policies, and inconsistency and/or lack of priority for breastfeeding at the clinic-level) are not as supportive of breastfeeding as they could be.
- WIC is still seen largely as a formula program.
- Since the campaign launch, technology has changed drastically.
- Moms appreciate a relationship with WIC that is supportive and non-judgmental.

## The Social Offering

WIC’s new breastfeeding campaign seeks to influence breastfeeding through one overarching social offering, which we called a campaign promise: **Breastfeeding gets easier**. Learning to breastfeed is like learning any new skill—you might have challenges early on, but it gets easier. Taking it day by day and setting small goals for yourself can help you get there. In fact, once you get the hang of it, breastfeeding can be the easiest, most convenient, and healthiest way to feed and soothe your baby.

To deliver on this promise, we recommended one overarching campaign strategy: position WIC as the go-to resource for breastfeeding information and support by tapping into a feeling of empowerment and letting women know they are not alone on their breastfeeding journey. All the campaign strategies and tactics ladder up to this strategy by assuring women that getting to that next day, week, or month in their breastfeeding journey is a manageable goal and encouraging them to access and use the resources to help them get there. WIC moms need to know that they are not alone in (1) the challenges they face or (2) having to overcome them. They have support from WIC and from the family, organizations, and institutions around them. And when they don’t, WIC is there to help empower moms to seek that support.

The social offering and campaign promise is communicated to WIC moms through a new brand, **WIC Breastfeeding Support**, complete with a tagline (Learn Together. Grow Together.), graphic identifier, and colour palette. To ensure the audience saw themselves in the campaign (whether aspirational or here-and-now), the team held a photo shoot with real WIC moms and included the images in materials, in videos, and on the website. In addition, all tactics were developed with the intention of supporting moms on their personal breastfeeding journey—they provided opportunities for moms to use the skills they learned and are practicing, reiterated the sentiments moms feel so acutely every day with a newborn, and reached moms in the settings in which they live, work, and play.

## Competition Analysis

When looking at breastfeeding as a whole, there is no bigger competition than formula. It is a well-funded industry that uses highly effective marketing tactics and wide-reaching promotional activities that affect a women’s decision, motivation, and ability to breastfeed. In addition, formula is seen as the solution to all problems—introducing it as a “backup” becomes an appealing convenience, especially because it allows someone else to feed the baby, giving moms a chance to sleep, shower, and leave the house.

Our formative research allowed us to understand how formula impacts a WIC mom’s breastfeeding journey and all of the other factors that compete with breastfeeding, from interpersonal challenges (e.g., a lack of support) to the outside environment (e.g., returning to work, breastfeeding in public, etc.).

## Integrated Intervention Mix

Using the insights from the formative research, we developed a comprehensive social marketing plan built on the 4 Ps framework. We developed recommendations for:

- **Product**—enhancing the products WIC already offers women, specifically the peer counseling program, and creating three additional products: an engaging website, a buddy program, and a mobile application (“app”);

- **Price**—overcoming the psychological, physical, and emotional barriers/costs to breastfeeding by developing resources that are available 24/7, exploring incentives, developing tools that help women navigate the work and school settings, and developing partnerships with key organizations to reduce barriers, offer incentives, and help normalize breastfeeding;
- **Place**—improving access and convenience for breastfeeding, as well as access to WIC services (e.g., offering 24/7 resources, hospital and home visits, online classes, more touchpoints with WIC staff, supportive breastfeeding environments); and
- **Promotion**—increasing awareness of the WIC Breastfeeding Support campaign and its products and messages through social media, partnership engagement, paid ads, videos, materials dissemination, and more.

## Systematic Planning

The social marketing approach was founded in two theories: the Ability-Motivation-Opportunity (AMO) framework and socio-ecological model (SEM). The AMO framework is assembled from basic concepts of psychology and explains the three variables needed to perform a behaviour: skills (ability), positive intention or incentive (motivation), and an environment or situation free from constraints (opportunity) (Rothschild, 1999). These three variables are particularly important for breastfeeding since it takes tremendous knowledge, practice, and training; moms must be empowered and inspired to initiate and, more importantly, continue breastfeeding, even when they’re frustrated, tired, and in pain; and they need to feel supported by the outside environment, including their families, health care providers, and employers.

In addition to the AMO framework, an ecological perspective is useful for planning a comprehensive breastfeeding social marketing campaign. While moms are the primary audience for the WIC Breastfeeding Support campaign and who the campaign reached through the strategies and tactics, the ecological perspective recognizes the plethora of outside factors that influence a mother’s ability, motivation, and opportunity to breastfeed.

## Results and Learning

We proposed a monitoring and evaluation program to guide and measure social marketing activities in support of increasing breastfeeding initiation, duration, and intensity among WIC mothers. Proposed evaluation activities included baseline and follow-up surveys among WIC participants, baseline and follow-up surveys among WIC staff, and in-depth interviews among WIC staff.

While evaluation measures are not yet available, once collected, results will be used to assess whether the campaign is meeting stated objectives and identify areas for refinements.

## Conclusions and Recommendations

The innovative formative research that informed the campaign enabled us to immerse ourselves in the lives of the target audience, understanding the emotional and physical challenges and triumphs of breastfeeding, in their own words and as they occurred. The results and insights informed a new breastfeeding social marketing campaign, that included behavioural objectives, audience segmentation, messages, and intervention strategies around the 4Ps—all with the goal of increasing breastfeeding rates among WIC participants. The WIC Breastfeeding Support campaign includes several key tactics to create awareness of the campaign, reach WIC moms with campaign messages, drive them to WIC information and resources, impact the 4Ps of marketing, and normalize breastfeeding.

Through this project, we created a comprehensive, research-informed social marketing plan and compelling, empowering materials, including first-person video narratives that will help increase breastfeeding duration among low-income women.

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**Number: 154**

## **The Global Smart Drinking Goals Program: Influencing Alcohol-related Behaviours for Social Good**

Conference Track: Reducing the impact of addiction including substance, misuse alcohol, tobacco and gambling

**Authors: Allison Goldberg, Executive Director, AB InBev Foundation; Cata Garcia, Global Director, Corporate Affairs, AB InBev**

### **Aims and Objectives**

The Global Smart Drinking Goals Initiative is a novel public-private partnership model to tackle one of public health's most intractable problems – the harmful use of alcohol. The goals are intended to serve as a laboratory to identify and test evidence-based programs, implement them in partnership with others and ensure they are independently and transparently evaluated. Two of the specific goals aim to change behaviours through social norms, including:

1. Reducing harmful use of alcohol (underage drinking, drink driving, binge drinking) by at least 10% by 2020 in six pilot cities: Leuven, Belgium; Brasilia, Brazil; Jiangshan, China; Zacatecas, Mexico; and the township of Alexandra in Johannesburg, South Africa and Columbus, Ohio. Best practices are to be implemented globally by the end of 2025.
2. Influencing social norms and individual behaviours to make harmful alcohol consumption culturally unacceptable through social marketing campaigns and other interventions related programs by the end of 2025.

These aims align with a World Health Organization goal to reduce harmful alcohol use by 10% by 2025 and the United Nations Sustainable Development Goal of strengthening the prevention of harmful use of alcohol globally and promote the global partnerships.

### **Target group focus, segmentation and insight**

Priority audiences generally include high risk adults and adolescents, but audiences are specific to each of the six city pilots. An independent evaluator has analysed the harm caused by alcohol in each city, and specific audience segments were identified accordingly. For example, in Alexandra Township in Johannesburg, the evaluation partner estimated that about 80% of the alcohol-related harm burden is due to various forms of alcohol-related violence including fights, sexual violence, and property destruction. So, program efforts will be directed at addressing that particular harm. The same goes for the other five "city pilot" locations.

### **Citizen Orientation**

As mentioned, the independent evaluator conducted baseline and end line surveys among adults and adolescents in all six cities. Alongside the aforementioned "harm burden" data, these surveys also captured demographic information, along with knowledge, attitudes, risk perception, and behavioural insights that informed the selection of the specific interventions for each city. In addition, qualitative research is providing deeper consumer insights about adolescent perceptions, key influences, and risk behaviours. Interventions to address underage drinking will be pre-tested and refined based on adolescent feedback and using interactive methodologies such as human-centred design.

### **The Social Offering**

The Global Smart Drinking Goals program includes an array of evidence-based interventions, ranging from voluntary individual-level social marketing campaigns to system-level changes such as earlier closing hours for bars and other sales outlets. These offerings are grouped according to the primary program areas of underage drinking, binge drinking, drink driving and other areas relevant to the local context in each city pilot.

For example, in Zacatecas, Mexico, the City Pilot worked to deploy underage participants to local mom and pop shops where they attempted to purchase alcohol. The program assessed whether or not the shop clerk was in compliance with the local law that required verification of a shopper's identification before selling alcohol, to ensure they were of legal drinking age. In some cases, the program was coupled with training for clerks to help them identify and refuse sales to minors. In addition to this program, the City Pilot supported changing closing hours for bars from 4:30 AM to 2:00 AM and worked with law enforcement to implement intensified sobriety checkpoints.

### **Competition Analysis**

The 'competition' in this case are the perceived benefits of consuming harmful amounts of alcohol. These competing benefits include: feelings of pleasure and camaraderie, dulling of painful feelings, and in the case of men in certain cultural contexts, a sense of machismo. Social marketing campaigns and other program interventions will be culturally adapted to address such issues.

In addition, some may perceive the industry itself in direct competition with some of the interventions, which is what makes this industry-funded Public-Private Partnership so unique. While it may seem that earlier closing hours for bars, for example, would be bad for business, the company sees an opportunity to ensure that its products are being consumed responsibly and not contributing to negative health outcomes.

### **Integrated Intervention Mix**

Using the '4 P's' of social marketing framework, the 'product' being offered is both behavioural (making it cool to abstain or moderately drink) and includes promotion of low-alcohol beer and no-alcohol beer as alternative products. The 'price' variable involves helping consumers understand the price they pay when they overconsume (illness, judicial penalties, failed relationships), and the value of choosing to buy low-alcohol and no-alcohol products. The 'place' variable looks at where and when alcoholic beverages may be sold and served. And the 'promotion' variable uses mass media, community-level channels and interpersonal communication to reset social norms and support individual behaviour change.

A specific example on Zacatecas could be shown, using the "Mystery Shopper" Program or the Bar Closing Hours example, to illustrate how each of the '4 P's' were applied.

### **Systematic Planning**

The Global Smart Drinking Goals model is based on behavioural science and draws from theories such as the Theory of Planned Behaviour, the Health Belief Model, and the Transtheoretical Model. The program is currently refining the Theory of Change underpinning all interventions, and we expect this to be finalized by the time of the presentation. The program uses the '4 P's' of marketing framework along with a planning process similar to the 'P' Process developed by Johns Hopkins University.

As mentioned, the interventions were selected for each pilot city based on a baseline study, and evaluation will be compared to the baseline as well.

### **Results and Learning**

Panelists will provide an overview of the program goals and evaluation plan being implemented by the independent evaluation partner. Interim results will be shared for specific interventions, given that the program is still relatively young. The program design framework has evolved since the program started, and the learnings and adaptations to the model will also be shared.

### **Conclusions and Recommendations**

While the Global Smart Drinking Goals program is still in process, there are broad insights and lessons to be shared about how to leverage the power of a global brand leader to achieve public health and social change goals using social marketing. Previous alcohol harm reduction efforts have been limited in scope and effectiveness. The promise of the Global Smart Drinking Goals lies within its comprehensive and innovative approach, and this effort will likely add significant knowledge and recommendations to the social marketing field going forward.

This case study submission is proposing a fully-formed panel that will feature perspectives from several different partners and will describe the evolution of the Global Smart Drinking Goals behavioural model, present examples of the specific City Pilot social marketing campaigns taking place and include details on the measurement and evaluation plan.

Another focus of this discussion is the unique organizational model overall, including at the city level, the AB InBev Foundation level and the AB InBev corporate level. Capacity-building tools such as the social marketing toolkit and training series will be featured.

The structure of the panel could include the following:

#### Moderator

Global Smart Drinking Goals Project Director, Georgetown University

#### Panellists

Executive Director, AB InBev Foundation

Global Director, Corporate Affairs, AB InBev

President, McCann Global Health

Global Smart Drinking Goals City Pilot, Leuven, Belgium OR Global

Smart Drinking Goals City Pilot, Zacatecas, Mexico

Possible Evaluation Partner Representative

**Number: 155**

### **Social Marketing Capacity Building for Social Change**

Conference Track: Reducing the impact of addiction including substance, misuse of alcohol, tobacco and gambling

**Authors: Allison Goldberg, Executive Director, AB InBev Foundation; Briana Ferrigno, President, McCann Global Health**

#### **Aims and Objectives**

The AB InBev Foundation supports six science-based City Pilot programs each designed to reduce the harmful use of alcohol and its effects in their respective cities. Each pilot is led by a public-private partnership of community leaders who are currently preparing to plan, tailor, implement, and subsequently be independently evaluated on a series of both evidence-based and innovative interventions. The AB InBev Foundation provides guidance to the City Pilot staff to ensure that the implementation of interventions meets high scientific and ethical standards. A core component of the guidance provided by the Foundation has focused on the utilization of a social marketing approach to reinforce the impact of other interventions.

To provide this guidance, the Foundation developed a digital platform that collates learnings, best-practices, and resources related to program implementation and social marketing approaches. This platform, named the Smart Drinking Toolkit (SDTK), draws upon previous Foundation-commissioned materials developed by experts from the University of Southern California, San Diego State University, The Ohio State University, and others.

The SDTK complements a series of webinars and consultative calls that all seek to increase the ability and confidence of City Pilot staff and their community leaders to effectively leverage a social marketing approach. More specific aims and objectives that the SDTK seeks to achieve are described below. These aims and objectives are all leading toward the achievement of a broader, overarching set of goals set out in AB InBev's Global Smart Drinking Goals.

#### **Overarching Goal**

The GSDG Initiative is a novel public-partnership model to tackle one of public health's most intractable problems – the harmful use of alcohol. The GSDGs consist of four goals, one of which was the premise for the creation of the City Pilots and is their overall goal:

**Goal 1:** Reduce by 10% harmful use of alcohol (underage drinking, drink driving, binge drinking) in six pilot cities (Leuven, Belgium; Brasilia, Brazil; Jiangshan, China; Zacatecas, Mexico; and the township of Alexandra in Johannesburg, South Africa and Columbus, Ohio) and implement best practices by 2025.

In order to facilitate the achievement of this goal, the Foundation identified that City Pilot Programs must:

1. Utilize evidence-based interventions;
2. Employ quality and rigorous planning, development, implementation, and evaluation methods and approaches; and
3. Frequently share knowledge and collaborate across cities.

To facilitate City Pilot's achievement of these priorities, the Foundation has planned a series of capacity building activities that include webinars, workshops, and consultative calls. The SDTK serves the cornerstone of these activities and provides teams with

frameworks, tools, and resources related to all three objectives identified above.

#### **Specific Aims and Objectives of the Smart Drinking Toolkit**

More specifically, to deliver on the aforementioned priorities, the SDTK was developed with two overarching aims:

1. **Specific Aim 1:** Increase City Pilots' application of evidence-based implementation approaches and programs (including social marketing approaches).
2. **Specific Aim 2:** Increase sharing of best practices and results between City Pilots.

#### **Target group focus, segmentation and insight**

The target audience for the SDTK is members of the City Pilot Steering Committees that will be responsible for the planning and implementation of local interventions. City Pilot Steering Committees are composed of local stakeholders including government, universities, non-governmental organizations (NGOs), other community-based organizations and the private sector. All of these individuals provide a unique perspective, bring with them a unique set of skills, and have an in-depth understanding of local priorities. However, few members have experience implementing interventions using a social marketing approach and many are not formally trained on the principles of behavior change. Furthermore, since many members are volunteers, they have limited time to invest for skill building training.

Considering this, the content of the SDTK focuses particularly on program implementation, key social marketing principles, and behavior change principles. The content has been segmented in a manner that allows users to initially explore principles at a high level and then to dive deeper into each topic as necessary. This segmentation seeks to accommodate for the wide variety of expertise and to reduce time spent search for answers to particular questions. Moreover, to accommodate a diverse set of learning styles, the SDTK includes both written content and a series of video presentations by content experts. To further simplify the experience and save on time, evidence-based approaches to reducing the harmful use of alcohol can be browsed using a series of tags related to intervention cost, audience, partners, and alcohol harm focus area.

#### **Citizen Orientation**

Elements of the SDTK, in particular the knowledge sharing component, have been developed based on a series of qualitative interviews conducted with City Pilot team members. The interviews sought to identify current communication needs and priorities, as well as knowledge sharing practices and preferences.

Once the first version of the SDTK is launched in February, users will have the ability to provide feedback through a variety of mechanisms. These mechanisms include in-site feedback surveys, surveys that will be shared via newsletters, SDTK focused interviews, and moderated user-testing sessions to further validate and improve the SDTK for further dissemination.

#### **The Social Offering**

The SDTK seeks to increase City Pilot teams' capability and confidence to implement social marketing approaches when they plan and implement evidence-based interventions. Communications regarding the SDTK have been positioned in the context of the GSDGs and have focused on improved intervention validity and efficacy, as well as simplified planning and implementation processes. These messages have sought to leverage the City Pilots teams' desire to meet their goal of 10% reduction as well as their expressed need to simplify intervention development. Content in the toolkit has been developed to focus on and convey similar benefits.

#### **Competition Analysis**

The 'competition' in this case is not utilizing social marketing principles or implementing non-evidence-based interventions. Competing benefits include: perceived time saving (from not engaging in capacity building activities and from not exploring the existing evidence-base), comfort with existing intervention development and implementation practices, and perceived social gains from developing a "new" approach (rather than implementing an evidence-based one).

Development and communication of the SDTK have sought overcome these benefits by focusing on the benefits of social marketing approaches and evidence-based programs related to the GSDGs. In addition to focusing on the City Pilots teams' desire to meet their goal of 10% reduction and their expressed need to simplify intervention

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development, communications have focused on how the approaches facilitate and simplify collaboration between city pilots.

## Integrated Intervention Mix

Using the '4Ps' of social marketing, the 'product' being offered is the SDTK platform which includes the following components developed based on City Pilot needs and input:

### Initiative Toolkit

A collection of curated guidance related to social marketing approaches and the implementation of evidence-based interventions that have been tailored to city pilot needs and alcohol harm-reduction.

### Intervention Planning Tool

A collection of evidence-based alcohol harm-reduction approaches that can be filtered by intervention focus, target audience, potential partners, and anticipated cost.

### Webinars

A set of pre-recorded webinars that take a deeper look at each subject. They were developed by experts from the University of Southern California, San Diego State University, The Ohio State University, along with content experts from other academic institutions. Each set of webinars is paired with a relevant case-study.

### City Pilot Feature Pages

Pages that showcase each City Pilot, their interventions, and their progress. Pages can be edited and regularly updated by select members of each City Pilot Steering Committee.

### Resource Library

A collection of resources, from screening tools to road safety protocols, that build upon guidance provided in the toolkit.

The 'price' variable involves helping City Pilot teams understand the cost of not utilizing the guidance provided in the SDTK related to the reduced probability of meeting the GSDGs. Considering the 'place' variable, the toolkit exists as a digital platform to simplify distribution and facilitate frequent updates.

For the 'promotion' variable, communications leading up to the SDTK have included presentations at City Pilot convening events and highlights in emails and internal newsletters. The SDTK will be launched with a series of webinars that focus on how to make the most of the toolkit. These webinars will be followed up with content specific webinars that explore key social marketing principles highlighted in the toolkit. Webinars have been selected as the preferred channel for toolkit promotion based on previous formative interviews conducted with City Pilot team members.

## Systematic Planning

Toolkit development was guided by a logical model that drew from the Theory of Planned Behavior and Social Cognitive Theory. Content developed not only seeks to build skills, but additionally to increase self-efficacy to apply these skills. Content also seeks to influence attitudes and beliefs regarding the utility and efficacy of implementing evidence-based approaches as a means to drive City Pilots' behavior; specifically, their utilization of evidence-based implementation approaches and programs approaches and application of the guidance provided in the toolkit.

## Results and Learning

Toolkit specific aims will be measured through program audits that seek to understand if toolkit principles applied in intervention planning and content reviews that will seek to understand what and how frequently teams shared progress updates about their programs. As they relate to the previously mentioned aims of the SDTK, the behaviors being evaluated are:

1. **Specific Aim 1:** Utilization of evidence-based implementation approaches and programs.
2. **Specific Aim 2:** Sharing of best practices and results between City Pilots.

Behavioral determinants that will be evaluated to understand changes (or lack of changes) in behavior been drawn from constructs identified in the Theory of Planned Behavior. Determinants include behavioral intention, behavioral beliefs, evaluation of behavioral outcomes, attitude, control beliefs, perceived power, and perceived control. All determinants will be evaluated in the context of two behaviors described above. Evaluation

will also seek to understand situational self-efficacy as it is defined in the context of the Social Cognitive Theory.

## Conclusions and Recommendations

While the SDTK has yet to be implemented, it is anticipated that there will be key learnings regarding capacity building approaches and the use of digital learning platforms.

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## Number: 161

### Smart Drinking exhibit at the Health House in Leuven: An interactive mediation and prevention program

Conference Track: Reducing the impact of addiction including substance, misuse of alcohol, tobacco and gambling

**Author: Nele Smets, General Manager, Tweeperenboom; Representative from KU Leuven**

### Aims and Objectives

Health House (<https://www.health-house.be/>) is an innovative exhibition platform in Leuven, Belgium, that showcases exhibits focused on the future of health and healthcare. Through technology and customized installations, they demonstrate how to create better and healthier lives.

Lazarus is a public-private partnership that aims to reduce harmful drinking behaviour in Leuven. Lazarus and Health House have collaborated on a "smart drinking exhibition that provides young people with information on the biological, psychological and social aspects of the use of alcohol, and highlight the benefits of responsible alcohol use.". It was first launched in October 2018 for a target group of students that had received a fine for alcohol related public disturbance, following-up on an existing mediation and coaching trajectory coordinated by the city and the police. Visitors to the exhibit followed an interactive series of installations that allowed them to see how the decisions they make during their typical night out could have either a positive or negative effect on their bodies and their environment.

The "Smart Drinking" exhibition at Health House aims to increase knowledge and insights around alcohol and harmful drinking behaviour, and to offer strategies to adopt healthier and more sustainable behaviour.

### Target group focus, segmentation and insight

The first exhibition that was launched targeted students (16-25 years) that received a fine from the police for alcohol-related public disturbance. All of these students are invited to a mediation consult with a city officer, in which they are offered the choice to either pay the fine or get an alternative sanction, such as engaging in the smart drinking coaching exhibition at the Health House.

An academic study is being executed to get more insights about the social and economic background of the students who got the fine, as well as of the group that chose to pay the fine instead of the alternative sanction. Results will be available by the end of Spring 2019 and could be shared at the conference.

### Citizen Orientation

Research and human-centered design principles have informed the design. The exhibition builds on the experience of the city and the mediators on how to make a connection with this audience. Motivational interviewing as a technique, for instance, is integrated in the exhibition. Also, being mindful about what to address individually and what to address in the group, in order not to enforce group normative thinking, is part of the training of the mediators.

The exhibition was also piloted with a test audience of students, before it was even built. Those tests taught us, for instance, that the exhibition needed to be more conscious towards students that don't drink much or don't drink at all.

In addition, the exhibition at Health House is, as we speak, being adapted into other variants to reach other target groups as well: first year college students (as part of the college introduction programs), senior high school students (as part of a prevention program in secondary schools), etc.

### The Social Offering

Challenge individual's perception of what is prevailing as the socially "normal" drinking behaviour (confront with discrepancy between what they think and what is real)

Break the stigma that rests on young people when it comes to harmful drinking, and address them as responsible and competent adults

Develop awareness of own drinking behaviour patterns

Develop awareness of choice (i.e. being aware of the choices you make already in the preparation of an evening out, choosing lower alcohol beer or no alcohol beer, alternating water with beer)

## Competition Analysis

Smart Drinking behaviour competes with social needs of students (alcohol helps to make contact), coping needs (it helps to release stress), confirmative needs (when I drink, I belong to the group) and with enhancement motives (it is tasty). Specific contexts promote and maintain harmful drinking habits (college bars, peer leaders who are heavy drinkers, drinking habits at college dorms, etc).

The Smart Drinking exhibition at the Health House makes these needs and motives explicit, and helps the participants to become aware of their own needs and motives, and how this steers their drinking behaviour. Secondly, strategies are offered in real life situations such as 'a night out in Leuven'.

## Integrated Intervention Mix

Using the '4 P's' of social marketing framework, the 'product' being offered is the exhibition itself, and the innovative way that the information is shared there. The 'price' variable involves helping the exhibit visitors spend time to understand how the decisions they make during their typical night out could have either a positive or negative effect on their bodies and their environment. The 'place' variable looks at locations where the youth may be offered or have the opportunity to purchase alcohol, and the 'promotion' variable uses the exhibition itself to reset social norms and support individual behaviour change.

## Systematic Planning

The intervention at the Health House is part of a larger intervention program in the city that runs over several years. A three-year timeline was designed and broken down into phases. We used a combination of 'fast-track projects' on the one hand and longer-term approaches on the other hand. The latter started with a literature study that gave an overview of evidence-based practices to reduce harmful alcohol consumption among young people. It was an important input for the design of a coherent package of interventions that, as a whole, will lead to a 10% reduction of harmful drinking in Leuven.

The Smart Drinking exhibition at the Health House was decided upon by the steering committee of Lazarus in January 2018. It was conceptually designed in the Spring of 2018, tested in July and built over Summer. It was launched in October 2018 for one specific target group (as described above). For one year, it will be offered to about 10 groups of 15 students each within this specific target group. Feedback from the participants will be input for further adaptation.

In the meantime, the exhibition is being piloted with other target groups, to learn how it needs to be adapted for target groups and for slightly other objectives, for instance as part of an awareness and RBS training for the personnel of student bars.

Also, during the current academic year, an effectiveness study is performed to gain more insight on:

- The social and economic background of the target group
- The motives of this target group
- The effectiveness of the exhibition in Health House in itself and in comparison with other social offerings
- The findings of this academic study will be available by the end of Spring 2019 and will be valuable input to further adapt the exhibit.

As for monitoring and evaluation of the entire intervention program, a baseline survey was conducted in 2018 and a follow-up measurement survey will be held in 2020. From the baseline study we know, among other things, that among the 16 to 30 year olds, drinks most often compared to other adult age groups (79,3% of 16 to 30 year olds that took part in the survey reported they had used alcohol in the past month, and 37,7% of this age group who drank the past month are considered binge drinkers). From police data we learnt that on average 3 persons are arrested every night related to heavy drinking and there have been over 2.200 fines were given in 2017 for public disturbance (students in the age group of 16 to 25 years old, who get such a fine, are then invited to a mediation program, as described above).

As mentioned above, the exhibition builds on the experience of the city and the mediators on how to make a connection with this audience. Motivational interviewing as a technique, for instance, is integrated in the exhibition. Also, being mindful about what to address individually and

what to address in the group, in order not to enforce group normative thinking, is part of the training of the mediators.

## Results and Learning

From the tests (before building and launching) and from the first real-life exhibits (after launching) we learnt:

- The participants of this target group are often not aware of their drinking behaviours and are very interested to talk about this topic. We need to start the conversation with young people.
- We need to involve the target group (young people) even sooner in the process and empower them.
- Even though the steering committee of the larger intervention program Lazarus is very diverse, the design team for this particular intervention was not. The planners and implementers should be more diverse.
- Don't focus on negative behaviour; give a positive message ("stay in the fun zone" instead of "don't drink too much") helps most.
- Young people didn't like names that stress the 'health' component of the topic (like 'alco-health'). They like 'smart drinking' much better, as it is closer to their natural language.

As described above, results from the academic study currently being conducted related to effects of the exhibit will be available by the end of Spring 2019 (before the Social Marketing Conference). This survey will teach us whether participation in the mediation program and in the Health House exhibition has changed frequency of drinking, drinking motives and normative beliefs towards drinking alcohol.

## Conclusions and Recommendations

As previously mentioned, an academic study is being executed to get more insights about the social and economic background of the students who got the fine, as well as of the group that chose to pay the fine instead of the alternative sanction. Results will be available by the end of Spring 2019 and could be shared at the conference.

In addition, we will be able to provide recommendations and an update on the "2.0" iterations of Health House that are currently being designed.

## References

"Literature review: evidence-based practices to reduce harmful alcohol consumption among young people", dr. Evelien Coppens et al., LUCAS – Centre for Health Care Research and Consultancy

## Number: 176

### Beyond 'I Do': Countervailing Narratives around LGBT Acceptance

Conference track: Promoting, equality and reducing inequality Including gender, race, disability, sexual orientation equity. Reducing poverty, action on promoting community empowerment, community and rural development.

**Author: Tony Foleno, SVP Strategy & Evaluation, Ad Council, USA**

#### Abstract

The legalization of same sex marriage in the U.S. in 2015 was the culmination of one of the most effective social movements in recent memory, in tandem with fast-moving shifts in public opinion around marriage equality. Several years after the Windsor and Obergefell US Supreme Court rulings, many Americans consider the issue of LGBT equality "settled." However, LGBT (Lesbian, Gay, Bisexual, Transgender) individuals still face substantial discrimination, on both the interpersonal and the structural level—and not just on hot-button issues like public restroom access, but in areas such as employment, housing, and health care.

Competing social narratives both for and against LGBT civil rights are a microcosm of a larger debate that has preoccupied American political discourse since the nation's founding: the tensions between the values of promoting equality and preserving freedom. These competing narratives influence public opinion on the issue, particularly in the wake of media events that center on LGBT rights, most prominently the Masterpiece Cakeshop US Supreme Court case in 2018.

This backdrop makes for an interesting case study on the influence that competing issue frames and current events have on public opinion, which in turn can help or hinder the success of a social marketing intervention. In 2018, the Ad Council and the Gill Foundation launched the "LGBT Acceptance" campaign across the US nationally, at a time when social

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and political discourse—not just around this issue but generally in American culture—has become increasingly polarized and angry. The first part of the presentation will provide an overview of the issue and the competing discourses surrounding it. The second part will provide an overview of the campaign's objectives and strategy, with a particular focus on audience selection and profiling. The third part will report preliminary results and implications, in the context of larger debates and discourses surrounding the issue.

The intent of this presentation is two-fold. First, to provide attendees with insights on how best to design and implement a social marketing initiative on a contentious topic, and how formative and evaluative research can be an effective long-term strategy. Second, to urge practitioners to avoid "issue myopia" and instead acknowledge that it is critical to consider how a social marketing campaign fits into a broader social context.

## Aims and objectives

The campaign's objectives are two-fold:

- Increase awareness that anti-LGBT discrimination is widespread, including the fact that 30 states do not provide legal protections against this discrimination;
- Build empathy among 'Moveable Middle' Americans towards LGBT individuals.

Strictly speaking, this is not a behavior change campaign, but instead an initiative with a primary aim of raising awareness and influencing attitudes. But don't hold that against it! There is a rationale for why we took this route, which will be explained in the presentation.

## Target group focus, segmentation and insight

Campaign planners faced a basic decision at the outset regarding audience selection. Do we try to recruit like-minded individuals to enlarge the activist base? Or do we try to reach a larger audience of "fence-sitters," whose attitudes and opinions on the issue of LGBT rights is unformed or ambivalent? We chose the latter, for reasons that will be explained in the presentation.

The target audience is defined as the "Moveable Middle" – the roughly 60% of the American adult public who are not fully committed nor opposed to the cause of LGBT equality. Extensive formative research, both qualitative and quantitative, was conducted to better understand, profile and segment (via personas) this broad audience. This type of research is critical to any social marketing program's success, but it is especially critical in this instance, when campaign planners' personal beliefs and politics were often at odds with the audience we wanted to reach. An "audience-centered" approach is much easier to attain when social marketers are communicating with people very much like themselves.

The presentation will provide a brief overview of target audience insights as well as messaging strategy, including the research-driven insights that drove planning. The focus of the audience research was centered on values and beliefs rather than demographics. Strategists identified attitudinal barriers to LGBT acceptance, including ambivalence toward LGBT "lifestyle choices" and suspicion around the idea of granting "special rights" to LGBT individuals, whom they may not view as a "protected class" analogous to women, racial minorities, or individuals with disabilities. At the same time, strategists also identified potential "ways in" to build empathy toward LGBT Americans. A core takeaway was that the best way to overcome attitudinal barriers is an appeal to fairness; i.e., LGBT Americans want (and are entitled to) what every American wants, namely equal treatment and fairness when seeking medical care, applying for a job, renting a flat, or visiting a restaurant. The resulting messaging frame that we landed upon is: When the American dream is denied to some, it is denied to all.

## Citizen Orientation

With the goal of building public empathy, the first step was for campaign planners to build their own empathy toward the target audience. Otherwise, we would produce campaign assets that would be perceived by the audience as condescending or disrespectful; or, likewise, produce an effort that was simply "preaching to the choir."

Research methods included:

- Literature review and landscape review
- Issue expert interviews
- Qualitative online bulletin board research
- Qualitative in-person interviews and focus groups

- Quantitative surveys
- Syndicated quantitative research on the audience's media and digital ecosystem and habits
- Creative effectiveness research, including focus group testing rough concepts and neuro-/biometric testing of produced creative assets. (Interestingly, biometric research revealed unconscious biases to stimuli that research participants may not have acknowledged or even been consciously aware of if they were responding to an interviewer's questions.)

## The Social Offering

The social offering in this case is relatively simple, which is to provide a messaging frame and fulfillment materials that alert the target audience of the injustices faced by LGBT Americans every day, and that reframe how the issue can fit in with their pre-existing values and moral/religious beliefs. A primary offering of the campaign is BeyondIDo.org, which serves primarily as a vehicle to educate the audience on the issue and to build empathy towards those directly affected.

## Competition Analysis

The competition analysis was a critical component of campaign planning. The first step was to review relevant literature. The second step was to interview activist experts to gain their insights on effective message framing, as well as their perspectives on why similar initiatives in the past have succeeded or failed. The final step was to situate the LGBT rights issue in larger, competing narratives around American rights and freedom.

Competing social narratives both for and against LGBT acceptance are a microcosm of a larger debate that has preoccupied American political discourse since the nation's founding: the tensions between the values of promoting equality and preserving freedom. LGBT rights advocates believe in fostering legislation and cultural mores that foster equal protection under the law. Conservative opponents fear the encroachment of the state or public pressure on their freedom to choose who they associate with, and more broadly fear a "gay agenda" that they see as conflicting with their moral or religious beliefs. It was critical for strategists to understand how to navigate these fraught narratives in order to identify a "common ground" message that could appeal to the Moveable Middle, especially in a moment in American history that is especially rife with political anger and polarization.

## Integrated Intervention Mix

Paid/donated media assets:

- Advertising: Online video/TV, radio, out of home, print, digital display, search, paid social (Facebook and Instagram)

Earned media:

- Public relations that garnered news coverage of the campaign
- Engagement of online social influencers to amplify the campaign's message among followers (Ad Council's "Creators for Good" program via YouTube)

Owned media:

- Beyond 'I Do' website, which provides, in a user-friendly and relevant manner, facts and narratives about LGBT discrimination, including an interactive map that shows which US states afford equal protection to LGBT individuals against discrimination, and which US states do not
- Long-form videos providing powerful, relatable stories of LGBT families who have faced discrimination
- Public-facing events and forums

(Select assets can be viewed at <https://www.adcouncil.org/Our-Campaigns/Family-Community/LGBT-Acceptance> and <https://beyondido.org/>)

## Systematic Planning

Planning processes and techniques are described above. Campaign planners devised a theory of change model that mapped out campaign inputs and outcomes, with measurement tools to assess progress along the continuum from suspicion to awareness to empathy to acceptance. A key underpinning of the theory of change model is in-group/out-group theory, and the tactics required to build acceptance of those that an "in-group" perceive as outside their "tribe." Also, theories by political theorists such as Isaiah Berlin, John Rawls, and Jonathan Haidt informed planners' understanding of how competing political/social narratives may shape how Americans view the LGBT rights issue.

## Results and Learning

The campaign's holistic evaluation framework measures campaign outcomes over time, including:

- Exposure: Paid/donated, earned and owned media measures.
- Awareness: Both awareness of campaign assets (aided) and of the issue generally, as measured by a national tracking survey of the target audience,
- Engagement: Digital analytics such as website traffic and engagement, and social media listening.
- Impact: Increase in empathy toward LGBT Americans, increase in support of LGBT legal protections, as measured by the national tracking survey.

The campaign is still young, so preliminary data on campaign outcomes is not included in this paper submission. Upon the time of the conference, however, we will present an overview of results to date, including a candid assessment and implications.

The evaluation will help campaign strategists understand whether the campaign's media weight and mix, as well as its creative approach, has been effective in breaking through at a time when activists—both progressive and conservative—are vying to compete for the public's attention on a plethora of issues relating to American rights and equality (cf. Me Too, Black Lives Matter, and pro-immigration movements, to name several prominent examples.) The evaluation will also help strategists assess whether we have accurately understood the target audience's openness and capacity for empathy, or if we have underestimated their level of resistance to the campaign's messaging and creative approach. In short, is the Moveable Middle as moveable as we have hypothesized?

## Conclusions and Recommendations

As stated above, it is still too early to make a firm assessment of the impact of this initiative. Even so, the experience of this project provides practitioners advocating for social justice and equality some useful, real-world reminders of the importance of:

- Taking an audience-centric planning approach that provides planners with not only understanding of but also empathy toward target audience members;
- Understanding how a campaign issue sits within a larger political and social discourse and competing narratives;
- Devising a strategy and assets that are received as relevant and compelling by the target audience, rather than perceived as relevant and compelling by the campaign's makers.

Number: 213

### The Ultimate Immune Boost - Supporting WHO Global Action Plan for Seasonal Influenza Vaccinations using a Social Marketing Systems Methodology

Chosen Track: Using systems thinking to solve complex societal problems and influence social policy

**Authors:** Dr. Patricia McHugh, Marketing Discipline, NUI Galway, Ireland, Dr. Christine Domegan, Marketing Discipline, NUI Galway, Ireland, Dmitry Brychkov, Marketing Discipline, NUI Galway, Ireland, Dr. Áine McNamara, Health Service Executive, West of Ireland, Ireland, Dr. Katharine Harkin, Health Service Executive, West of Ireland, Ireland, Dr. Christine Fitzgerald, Marketing Discipline, NUI Galway, Ireland and Dr. Diarmuid O' Donovan, Health Service Executive, West of Ireland, Ireland

#### Abstract

The WHO Global Action Plan (GAP 1 and 11) to increase the uptake of the seasonal influenza vaccine (SIV) recommends that all healthcare workers (HCW) in health services annually receive the vaccination (WHO 2016). Compared to adults working in non-healthcare settings, HCW's are at significantly higher risk of influenza. This paper argues that flu vaccination for HCW is best pursued from a systems social marketing perspective. For most HCW, flu vaccinations occur in a systems setting; a hospital. A 'hospital system' is a set of elements - e.g. people, structures, organisational procedures, practices and roles - interconnected to produce their own pattern of behaviours and choices over time. Hospitals are complex and emergent systems with a diversity of interactions and connections between doctors, consultants, nurses,

patients, management, administrators and cleaning and catering staff. With the permeation of systems thinking and systems social marketing gaining momentum (Laczniak and Murphy 2012; Hillebrand et al. 2015; Layton 2015; Brennan, Previte and Fry 2016 and Kennedy 2016, 2017), a social marketing systems methodology using Layton's Mechanisms, Action and Structure (MAS) theory offers valuable change potential for complex societal problems such as HCW flu vaccination.

#### Introduction

The WHO Global Action Plan (GAP 1 and 11) to increase the uptake of the seasonal influenza vaccine (SIV) recommends that all healthcare workers (HCW) in health services annually receive the vaccination (WHO 2016). Compared to adults working in non-healthcare settings, HCW's are at significantly higher risk of influenza. Achieving a higher uptake of influenza vaccination among HCW's is recognised as a vital infection control intervention and occupational health issue, to reduce the risk of influenza transmission between patients and HCW (EASH 2016; Kuster et al. 2011).

Supporting WHO's GAP, the European WHO Regional Office undertook a case study approach to evidence informed solutions to increase SIV uptake among Montenegro HCW (WHO 2015). The case study; TIP FLU, grounded in behaviour change theories and health programme planning models, designed SIV HCW programmes tailored to specific country and health care institutions contexts. Despite WHO's recommendations and TIP FLU guidelines, vaccination uptake remains low among HCW and influenza outbreaks in healthcare settings have occurred annually in most European WHO countries.

This paper argues that flu vaccination for HCW is best pursued from a systems social marketing perspective. For most HCW, flu vaccinations occur in a systems setting; a hospital. A 'hospital system' is a set of elements - e.g. people, structures, organisational procedures, practices and roles - interconnected to produce their own pattern of behaviours and choices over time. Hospitals are complex and emergent systems with a diversity of interactions and connections between doctors, consultants, nurses, patients, management, administrators and cleaning and catering staff. With the permeation of systems thinking and systems social marketing gaining momentum (Laczniak and Murphy 2012; Hillebrand et al. 2015; Layton 2015; Brennan, Previte and Fry 2016 and Kennedy 2016, 2017), a social marketing systems methodology using Layton's Mechanisms, Action and Structure (MAS) theory offers valuable change potential for complex societal problems such as HCW flu vaccination.

#### Mechanisms, Action and Structure (MAS) Theory

MAS, a marketing provisioning system, concentrates on the "complex social networks of individuals and groups linked through shared participation in the creation and delivery of economic value through exchange ... enhancing the perceived quality of life" (Layton, 2015, p.303-305). As a systems-based theory, MAS signals complex structures, dynamic processes, and interconnected exchanges are foundational to a sustainable behavioural change framework. Duffy (2016) pioneered the first practical exploration of MAS concepts through a focal case study on the whale shark marketing system of Ningaloo in Western Australia. Duffy's (2016, p. 11) findings show the "combined influence of a marketing systems structure, functioning, the associated action fields and generating social mechanisms that shape and continue to form a marketing system in an ongoing process". A year later, Duffy et al. (2017) successfully applied social mechanism theory, to understand the social upheaval caused by the financial system collapse in Iceland while Kennedy (2017) examined the issues, actors and social mechanisms involved in perpetuating fast fashion.

Taking a systems social marketing perspective, the purpose of this paper is to present a social marketing system methodology through which increased HCW flu vaccination rates may be accomplished. The social marketing system methodology developed, adapts a MAS-based group modelling systems framework, to map value exchanges, stakeholder engagement, system dynamics and feedback relationships between hospital system elements. Among the range of group modelling frameworks available, this research uses a systems practice model (Ricigliano 2012) integrated with MAS, which "fills the gap between the promise of a systems approach for making social change and putting it into practice" (Omidyar 2017, p.2).

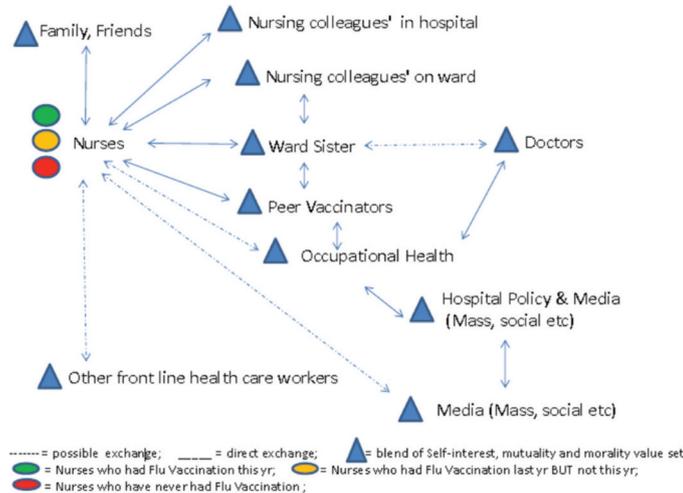
#### Research Context

The research context is hospital HCW in Ireland where flu vaccination rates are as low as 11.3% in some regions, well below the national

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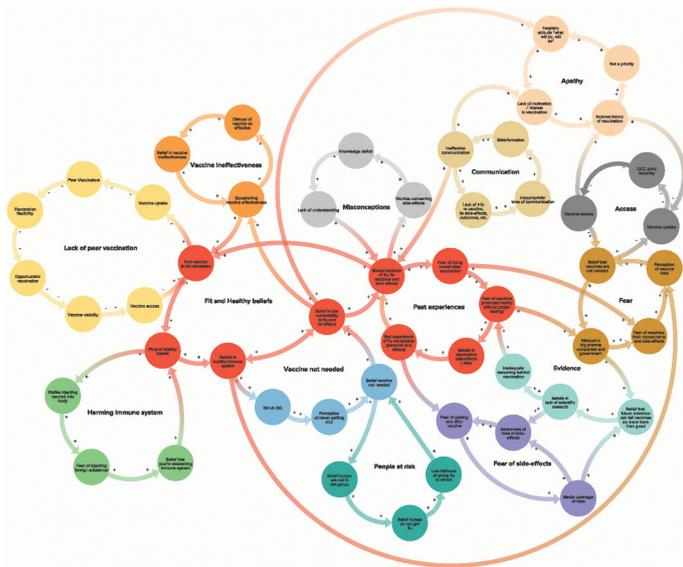
recommended rate of 40%. The study answered the research question "What are the forces that account for low rates of seasonal flu immunization among healthcare workers (nurses) in hospitals? The first exploratory stage consisted of a literature review and observational study to identify hospital system boundaries and nurse HCW flu vaccination exchanges (Figure 1).

**Figure 1. Nurse HCW Flu Vaccination Exchanges**



This was augmented with a second exploratory stage that focused exclusively on the accumulation of primary data; barriers and enablers from nurse healthcare workers (n = 137 with 300+ barriers and enablers identified). The third stage, an explanatory one, analysed the dynamic MAS causal relationships and feedback loops of flu vaccination in the hospital systems setting. The analysis was socialized and iterated among healthcare workers and members of the core modelling team, including top public health experts for triangulation and verification purposes. This resulted in a multi-causal flu vaccination map, depicting 14 underlying forces and the interactions between the structural, behavioural and stakeholder elements that inhibit and/or enable flu vaccination uptake for nurse HCW in a hospital setting (Figure 2).

**Figure 2. A Systems Map of the Flu Vaccination Forces among Nurse HCW**



## Results

The systems map identifies 'Fit & Healthy Beliefs' and 'Past Experiences' as the 'deep structure' or core underlying forces that undermine or block the uptake of the annual flu vaccination among nurse HCW. This final stage also identified seven strategic leverage points (1. peer vaccination 2. flu champions 3. mutual not moral exchanges focus 4. ward/unit context 5. flu literacy 6. new patterns of self-organisation for engagement and 7. influenza framing) that if engaged, have the greatest potential to create positive change and shift the hospital system towards sustainable higher annual flu vaccination rates with relatively modest resources.

## Discussion and Conclusion

This paper contributes a social marketing system methodology where various stakeholders with knowledge of a complex problem collectively develop a dynamic model of the situation. System stakeholders also identify strategic leverage points for change to target the deep structure of the system. The involvement of various stakeholders in the system modelling process and the consensus-based elicitation of these stakeholders' knowledge, together with their buy in, lies at the core of social marketing system techniques (Andersen et al. 1997; Bérard 2010). The paper demonstrates to stakeholders, decision-makers, and policy and programme managers that a sustainable annual flu vaccination strategy requires a systems social marketing perspective capable of accounting for both individual and systemic factors to increase flu vaccination rates among HCW. The last contribution of this paper lies in unpacking the multiple and interrelated stakeholder exchanges for value creation versus value destruction in a social marketing system.

Limitations wise, this was an exploratory study to develop a social marketing systems methodology for a complex societal problem. It focused on one sub-system of HCW – nurses. A study of all HCW as a system would potentially uncover different dynamics and a different deep structure. Further construct and operational definitions of key MAS variables, including secondary social mechanisms and strategic action fields is required for a social marketing systems methodology. Importantly, the power, tensions and conflicts between stakeholders require further delineation. Lastly, this research did not focus on the implementation of the leverage points or their evaluation and monitoring.

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## Countdown to Zero: Social Marketing in Support of Guinea Worm Disease Eradication

Conference Track: Promoting global health and reducing the global impact of disease through behavioural influence

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### Aims and Objectives

Guinea worm disease (GWD) is a debilitating parasitic infection that has affected the lives of people around the world for thousands of years. GWD is contracted when people consume water from contaminated sources; after an incubation period of approximately ten to fourteen months, a painful blister develops and a worm slowly emerges, causing an excruciating burning sensation. GWD incapacitates people for extended periods of time, preventing them from taking care of their families, working or going to school. There is no medication to treat GWD; prevention is key. Through continued preventive and containment strategies, including behaviour change related to drinking safe water, identifying symptoms and reporting cases, GWD could be the second human disease in history (after smallpox) to be eradicated (The Carter Center, 2019).

Since 1986, The Carter Center has led the international campaign to eradicate GWD, working closely with Ministries of Health, the World Health Organization (WHO) and many other partners. As a result of this focused work and collaboration, the incidence of GWD has been reduced by 99.99 percent, from an estimated 3.5 million people in 21 countries in 1986 to just 22 cases in four countries in 2015: Chad, Ethiopia, Mali and South Sudan (The Carter Center, 2019; CDC, 2016).

The Carter Center engaged Evoke KYNE to design and implement tailored social marketing campaigns in the four countries to help achieve eradication. All four campaigns are currently underway:

- Chad: Le Héros du Ver de Guinée
- Ethiopia: ጉዳቸን በጊዜ ያርም አይታ (Let Our Journey Not be Interrupted by Guinea Worm)
- Mali: Héros du Ver de Guinée
- South Sudan: It Pays to Report Guinea Worm

At this critical stage in the countdown to zero cases of GWD, the social marketing campaigns help:

- Spark and maintain **behaviour change**, motivating people to practice prevention behaviours, identify symptoms and report cases
- Increase and sustain **national awareness levels** about the GWD cash reward system (see **Social Offering**) throughout WHO's certification assessment. To be certified as GWD-free, a country must report zero GWD cases for three consecutive years.

The objective of each of these campaigns is to increase nationwide awareness about cash rewards for reporting and symptom recognition of GWD as the pathway to unlocking the cash reward.

### Target Group Focus, Segmentation and Insight

Each campaign is focused on reaching residents nationally. To accelerate this goal, formative research (see **Citizen Orientation**) helped identify target audiences within each country. For example, key audiences for the campaign in South Sudan are categorised as follows:

- **Primary audience:** people who are directly affected by or at risk of contracting GWD including, for example, people with GWD, nomadic cattle herders, internally displaced persons, women and girls who retrieve and filter water at household level, youth cow herders and school children
- **Secondary audience:** people who can influence primary audiences to change their behaviours, because of the power they possess at societal level, including, for example, heads of households, healthcare workers, teachers, traditional healers, religious leaders and community leaders such as chiefs and cattle camp leaders
- **Tertiary audience:** people and institutions who are not the direct targets of the intervention, but can be enlisted to support behaviour change at community level, including, for example, government officials, other non-governmental organisations operational in the area, churches and media

Insights from these audiences informed the campaign approach. For example:

- Research showed low perceived susceptibility, with participants believing that GWD had already been eradicated; therefore, the campaign messaging needed to increase audience perception that GWD is still in South Sudan and people are still at risk
- Research showed that the cash reward (see Social Offering) and the wellbeing of the community motivated people to report suspected GWD cases quickly; therefore, the campaign should integrate messages about the cash reward into all materials and portray positivity and hope

### Citizen Orientation

In addition to exploring the context and characteristics of target audiences, formative research helped identify GWD awareness levels, barriers to adoption of priority behaviours, and access/exposure to information. For example, in Ethiopia, formative research for the campaign included:

- A literature review, conducted to assess behavioural, socio-cultural, and communication factors related to GWD eradication:
  - PubMed, Google Scholar, and internet searches were conducted to identify relevant literature including programme documents, official reports, published and grey literature with keywords such as: "Ethiopia", "Gambella", "health communications", "interpersonal communication", "Guinea worm disease", "dracunculiasis", "edutainment", "social drama", "mass media" and "behaviour change communication".
- Qualitative research, including focus group discussions and in-depth interviews, conducted in July/August 2017 in the Gambella region (where there were GWD cases in 2016), as well as Amhara region (where there have never been GWD cases) and Oromia region (where there have been no GWD cases for at least 10 years). Given the emergence of cases in areas surrounding Gambella late 2017, a follow-up assessment was conducted in the region with specific groups including refugee camps, daily labourers (who work/worked on farms where cases were found in 2017).

The findings from this research provided guidance for the prioritisation of campaign target audiences, and also the development of messages, identification of communication strategies, and prioritisation of activities.

In addition to formative research, audience involvement continues to be prioritised throughout each stage of the campaign's life cycle; audience feedback research is being conducted periodically throughout implementation and revised materials are pre-tested.

### The Social Offering

As part of ongoing eradication efforts, each national eradication programme has long been utilizing several strategic approaches to mobilise communities to drink safe water in GWD high-risk areas, including:

- Distribution of nylon filters to strain out the water fleas that host the Guinea worm larvae
- Voluntary isolation of patients in case containment centres
- Empowerment of community-elected village volunteers trained by

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eradication programme staff to conduct monthly surveillance and health education

- A cash reward to encourage people presenting GWD symptoms, and those who identify symptoms in other people or animals, to report immediately

In support of these interventions, the social marketing campaigns emphasise related behaviours. For example, in South Sudan, the campaign focuses on three key messages:

- *Find It:* Everyone must look for Guinea worm!
- *Report It:* Anyone who has a blister or a worm coming from the body must immediately report it to a health worker, go to the nearest health centre, or call the hotline
- *Get Paid:* The Ministry of Health offers several cash rewards for confirmed GWD cases

## Competition Analysis

Even with reduced incidence globally, challenges remain in the remaining endemic countries for individual and household adoption of behavioural practices aimed at preventing and interrupting GWD transmission and early reporting of cases.

Formative research helped to identify and understand some of the competition and structural barriers to the campaign's messages and desired behaviours. Poor quality/inadequate drinking water, poor environmental sanitation, cultural practices, and lack of access to formal healthcare all contribute to GWD transmission; a multi-pronged approach must be adopted for the disease to be eradicated.

## Integrated Intervention Mix

Informed by formative research and refined through pre-testing with key audiences, each campaign includes a highly visual, customized set of campaign materials that are being implemented together to create a surround-sound effect, reinforced with capacity building and community mobilization. For example, in Mali, the suite of campaign materials includes posters, a national song and music video featuring celebrity singer Djénéba Seck, radio spots in 14 local languages, and a social drama. Collectively, across the four countries, the campaign sought new ways to customize the product (a cash reward system to report GWD), increase places where people can report (via capacity building with health workers and strategic partnerships). In addition, the program's cash reward system and efforts to reduce barriers/stigma addresses "price", and expands the number of people who know about the program and key messages via promotion. A fully integrated intervention mix has been core to this critical program.

This integrated approach is important for three reasons:

1. Using a wide variety of channels and materials increases the likelihood that a broader cross section of the population will interact with the campaign at some point in its lifecycle.
2. For those who access more than one material of the campaign, key messages are reinforced in a compelling way.
3. Audiences are more likely to retain information if they are repeatedly exposed to it from various sources that complement each other.

Social marketing approaches in each of the countries is tailored by GWD risk level. The table below summarises key campaign interventions being implemented in endemic vs. non-endemic regions of the four countries:

Surveillance Level	Intervention	Intervention Mix	Proposed Activities and Channels
Endemic and Former Endemic Areas	Interpersonal Communication (IPC)	• Price • Promotion	Promote community-level communication and use of IPC including song, drama, community dialogues and trainings
	Community mobilisation	• Price • Promotion	Community dialogues with different groups to promote participation, accountability and change, such as poster discussions
	Capacity building	• Product • Price • Promotion	Enhance knowledge and skill of eradication programme and other health education staff
	Print material distribution	• Promotion	Poster distribution at high traffic zones such as health facilities, market, water points, schools, etc.
	Advocacy and social mobilisation	• Product • Price • Place • Promotion	<ul style="list-style-type: none"> <li>• Work with implementing partners at national, county, local government and community levels, involving NGOs working in the target areas to advocate for safe water and sanitation facilities</li> <li>• Community level advocacy against socio-cultural practices that fuel GWD targeting community-based organisations, community leaders, religious/spiritual groups</li> </ul>
	Media dissemination	• Promotion	Engage national, regional and local media outlets to broadcast music video and air song, radio spots, jingles and radio drama series
Non-Endemic Areas	Media dissemination	• Promotion	Engage national, regional and local media outlets to broadcast music video and air song, radio spots, jingles and radio drama series
	Print material distribution	• Promotion	Poster distribution at high traffic zones such as health facilities, market, water points, schools, etc.

## Systematic Planning

Each of the four campaigns utilises principles from social marketing and behaviour change communications as the systematic process to promote positive health outcomes. Each campaign employs tailored messages and a variety of communication channels appropriate to each particular setting to:

- Develop positive behaviours;
- Promote and sustain individual, community, and societal behaviour change; and
- Maintain appropriate behaviours.

By utilising proven theories and models of behaviour change (Synder, 2017), the Stages of Change model and positive deviance approach, the campaigns aim to help target audiences overcome specific barriers to behaviour change.

### Stages of Change model

This model considers that individuals go through different stages of change: pre-contemplation, contemplation, determination, action, maintenance and relapse (Prochaska and DiClemente, 1983). As community members may fall in any of these stages, it is imperative to identify their status, their need, and tailor messages and interventions accordingly. For example, a person in pre-contemplation stage may require different messaging than someone who is ready to take action to adopt a particular behaviour. The model supported the design of each campaign by recognising the different approaches and interventions that are required to influence behaviours of different people.

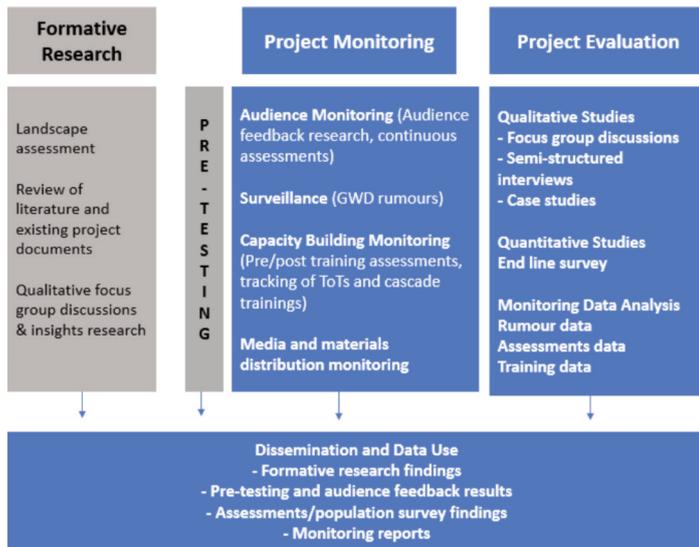
### Positive deviance approach

Positive deviance is a behaviour change approach that is used to solve difficult problems by discovering and amplifying solutions that already exist within communities (Positive Deviance Initiative, 2010). This approach identifies current GWD practices, explores the reasons for current practices and reveals the constraints as well as motivations for changing behaviour. The positive deviance approach helped guide the design of the campaigns to highlight feasible options for improved GWD practices and promote the replication of such actions. Using this approach, the campaigns build on the existing knowledge and behaviours practiced in the community.

## Results and Learning

To track the implementation, progress and achievements of each campaign against the overall eradication programme objectives, a robust system of monitoring and evaluation (M&E) is in place. The M&E framework for each campaign follows the systems approach: inputs,

outputs, outcomes and impact. Quantification of actual inputs and anticipated outcomes will be the sum total effort by all partners that contribute to GWD eradication.



## Conclusions and Recommendations

For each of the four national campaigns to successfully support ongoing eradication efforts by The Carter Center, Ministries of Health, WHO and other partners, it is critical they continually consider the 4Ps of social marketing (Kotler et al, 2005):

1. **Product:** Empowering individuals and communities to prevent GWD by practicing key behaviours
2. **Price:** Incentivising action by raising awareness of the cash reward available; ultimately reducing incidence, enabling young people to attend school and adults to work
3. **Place:** Integrating with existing eradication programme structures, so that awareness-raising is met with mechanisms to respond, treat, contain and document GWD cases
4. **Promotion:** Applying a rigorous methodology to ensure the campaigns reach the right people, at the right time, through the right channels, with the right message

Recommendations for other practitioners include:

- The last mile of disease eradication is the most difficult; social marketing campaigns can help support efforts by Ministries of Health and partners by inspiring behaviour change and sustaining levels of awareness
- Inflate the wheel, don't reinvent it; it's critical to build on deep local expertise and ongoing successful efforts by programmes and partners
- Utilise research and data to gather insights into what matters most to the communities you are serving
- Identify and connect stakeholders and influencers, and assess the most effective ways to engage with target audiences
- Deploy an integrated social marketing and communications approach to ensure the most impactful result
- Prioritize a comprehensive M&E framework to track progress and course-correct, as needed

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## Making Knowledge Hereditary: Public Private Partnership Drives Progress in Rare Disease Community

Conference Track: Interdisciplinary and cross sector action to influence behaviour for social good

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### Aims and Objectives

Hemophilia is a rare and complex genetic bleeding disorder caused by approximately 4,500 DNA variants, affecting approximately 20,000 people in the U.S. People with severe hemophilia experience prolonged, painful and debilitating bleeds due to an inability of their blood to clot properly; the disorder can be life-threatening. Although there has been great progress in the management of hemophilia over the past 50+ years, many important scientific questions have long gone unanswered. And despite decades-long interest and desire by the U.S. government and the hemophilia community to conduct comprehensive genetic testing, or genotyping, to better understand the disorder, challenges including cost and privacy concerns served as ongoing obstacles.

To overcome these challenges and address this unmet community need, four health-focused organizations and Evoke KYNE came together to chart a new course. Harnessing the unique and complementary skills and expertise of each organization, Evoke KYNE worked with the National Hemophilia Foundation (national bleeding disorders patient advocacy group), the American Thrombosis and Hemostasis Network (representing 135+ hemophilia treatment centers as steward of a national patient health data set), Bloodworks Northwest (medical research institute), and Bioverativ (biotechnology company) to conceptualize and build *My Life, Our Future* (<https://www.mylifeourfuture.org/>), a national initiative to drive scientific progress in hemophilia. The goals of this innovative program were two-fold:

- Offer free genotyping to as many people as possible in the U.S. affected by hemophilia (patients and carriers of the disorder), providing meaningful information to individuals that could improve their treatment and care; and
- Through the collection of consenting participants' genetic data and samples, build a first-and-largest-of-its-kind hemophilia research repository, available to scientists to advance understanding of hemophilia and catalyze the development of breakthrough treatments.

The founding partners leveraged their interdisciplinary partnership and the principles of social marketing to drive broad community engagement in *My Life, Our Future*, with the aim to enrol 5,000 people with hemophilia in the program, as well as 2,000 carriers of the disorder.

### Target Group Focus, Segmentation and Insight

The target audience for this project included all patients and carriers of hemophilia A or B in the U.S. Based on in-depth interviews, several insights about this group informed the campaign approach. For example:

- Awareness and understanding about the value of genotyping was low; most U.S. patients had not been genotyped and did not understand the potential for it to impact their care

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- The audience was generally distributed into two different psychographics:
  - An older generation with a long (often painful) family history, who may have some distrust of the medical community (see **Citizen Orientation**) and may not want to be publicly associated with their disorder
  - Young families who had benefitted from recent innovations/treatments, have greater willingness to try new approaches and participate in research regularly
- Moms act as critical influencers, being the primary caregiver, liaison with healthcare providers and often the key decision-maker
- Patients turn to different sources for information:
  - New parents: more likely to turn to hemophilia treatment center
  - Adolescents: mainly utilize social media and peer groups
  - Adults: varies based on experience but hemophilia treatment centers and peers are critical
  - Nurses are key influencers at hemophilia treatment centers

## Citizen Orientation

Committed to advancing and improving care for people with hemophilia, the partners solicited input from the community early and often.

During the development of *My Life, Our Future*, various community stakeholders (e.g., patients, caregivers, healthcare providers, advocacy groups) were engaged through numerous in-person and online forums (e.g., breakout sessions at medical meetings, formal surveys, individual discussions) to identify potential program opportunities and challenges.

Some of the key barriers identified included:

- Privacy concerns around blood sample and data collection (how will the aggregate information be utilized and by whom?); particularly, given the blood contamination crisis of the late 1970s-to mid-1980s (National Hemophilia Foundation, 2019)
- Reluctance to try new approaches, content with existing methodology
- Worries about unregulated access to the planned research repository

The founding partners leveraged these insights to design the program and tailor communications to be authentic, proactive and transparent.

## The Social Offering

*My Life, Our Future* utilized an empowering, accessible and trustworthy brand strategy, seeking to introduce patients and families to the power of genotyping as a key to unlocking the mysteries of their disorder. The brand explicitly presented the two-fold social offering:

- *My Life*: offer participants the opportunity to get a free genetic test, leading to a deeper understanding of their hemophilia today
  - Help families and their healthcare providers understand the DNA variant causing their hemophilia
  - Inform a participant about carrier status and aid in family planning
  - Offer clues to why a patient may be at high or lower risk to develop inhibitors (resistance to medicine)
  - Provide a window into why one patient bleeds more than another
- *Our Future*: offer participants the opportunity to contribute to a central research repository, to help advance hemophilia science for future generations

## Competition Analysis

There can be competition inherent in building a public-private partnership, but the *My Life, Our Future* founding partners came together for the good of their community. They had a unified vision to advance and improve care for individuals affected by hemophilia, and together they brought community, scientific and technical expertise to this long-sought initiative.

The partners took into consideration the competitive landscape surrounding the behaviour *My Life, Our Future* was hoping to inspire (opting in to receive a genetic test and contribute to research); people with hemophilia are asked to participate in a variety of scientific studies, so *My Life, Our Future* needed to differentiate and clearly articulate the short-and long-term benefit of participation.

## Integrated Intervention Mix

In reaching participants and healthcare providers, it was important that messaging was clear and focused on increasing understanding of the program's value for the individual and the community.

The program included an integrated intervention mix, including:

- Centralized genetic counselor: A dedicated professional resource available to counsel hemophilia treatment center staff in providing *My Life, Our Future* genotyping results to their patients.
- Genotyping Days: A series of dedicated events held outside of standard clinic hours. The days provided a creative opportunity for multiple family members to get genotyped at once, saving them time, and further created a sense of community around the program. Healthcare professionals involved in the program were also on hand to answer questions, discuss program details and provide further support for families interested in participating.
- National Hemophilia Foundation's Annual Meeting: Seamless integration into the largest U.S. advocacy meeting for people impacted by bleeding disorders, drawing thousands of patients and families from across the country and the world. Community engagement during the annual meeting included a dedicated program booth, breakout sessions/panel discussions featuring stories from partners, participants and healthcare professionals, and creative and inspiring collateral to drive enrollment and articulate the long-term vision of the program.
- Focused communication with hemophilia treatment centers: Quarterly interactive presentations providing program updates and training, and a strong support team to help answer questions and address concerns.
- Patient toolkit: Set of patient education materials that the hemophilia treatment centers could utilize to encourage enrollment, such as a draft email, program brochure, visual booklet describing the various DNA variants, and animated infographics.
- MyLifeOurFuture.org: Centralized multimedia resource for patients and caregivers, articulating the value of genotyping, providing details about the program, and highlighting the potential impact of future research.
- Community publications: Feature articles in key online and print publications including multiple cover stories in HemAware, an award-winning magazine published exclusively for the bleeding disorders community, reaching more than 9,000 readers with each edition.

## Systematic Planning

The theory-based framework, Social Ecological Model (SEM), informed the design of *My Life, Our Future*. The multi-disciplinary, public-private partnership model helped influence at multiple levels:

- Individual and Interpersonal: prior to *My Life, Our Future*, awareness and understanding about the value of genotyping in the U.S. was low; the program increased knowledge about the benefit of genotyping to the individual and family, inspiring participation
- Community: prior to *My Life, Our Future*, the hemophilia community had recognized the need for genotyping for more than 15 years; the program collectively addressed this need defined by the community
- Organizational: until *My Life, Our Future*, the optimal combination of organizations and funding was not available; the program illustrates the power of diverse organizations uniting for a common purpose/collective efficacy
- Policy/Enabling Environment: in contrast to many developed countries, only about 20 percent of people with hemophilia in the U.S. had been genotyped, largely due to cost and insurance coverage barriers; *My Life, Our Future* may ultimately be used as evidence to argue genotyping should be standard of care for patients in the U.S.

## Results and Learning

The program's impact is evidenced not by traditional impression numbers or reach, but instead by the strong community engagement and participation, and new scientific information being uncovered. *My Life, Our Future* met and exceeded its programmatic goals:

- More than 100 hemophilia treatment centers in the U.S. (80%+ of all centers) offered the program
- More than 11,000 people with hemophilia and carriers of the disorder enrolled in the program, with 80%+ choosing to contribute to the *My Life, Our Future* Research Repository
- More than 900 novel genetic variations that cause hemophilia have been identified
- *My Life, Our Future* has built the world's largest genetic hemophilia

research repository; to-date seven research applications have been accepted to access the data and samples

- *My Life, Our Future* was accepted into the Transomics in Precision Medicine program, funded by the National Heart, Lung and Blood Division of the National Institutes of Health (NIH), a division of the U.S. Department of Health and Human Services (HHS). This has resulted in whole genome sequencing, or determining the entire DNA sequence, on 5,000 people with hemophilia, data from which will also be available for study by scientists through NIH.

### Conclusions and Recommendations

Partner across sectors to drive progress: *My Life, Our Future* has demonstrated the power of diverse organizations working together to advance science and drive progress in health. Recognizing that the path to progress is best paved by knowledge and commitment, they came together to advance hemophilia understanding and accelerate ground-breaking research. This case provides lessons for social marketers wanting to utilize public private partnership to effect change.

Empower the patient community to identify their unmet need: By making it possible for people in the U.S. affected by hemophilia to access free genotyping nationwide, *My Life, Our Future* empowered a generation to make knowledge hereditary and define the next standard of care.

Build a unifying brand: By utilizing a compelling brand and transparent program structure, *My Life, Our Future* was able to build trust with a close-knit community and engage them to participate.

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Number: 8

## Dementia and Cognitive Decline – Why it matters and what social marketers can do

Conference track: Mental Health and wellbeing

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### Abstract

In the face of demographic change and aging societies all over the globe, it is necessary to address the challenges that come with older age. Cognitive decline and even more dementia have a strong impact on those affected, their families and friends, and societies. The presentation will provide participants with the necessary information on disorder, relevance, risk/ protective factors, with a specific focus on the modifiable ones related to lifestyle, and the specific challenges of the field. The talk is based on current research, and it is suitable for researchers as well as health professionals who are interested in working in the prevention of dementia and cognitive decline.

### Aim of the session

Dementia and age-related cognitive decline are becoming a major public health problem all over the world. With no healing in sight, prevention is of key importance. While social marketers have lots of tools, theories and practical experience to offer, the topic has rarely been tackled. With this presentation, we want to provide participants with knowledge, motivation, networking and ideas for implementation and put the topic on the social marketing agenda.

The presentation is targeted at researchers and public health professionals that want to apply social marketing thinking to the prevention of dementia and cognitive decline. Participants will leave the session with a fundamental understanding of the topic and its relevance, and they will have gained input and ideas for application.

### Focus of the session

According to the WHO, around 50 million people worldwide are affected by dementia (WHO 2017). The neurodegenerative disease causes progressing damage related to memory and recognition, spatial and temporal orientation and communication; it induces behaviour changes, e.g. triggering aggressive behaviours, and leaves those affected with increasing need for care. Dementia has a strong impact on the lives of those affected and their caring relatives, and it puts a burden on social systems with an estimated global cost of 818 billion USD in 2015 (Prince et al. 2015).

With demographic change progressing, it is estimated that in 2030, around 82 million people worldwide will be affected by the disease (WHO 2017). Moreover, since there is no cure in sight, prevention is of utmost importance. With their focus on behaviour change and emphasis on developing interventions that resonate with the target group, social marketers are well equipped to address some of the key risk factors, like smoking, physical activity, diet and a cognitively active lifestyle. Also, we can build on experience from successful work in other public health areas, with most popular topics being nutrition, alcohol and HIV/ AIDS (Truong and Dang 2017).

So why is there no work on dementia yet? I believe this has to do with the widespread beliefs that dementia is somehow a “normal” and unmodifiable consequence of aging or a question of genes, i.e. something that cannot be changed. Hence, it is time to challenge these beliefs and to make old age mental health a social marketing topic!

Participants will leave the session with a research-based understanding of (1) dementia/ cognitive decline, (2) their implications for those affected and society, and (3) risk and protective factors. We will especially focus on lifestyle factors that can be influenced by public health professionals. They are: physical exercise (Blondell et al. 2014; Hindin and Zelinski 2012), social activities (Bourassa et al. 2017; Kuiper et al. 2015) a mentally active job and lifestyle (Then et al. 2015; Yates et al. 2016), diet (Cao et al. 2016; Safouris et al. 2015), alcohol (Handing et al. 2015; Xu et al. 2017) and smoking (Di Marco et al. 2014; Zhong et al. 2015). Also, we will shortly address other risk factors, i.e. diabetes (Chatterjee et al. 2016), hypertension (Deckers et al. 2015),

obesity (Pedditizi et al. 2016), traumatic brain injury (Julien et al. 2017) or medication (Jessen et al. 2010), and the roles of depression (Cherbuin et al. 2015) and hearing loss (Livingston et al. 2017). An overview on risk factors can be found elsewhere (Hussenoeder and Riedel-Heller 2018). In addition, some major chances and challenges of applying social marketing to the field, e.g. related to dealing with people with cognitive and physical impairments, will be presented.

### Method / approach

Talk/ presentation.

### Other notes

The author is a research scientist in the field of dementia and cognitive decline and a social marketing enthusiast. With this talk he wants to combine the two topics, bring together likeminded researchers and health professionals, extend the range of social marketing and help people live longer and mentally healthier lives. Working at a German university, he is also excited to put his country on the social marketing map.

The presentation is based on a session, the author presented at the European Social Marketing Conference in Antwerp in 2018. After receiving valuable input, he wants to bring the topic to the World Conference to reach a bigger, even more international audience and make dementia/ cognitive decline a social marketing topic.

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through a comprehensive literature review of the behavioral models that can serve the purpose of the research. Integrating behavioral theories altogether to present a theory with all the three streams can help social marketers use and try this theory in different applications as “don’t drive and text” behavior or any other desired change behavior.

## Aim of the research

This paper purse to reply to the continuing declarations that social marketing is excessively focusing on downstream by providing a hypothesized model for more a holistic view for social marketing. Thus the current research will focus more on a holistic theory view that incorporates both the responsibility of the individual (Downstream), cultural capital (Mid-stream) and the effect of the policy (upstream) in adjusting a specific behavior.

## Method/approach

A comprehensive literature review is conducted in order to integrate theories and models that will represent the three streams of social marketing.

## Findings:

This paper advances and represent a theoretical approach with the three streams in social marketing in one theory. The conceptual framework of is based on Carrington et, al 2010 model and the self-determination theory (SDT) under the lens of the Bourdieu’s theory of human capitals.

## 1 - Introduction:

Social marketing is a fast growing field of study (Truong et al. 2015), and is perceived as an acknowledged discipline for behavior change and has been broadly received to be encouraging the change of societies (Andreasen, 2012; French and Gordon, 2015; McKenzie-Mohr, 2011; Ibrahim, Knox, Rundle-Thiele & Arli, 2017). Social marketing introduced a new perspective to the domain which is the well-being concept, it was deemed as an effective consumer approach for behavioral change promotion along with improving the well-being not only for individuals, but also for communities and societies as well (Kennedy 2016; Kubacki, Rundle-Thiele, Lahtinen & Parkinson, 2015). Social marketing has confronted not by far less amount of criticisms over the years, including lacking theory and rigor (Andreasen, 2003; Gordon, Russell-Bennett & Lefebvre 2016). Limited application of theory (Luca & Suggs, 2013; Pang et al., 2017; Truong, 2014; David & Rundle-Thiele, 2018), the solitary emphasis on human beings (Luca & Suggs, 2013; Truong, 2014; Buyucek, Knox & Rundle-Thiele, 2018). A lot joined the debate and supported that the influence of solitary focus of social marketing narrowed down the scope of the domain resulting in a limited reach and successes of interventions that was in its turn insufficient to harvest a noticeable change in the societies facing the complexity of wicked problems (French & Gordon, 2015; Kennedy, 2015). More had supported that the effective social marketing intervention is dependent on changing a behavior or attaining a desired one. (Ra’d Almestahiri, Sharyn Rundle-Thiele, Joy Parkinson, & Denni Arli1, 2017; Carins & Rundle-Thiele, 2014). Accordingly to maximize the effectiveness and efficiency of such interventions we need to understand behavior and behavior change process (David and Rundle-Thiele, 2018). Despite that, the adoption of explanatory behavioral theories in social marketing research to date has been slow (Truong, 2017). In the year of 2017 Truong and Dang’s conducted a review and similarly Pang et al.’s (2017), both has confirmed several findings as when the study use a certain theory it is poorly reported and not all of the studies actually use a theory recognizing a limited number of studies reported using one, suggesting for more inclusion of theories in future studies (Luca and Suggs, 2013; Truong, 2014; David and Rundle-Thiele, 2018). In order to be able to distinguishes social marketing from any other closely related domain as public health a bench marks has been created (Andreasen, 2002; The National Social Marketing Centre, 2011) and term theory is included as one of the eight social marketing benchmarks ( French & Russell-Bennett, 2015; Manikam & Russell-Bennett, 2016; Vinnikainen, K. 2017 ). Overall, the evidence base indicates that social marketing researchers should embrace theory in their research. Hence the main purpose of this paper is to present a conceptual model for the social marketing platform.

## 2 - Literature review

### 2.1-Behavioral theories in social marketing:

The domination of downstream efforts in the field of social marketing has been well documented (Almestahiri et al., 2017; Brennan et al.’s 2016; Domegan et al. 2016), it does not come to surprise that commonly used behavioral theories are dominated with the cognitive models (Luca &

## Number: 15

### Individual intentions, cultural capital and policy intervention: A social marketing theory integrating the three streams.

Conference track: Advancing theory, research in social marketing and behavioral influence

Authors: Shorouk Hamzawi, Qing Shan Ding and Shabbir Dastgir

### Abstract

The purpose of this paper is to present a conceptual model for social marketing integrating the three streams altogether. The down, mid and upstream in one theoretical framework in an attempt to answer the question of which stream will affect the behavior, this will be presented

# CONCEPTUAL / THEORETICAL

Suggs, 2013; Truong, 2014). In a response to that, most of the interventions that used a theory in its explanation focused on changing individual attitude, skills, knowledge or even intentions as they are the predictors of behavior. All of these measurements specially intentions were unable to be translated into actual behavior (Carins, Rundle-Thiele and Parkinson, 2017; Fife-Schaw, Sheeran, & Norman, 2007; Sheeran & Webb 2016). With the failure of the ability of the intentions to be transformed in actual behavior, most of the theories that relied on measuring the intentions will follow the same course of action. The first theory that is well documented in past studies in social marketing is the theory of planned behavior (TPB) (Lefebvre, 2001). Former studies confirmed the overuse of theory of planned behavior (TPB) as In Truong's (2014) review, it was found that it was the second theory to be dominating the domain. Similarly more recent studies confirmed the overuse of theory of planned behavior (TPB), adding to that; the critics of this theory that is meticulously documented in the literature as the overall validity and its ability to explain behaviors (David and Rundle-Thiele, 2018). The limited predictive validity of the theory (Sniehotta et al., 2014) was claimed, others have even doubted the generalizability of the attitude scale (French and Hankins, 2003; David and Rundle-Thiele, 2018). Accordingly, this paper will exclude the theory of planned behavior (TPB) and will try to reach out for new solutions, making it a necessity to explore more into the literature for previous studies that mad an attempt to solve the problems mentioned along with the intention –behavior gap. Two main theories were found in the previous studies as implementation intentions and action planning theories (Webb, Sniehotta, & Michie, 2010). Former researches examined the effect of planning as a mediator between intentions and actual behavior and proved the effectiveness of this variable when using the theory of planned behavior (Louise M. Hassan, Edward Shiu & Deirdre Shaw 2016). A confirmation of the translation of intentions into behavior through implementation intention and supported the effectiveness of implementation intentions role in different contexts (Davies et al., 2017; Papies 2017). This had motivated the researcher to try to allocate a behavioral theory that encompasses the implementation intention as a main construct. For the research to be more focused, the model that will serve this current research with have some basic criterion in which the exclusion of theory of planned behavior (TPB) for the mentioned reasons and can utilize more than one stream of social marketing (to avoid downstream domination).

## 2.1-Carrington et al. 2010 model (implementation intention)

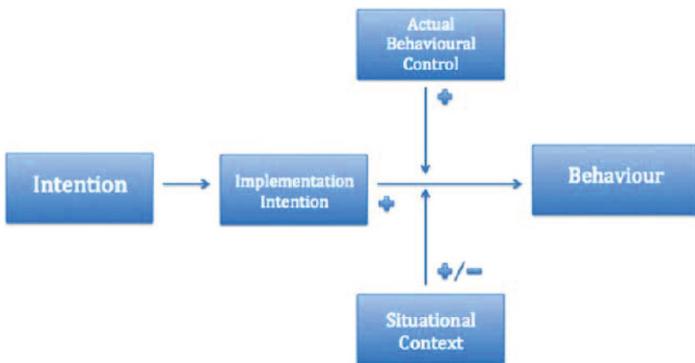


Figure 1: Adopted from Carrington, M., Neville, B. & Whitwell, G. (2010)

The Carrington et al. (2010) model states that intention will lead to actual behavior only in the presence of the implementation intention as a mediator, the theoretical frame work provides an explanation of how the road between intentions and actual behavior is paved (Grimmer et, al. 2015). The latest research tested tis theory has proved the mediating role of implementation intentions as well the moderating role of the actual behavioral control. (Louise M. Hassan, Edward Shiu & Deirdre Shaw 2016). Social marketing Interventions or any other interventions should target how situational cues affect the actual behavior and weather this is more significance than the effect of the intentions only (Papies, 2017) and hence the situational context of the Carrington et al model was described from the original research from Belk (1975) that defined the context as mainly five factors, the scope of this research will only focus on the product. He also specified that product itself and what is concerned about it as the packaging. This will be utilized as the upstream social marketing (ex; packaging techniques for tobacco products). A study on the amount of motivation needed to respond to any social marketing recommended behavior, this study reviled that people often face limited amount of motivation to do what is required, adding up the

difficulties they face to perform such behaviors with no instant benefits received from those behaviors as in the competing ones (Mitchell, Schuster and Drennan, 2017). Motivation and its relation to smokers is documented in the literature as a positive motivation proved to be with a significant effect on smokers to quit (Hyland et al., 2006; Norman et al., 1999; Vangeli et al., 2011; Smit et al., 2014). Smokers as well believes they need some sort of motivation before even trying to go through the process (Balmford & Borland, 2008). Motivation plays a key role in predicting the chances of a smoker to make an attempts to quit smoking (Dickens, Staniford and Long, 2013). Along with population studies that confirmed the relation between motivation and quitting (Kotz, Brown, & West, 2013 ). The researcher will measure the intentions with the concept of motivation and hence identified the upcoming theory.

## 2.2-Self-determination theory (SDT)

Originally SDT was developed by Prof. Ryan and Prof. Deci 1985 in their book. A distinction between autonomous motivation and the controlled motivation had been clearly presented (E. L. Deci and Ryan, 2000). The self generates what is so called "Autonomous" motivation internally while the "Controlled" motivation is generated by external forces; such as rewards or punishments of specific behavior.



Figure 2: Self-determination theory

In social marketing, the theory has been used in the pro-social consumption, areas particularly in the area of empowerment in the face of 'wicked problems' and issues like adapting to climate change (Davies et al., 2015). It has also been used in more obvious areas such as health (Hardcastle et al., 2013; Hekler et al., 2013; Panic et al., 2014; Bernan, 2014) and community participation (Kelaher et al., 2013; Kwok et al., 2013). However, a systematic review that was done previously in 2015, to review what are the theories being used in the domain of social marketing. It was found that 63 % of the articles identified in the review was only related to four theories and none of those mentioned percentages reported the self-determination theory.

Of the 82 theories identified four theories accounted for an additional (12%), the Self-determination theory accounted for only 3 % with a total number of 9 studies only in the field of social marketing (Davis et al., 2015). A previous meta-analysis that was concocted by V. Dao Truong in 2014 didn't even mentioned the self-determination theory (SDT) due to its low frequency. Taking together the numerical representations, it goes without saying that the self-determination theory is not really well used and applied in the social marketing and accordingly the intentions will be measured by both the controlled motivation and the autonomous motivation for that specific reasons. The next step for this research is to identify the cultural lens that most fits the philosophy of the research and accordingly a literature review that was done to identify the cultural theory that will be adopted along with evidence that support this inclusion.

## 2.3-Cultural capital theory and social marketing:

Including cultural variable will benefit the current research in moving away from the individualistic critic that holds still in the domain. Cultural capital theory contributes in a more enhanced view role of social marketing interventions with respect to health and social inequalities, moreover its application is said to be a "strategic analytical tool in social marketing" (Kamin and Anker, 2014). Cultural capital might even help in modifying attitudes related to their health (Ohashi, Taguchi & Omori and Ozaki, 2017). Some studies supported that being exposed to literature, art and culturally significant TV programs is significantly related with higher health status (Khawaja & Mowafi, 2006, 2007) and the accretion of such capital encourages well-being (Ohashi, Taguchi, Omori & Ozaki, 2017). Cultural capital influence levels of motivation in individuals, it contributes to economic development and consequently different economic production and development will be developed ( Naseri, 2018). The literature documents the support of the cultural capital as a main

indicator for healthy behaviors as drinking problems and smoking along with dietary (Mackenbach, 2012; Oncini & Guetto, 2017). Bourdieu (1986) differentiates between three types of capitals, conceptualized as social, economic and lastly cultural capital. The cultural capitals are:

<p><b>Embodied cultural capital</b></p> <p>This capital is a set of skills and personal competencies an individual owns; therefore, achieving such will acquire some relevant time to be expressed (Naseri S. 2014). Also it cannot be transmitted between individuals (Emirbayer &amp; Williams, 2005).</p>	<p><b>Objectified cultural capital</b></p> <p>The objectified capital is defined as an acquisition of physical objects such as scientific instruments or work of arts (Naseri S. 2014). Opposite to the embodied; these capitals can be transmitted between individuals (Emirbayer &amp; Williams, 2005).</p>	<p><b>Institutionalized cultural capital</b></p> <p>Mainly focused on academic authorizations or diplomas held by individuals. It considered to be the most important noticeable factor in the labor market, allowing a wide range of expression of cultural capital to be in a qualitative measures and can be compared to others similarly measured (Emirbayer &amp; Williams, 2005, Naseri S. 2014).</p>
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**3 - Theoretical frame work proposed**

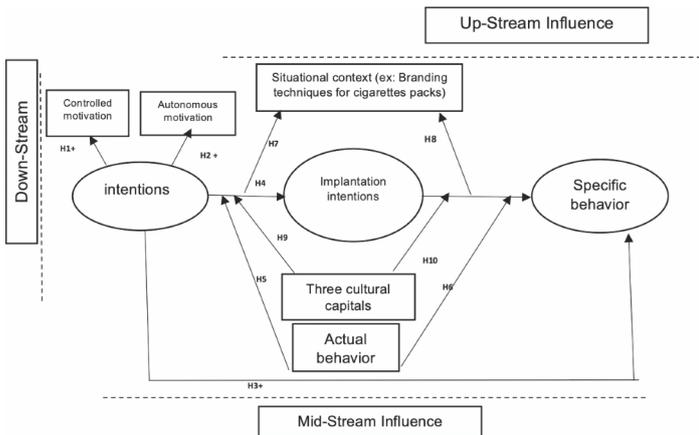


Figure 3: Research model

**4 - Variable-Hypothesis mapping:**

Variable	Hypothesis
<p>• Intentions (Independent variable)</p>	<p>H1: Controlled motivation will increase intentions to quit smoking.                      H2: Autonomous motivation will increase intentions to quit smoking                      H3: There is a positive relationship between intentions and quitting behavior.</p>
<p>• Implementation intention (Mediating variable)</p>	<p>H4: Implementation intention will mediate the relationship between intention to quit and quitting behavior.</p>
<p>• Actual behavior control (Moderating variable)</p>	<p>H5: Actual behavior control moderates the relation between intentions and implementation intentions.                      H6: Actual behavior control will moderate the relation between implementation intention and quitting smoking.</p>
<p>• Situational context (Moderating variable)</p>	<p>H7: Upstream intervention (different branding technique) will moderate the relation between intention and implementation intention.                      H8: Upstream intervention (different branding technique) will moderate the relation between implementation intention and quitting behavior.</p>
<p>• Cultural capitals (Moderating variable)</p>	<p>H9: The cultural capital state will moderate the relationship between intentions and implementation intentions.                      H10: The cultural capital state will moderate the relationship between implementation intention and quitting behavior.</p>
<p>• Behavior (quitting behavior) (Dependent variable)</p>	

**5 - Conclusion:**

A conceptual model that go beyond the individualistic view of the

behavior was presented, the theoretical framework of this empirical paper is based on Carrington et, al 2010 model and the self-determination theory (SDT) under the lens of Bourdieu’s theory of human capital forms. Collecting all the three streams all together were the self-determination theory is responsible for the downstream (responsibility of individuals); however, the situational context in the Carrington et, al. model is addressing the role of upstream intervention (policies in directing the behavior) and the cultural capital theory represent the midstream influencer. It was stated that holism “captures social marketing within its system of change instead of within individual behaviors” (Kennedy et al., 2017, p. 4). The literature for social marketing presents clues for successful intervention and the failure of others to theory application explicitly in the designing process and recommended that these theories must reflect consumer insights along with main behavioral drivers (Manikam & Russell-Bennett, 2016).

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## Number: 48

### Enhancing promotion through conjoint analysis: opportunities for research on Social Networking Sites and web-based communication.

Conference track: Advancing theory, research in social marketing and behavioural influence

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#### Abstract

Social Networking Sites (SNSs) offer social marketers the opportunity to communicate using a multi-dimensional approach. Several components in the design of promotional materials for publication on SNSs (e.g. social media posts) can influence users' perception: the source of publication (e.g. the page of a well-known public health organization vs a blog), the image, the content of the message and any additional links or hashtags associated with the message. All these components need to be carefully designed and tested to ensure they effectively promote the target behavior with the population of interest. This research applies conjoint analysis to the study of how people value and respond to health messages delivered through posts on Social Networking Sites.

Conjoint analysis is a decomposition method that aims to understand how people make trade-offs across the attributes and level of attributes of a given stimuli when making a decision. In this context, behavioral decisions are viewed as the result of an evaluation of multiple attributes of a product or service. This statistical technique is widely used in transport economics, environmental economics and market research to measure consumers' preferences for product or service features and to segment consumers based on attribute preference.

Three small pilot studies were conducted to explore how conjoint analysis can be applied to promotion through SNSs, using the case study of the HPV vaccine promotion among Italian parents. Methodological considerations emerged regarding which type of conjoint methods are most appropriate for this purpose, how to address measurement challenges and how the results on attribute preference should inform the development and testing of messages on HPV vaccine on SNSs.

#### Aim of the session

This session aims to:

- 1) Discuss how conjoint analysis, a technique widely used in marketing research for product and service design, can be applied to enhance

promotion in social marketing and message delivery on Social Networking Sites;

- 2) Share preliminary results from three small pilot studies testing communication messages delivered on SNSs to promote HPV vaccination among parents;
- 3) Identify lessons learned regarding methodological challenges, measurement of preferences and segmentation.

#### Focus of the session

This session focuses on the role of promotion in social marketing and the opportunities provided by Social Networking Sites in improving the precision of message delivery to promote behaviour change. Studies have shown that adding a social media to a public health intervention is not per se effective in promoting behaviour change. By untangling preference structures, conjoint analysis has the potential to increase the effectiveness of promotional materials and improve our understanding of how different segments of users are influenced differently by those messages.

#### Method / approach

Conjoint analysis was first introduced in marketing research in the 1970s, although the seminal paper on its theory that served as the basis for all later studies was published in 1964 by Luce, a mathematical psychologist, and Tukey, a statistician. Conjoint analysis is a decomposition method whose goal is to understand how people make trade-offs across the attributes and level of attributes when making a decision. Conjoint assumes that when faced with a decision regarding a specific alternative (also called a stimuli, which could be a product or a service or a message), people consider various aspects/attributes and attach a specific importance (utility value) to each attribute specific of them.

The first pilot study used a traditional approach to conjoint analysis. Participants (parents) were presented with a series of SNS-based posts (see Table 1) on HPV vaccines and were asked to rate how likely they were of vaccinating their child against HPV after viewing the post using a 7-point Likert scale. The second and third pilot used a choice based design, where participants would view two posts at a time and were asked to pick the one that made them more likely to vaccinate their child. These latter pilots differed in the way questions were ordered.

All pilots had a full factorial design.

**Table 1. SNS-based post attributes and levels**

Attribute	Levels
Source of information	1 Institution
	2 Blog
Image	1 Non-neutral (positive/negative)
	2 Neutral
Text message	1 Positive frame
	2 Negative frame

#### Other notes

This preliminary work is part of my dissertation study that is exploring at how social marketing can reduce HPV-vaccine hesitancy among parents in Italy, particularly using SNS-based interventions and communication.

## Number: 64

### Using radio drama to improve social cohesion in Myanmar

Conference track: Reducing crime, promoting safety, security and social cohesion

**Authors:** Alasdair Stuart, Senior Research Manager/Senior Advisor, BBC Media Action, UK, Sally Gowland.

#### Abstract:

Myanmar is a deeply divided country, with long-existing inter-community, religious and ethnic tensions and ongoing conflict in the northwest and northeast of the country. The Rohingya crisis, the international response, and the national reaction to this response have furthered divides between many communities in Myanmar.

Our organisation's long-running 'Tea Cup Diaries' radio drama aims to increase audiences' understanding, openness and respect for people

# CONCEPTUAL / THEORETICAL

from different ethnic and religious backgrounds in Myanmar, contributing to social cohesion.

In this session we will share our approach to work in this area in Myanmar, present results from a recent quantitative evaluation on the impact of 'Tea Cup Diaries', discuss how this research is informing development of the project and invite discussion on wider learning about how to influence social cohesion through social marketing.

## Aim of the session:

This session will:

- Discuss our working addressing social cohesion in the complex environment of Myanmar
- Summarise the key results from our recent evaluation of this work (including the reach of our programme, audience engagement and impact on various outcomes linked to social cohesion)
- Discuss how we are using these evaluation findings to refine our approach to this work
- Consider how lessons from this work apply more widely to social marketing approaches looking to improve social cohesion.

## Focus of the session:

Myanmar is a deeply divided country, with active conflict in the northwest and northeast of the country. Inter-communal tensions remain a significant concern, made even greater by the violence in northern Rakhine state in the last year. The Rohingya crisis, the international response, and the national reaction to this response have furthered divides between many communities. It has also hardened attitudes towards different religious and ethnic identities and narrowed the public space for constructive discussion on inter-faith and inter-ethnic issues. The proliferation of hate speech and significant attention given to 'fake news' has only made these divisions deeper and more widespread, heightening the climate of mistrust and antagonism. Amidst these tensions, an uncertain political climate and active conflict in the north of the country, information for the public that aims to promote social inclusion is severely limited.

Our organisation's long-running 'Tea Cup Diaries' radio drama aims to increase audiences' understanding, openness and respect for people from different ethnic and religious backgrounds in Myanmar, contributing to social cohesion.

Now in its sixth series, the weekly radio show (broadcast on the national broadcaster, Myanmar Radio) is set in a busy tea shop on the outskirts of Yangon. Teashops in Myanmar have a reputation for inclusivity, welcoming people from all walks of life and backgrounds. They provide a space to share a cup of tea, some food, and exchange opinions, problems, hopes, and dreams. Listeners are treated to funny, heart-warming and realistic storylines acted out by a diverse ensemble of characters including tea-shop owners, their friends, their children, the tea master, a cook and waiters. The drama portrays a range of different characters and relationships within the family, within friendships, the workplace and the neighbourhood to model realistic examples of conflict resolution, critical thinking and social harmony.

The Tea Cup Diaries' target audience is primarily Bamar Buddhists, with a secondary target of people from different ethnic groups who understand the Burmese language. The drama is intended to be national in scope and engage adults of all ages, from teenagers to grandparents. It has characters aimed at appealing to various demographics and develops each character and storyline with a conflict sensitive approach. The project also has a digital strategy which targets urban audiences and the increasing number of listeners in rural areas who have access to mobile internet.

Although the drama is entirely fictional, it's inspired by real stories and extensive research. Evaluation of previous seasons of the drama had highlighted that although there was strong engagement with the programme, references to non-Buddhist religious practices in the drama were sometimes missed by audiences.

In response, series six of the Tea Cup Diaries took a stronger and more explicit focus on religion, particularly Islam. Throughout the season, the drama featured Muslim characters, their lives and traditions with the aim of challenging discrimination, negative stereotypes and misinformation regarding the Muslim community in Myanmar and to demystify common Islamic beliefs and practices.

In early 2019, we conducted our first bespoke survey specifically on the issue of social cohesion, looking at the impact of our Tea Cup Diaries

drama<sup>1</sup>. The survey fieldwork has recently been completed and we are about to begin analysis of the data. We will share key findings from this study in the session.

Our team will be using the results of our study to refine their approach to our work in this area. In our session we will talk through how we have used this research to inform project design/adaptation, and we will discuss more widely how what we have learned applies to work on social cohesion more broadly.

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<sup>1</sup> Our survey of 800 people in the Ayeyarwady state looked at the difference between engaged listeners of the Tea Cup Diaries and non-listeners in terms of their knowledge, empathy and acceptance of people of different ethnic and religious groups. We are using various types of regression analysis to examine the impact of our project (controlling for other factors) and better understand the various factors that impact on social cohesion more broadly

## Method / approach:

The session will be a combination of presentation, video clips (to give a sense of the programme itself – we have a short film of our production team talking about how they make it and some translated clips) and discussion. Depending on the time allowed we could try to link up the presentation with our team in Myanmar – they would value the discussion on learning at the end.

## Structure of session (45 mins)

- Introduction and background to our work (presentation) – 5 mins
- Short film on 'how we make Tea Cup Diaries' – 3 mins
- What's our project Theory of Change (presentation) – 5 mins
- Results from the evaluation (presentation) – 12 mins
- How our team are using the evaluation findings to adapt our approach (video from our team in Myanmar) – 5 mins
- Interactive discussion – what lessons from our work are applicable broadly? What advice would people have to improve our work in this area? Any relevant experience from others in the session? 10 mins

## Structure of session (20 mins)

- Introduction and background to our work (presentation) – 5 mins
- Results from the evaluation (presentation) – 8 mins
- How our team are using the evaluation findings to adapt our approach (video from our team in Myanmar) – 2 mins
- Interactive discussion – what lessons from our work are applicable broadly? What advice would people have to improve our work in this area? Any relevant experience from others in the session? 5 mins

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## Number: 72

### Online courses as a tool for communications for social change

Conference track: Digital and technological impact on social behaviour. Programme implementation and government policy

**Author: Anastasiia Nurzhynska**

#### Abstract

Online learning courses have become one of our most successful tools in boosting communications for social change that we have used since 2015. Our trainings were designed to help communication professionals, but also activists in non-profit field to do things differently. We have developed four online courses in less than four years:

1. Using communications tools for reputation management
2. PR and Communications for NGOs
3. Culture and Creativity courses
4. Effective presentations

Up to date, more than 8.000 people have completed our courses and received their certificates. Additionally to new skills and confidence that they can become the new "superheroes" in making the change real, be it in non-profit communications or in the field social activism. In particular, 82% of the 5.000 people who had completed the Culture and Creativity courses have said that they would use the new knowledge and skills in their job.

Therefore, the concept we would like to explore during the session is the use of e-learning tools, in particular online courses, as an engaging and

affordable tool for boosting communications for social change.

The proposed focus of the session is how the use of the trendy technology of online courses has helped us to ensure that the participants received new knowledge and acquired new skills for communications for social change, which is usually a non-affordable expense for NGOs in Ukraine.

The low cost and the innovative design of the courses – short of up to 5 minutes lectures, practical assignments, digestible format, ensured targeted community engagement, while the interlink with social media ensured the expansion of target groups covered.

Additionally, we would like to focus on one amazing side effect of the online courses. It consists in the fact that the online courses also have contributed to the boosting of activism and creativity for non-profit sector in Ukraine, but also other Eastern European and Caucasus Countries<sup>1</sup>.

<sup>1</sup> Culture and Creativity course was designed for 6 Eastern Partners countries of the EU: Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine.

We have used the interactive learning methods in our courses, focusing mainly on developing practical skills and offering a wide range of readymade tools such as checklists, concepts and outlines. We have focused on the high quality of our training.

We worked with the best trainers in the field, both communications professional, but also practitioners from non-profit field, to deliver practical, up-to-the-minute learning that can be applied straight away. We have shared practical ideas and case studies aiming at inspiring participants to start doing things differently, to dare to get out of the traditional communications format and workflow.

The intended outcomes of the session is to share our positive findings of how the online courses have become not only an effective learning tool, but also a “nudge” for promoting the communications for social change and inspiring creative thinking for visible results.

### Aim of the session

We have succeeded to use the trendy technology and interlink it with social media and to achieve success in a quite specific country/ies landscape. The technological penetration is still low and the e-learning platforms are at their incipient stage. Nonetheless, we have succeeded to address the problem of time and resource deficit, specific for non-profit sector, by offering a practical and engaging solution in the format of on-line courses.

Therefore the main goals of the session would be to share our experience of using the online courses as a tool for boosting social communications for social change. Additionally to the innovative and creative approaches use, we will share some of the recipes for our success such as:

- how to develop engaging, visually appealing content for online courses with limited resources?
- how to ensure high level of participation of people and their full engagement?
- how to condense practical and useful knowledge in 5 min. engaging videos?
- how to develop practical tools, which will be used by participants in their daily practice?

At the same time, we would also share some of the pitfalls and lessons learned over the last four years, mainly focusing on:

- addressing technical issues;
- countering the general low level of graduation rate for online courses;
- interacting with the participants and personal mentorship;
- dealing with negative comments and working with “difficult” participants.

At the end of the session we would make sure that we infect the participants with our internal motivation to continue to share ideas, boost change and inspire more initiatives for social change by using new technologies.

### Focus of the session

The main focus of the session would be to analyse the key elements that ensured the success in specific settings of Ukraine, but also neighbouring Eastern European and Caucasus countries.

We have departed from the idea that we wanted to change the state of

play in the area of communications for social change in Ukraine, to make non-profit communications cool and inspiring, to steer initiatives and boost new ideas through learning new skills. At the same time the studies were showing that, most people only have 24 minutes a week (or 1% of their workweek) to dedicate to the additional training.

This is how the concept of completely different online courses came into place. The solution for the issues above resulted in designing short, interactive and engaging online courses, which aimed at:

- systematising knowledge in a digestible and practical format for professionals in communications, but also for non-practicing professional;
- boosting motivation by offering a wide range of practical tools, but also certificates upon completion of course and passing the online test;
- multiplying the change by attracting influencers, inspirational leaders, sharing ideas and successful practices;
- exploring the favourable asymmetry of low investments in developing the courses compared to the big return in terms of participants and completion rate.

Our main target groups were:

- representative of non-profit organisations;
- managers of organisations working in creative industries sector;
- communication professionals working in the field of behavioural change;
- education professionals.

The use of user-friendly formats and interlinkage with social media was at the core of our marketing strategy. It contributed to the organic expansion of the target groups covered with little or no investment.

Building on the internal motivation of the target groups such as curiosity, sense of belonging and engagement, we introduced additional motivational tools such as easy system of testing and certification, personal reputation boost, combination of online and offline learning, as well as successful case studies. This ensured a higher level of engagement and completion rates. More than 8.000 people have completed the courses.

### Method / approach

We would like to present our successful practice of using the online courses as a tool for boosting communications for social change by combining the presentation of the concept, lessons learned and main findings with two interactive tools.

First, we will do a visual presentation of the most successful techniques used for the design and production of the online courses.

Secondly, we would perform a simulation of an online course on spot with the audience members, including the testing and certification. This will offer the opportunity to understand better the motivational elements we have aimed to trigger among our participants. Additionally, this will display the simplicity and affordability of the proposed concept.

The proposal for the allocated 45 minutes time slot in terms of the breakdown of activities is the following:

- presentation of the concept, issues and main findings – 10 minutes;
- visual presentation of the most successful techniques – 15 minutes;
- simulation exercise – 15 minutes;
- follow-up discussions and specific case studies – 15 minutes.

### Other notes

The tool proposed for the presentation in this session is falling into the general global trend of digitalisation of learning and adaptation to the digital age. At the same time, only 10-13% of participants succeed at completing the online courses.

Our experience with the developed online course proves that this trend can be overcome. We have experienced a spill over effect in terms of multiplication of changes in terms of communications, boosting changes and inspiring alternative ideas for social change.

**Number: 77**

**Critique and discussion for social marketing practitioners and researchers: “There is nothing more practical than a good theory”**

Conference Track: Critical social marketing

# CONCEPTUAL / THEORETICAL

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## Abstract

In this session we advocate a need for evaluation and synthesis of current theoretical orientation in the field of social marketing. We incorporate critical appraisal to generate a practical structure for clarity to guide social marketing researchers and practitioners to integrate theoretical models, applications and implications with social marketing praxis. In this conceptual discussion we elaborate on defining and understanding the suitability of a theory, explore the application of and evaluation of theories, and discuss development and refinement of theory. We synthesise these ideas to provide some practical structure and recommendations for the researcher/practitioner in social marketing and related social scientific fields.

## Aim of the session

Social marketing is praxis, a procedural approach, and as such does not have its own theory. Marketing draws heavily from the theoretical foundations of social sciences with respect to attitude and behaviour change (Donovan, 2011a). Social marketing is not an alternative to individual behaviour change strategies, but a process to increase the prevalence of specific behaviours among target audiences (Lefebvre, 2001; Lefebvre & Flora, 1988). Drawing on Wallerstein's notion of the need for a broad view on a world too complex and interconnected to be adequately described by single disciplines (Wallerstein, 1987), social science practice such as social marketing can benefit from disciplinary eclecticism. Wallerstein advocated for a problem focus instead of a discipline focus in social sciences (Wallerstein, 2000). The social marketing approach to social change is currently problem focused, a trans-disciplinary "grab bag approach" (Donovan, 2011b). While a trans-disciplinary approach might be positive, the landscape is challenging. Some theories dominate in social marketing (primarily from individual and social psychology), or theoretical alignment is avoided altogether. Disciplinary eclecticism creates dissent about which theories are relevant and leads to epistemological confusions and contradictions.

The constructivist, process-focused approach in social marketing gives an illusion that proper steps will lead to desired results without a theoretical framework, as evidenced by the prevalence of process evaluation of interventions. When theory is seen just as one step in the process, it gets reduced to just another step in the process, as opposed to serving as a guiding principle founded on a body of knowledge for conceptualising and understanding phenomena. Dealing with theory in designing social marketing interventions is at risk of becoming a question of ticking a box.

Based on our analysis social marketing is a praxis framework encompassing an interdisciplinary approach, which is problem-oriented not discipline focused, and is not typically theoretically oriented or contributing to theoretical conceptualisation of social problems. The aim of this session is to encourage critical reflection and generate momentum for implementing theoretical orientation into our social science. Commentators frequently call for greater reflexivity in social marketing, for better reporting of theoretical application and implications of social marketing activities (Lefebvre, 2001). The social marketing field has progressed very little on this front (Luca & Suggs, 2013). However, practitioners and researchers advocate for a return to primary concepts and fundamental principles: "Behavioural theory" is established as a social marketing benchmark criterion (NSMC, 2008). Hence, theoretical understanding is an integrated core component of the social marketing process and existing evidence supports the application of theories and its connection with effective initiatives (Thackeray & Neiger, 2000).

## Focus of the session

In this session we advocate a need for evaluation and synthesis of current theoretical orientation in the field of social marketing (Brennan, Binney, Parker, Aleti, & Nguyen, 2014; Truong, 2014), incorporating critical appraisal to generate clarity to guide social researchers and practitioners to select and integrate theoretical models, applications and implications with social marketing praxis. There's nothing so practical as

a good theory (Lewin, 1951), yet considering disciplinary eclecticism we need to examine criteria for selecting and evaluating theories, and practical strategies for integrating theoretical models.

## Method / Approach

We often hear "theory is useful". In this critical examination we wish to elaborate on how better to integrate theoretical understanding of phenomena in social marketing research and practice. Typically, we find theories are useful in product or service design, but sometimes theories are helpful in promotion (message) design. Further than quantifying the number of studies that cite a theory, or fail to do so, we need to critically examine how theories are applied to product/service design, or to explain how a product/service works. In what qualitative ways does social marketing, as an applied field, rely on theories or models to design an intervention? To address these points, we consider the function of a theory, criteria for evaluating theories, and reflect on how we can contribute to developing theoretical models through social science practice. In this conceptual discussion we elaborate on defining theory and understanding how to assess the suitability of a theory, explore the application of and evaluation of theories, and discuss development and refinement of theory. We synthesise these ideas to provide some practical structure and recommendations for the researcher/practitioner in social marketing and related social scientific fields.

## 1. What is a Theory?

A theory is a broad explanation and prediction concerning phenomena of interest (Feldman, 1999, p. 34). More specifically, a theory is a system of ideas based on general principles, a set of concepts, intended to define and explain a certain phenomenon. A theory, like social construction theory for example, is independent of the phenomenon or data it pertains to, such that one conceptual theory may represent, explain, or account for more than one aspect of a phenomenon or observation. Theories define a lens through which a phenomenon (i.e., social problem, or behaviour) is conceptualised and observed: suggesting which elements of social reality are to be studied, and in what way, to explain phenomena. A theory is foundation for developing research hypothesis and presents rational and generalized thinking about elements of social reality.

In social marketing publications, theory often gets confused with behaviour change models. The meaning and concept of theory and behaviour change model (like Theory of Planned Behaviour for example) are not interchangeable: They are distinct. The latter presents a lower level of generality and abstraction. The model is derived from a particular theory, proposing relations between concepts that can be operationalised and tested. Theories do not necessarily include explanatory models; however, researchers tend to test theories by developing and testing explanatory models on a set of data. A theory should help to explain complex social reality and address practical problems - that is why scholars like Creswell (2009) argue that the focus of theory is in its application. The relationship between theory and practice is reciprocal.

## 2. What purpose does a theory serve?

"Once you understand how a system works, you don't have to remain a passive observer" (Stewart, 1995, p. 26). Theories in social science enable us to organise data in a rational way and unlock potential mechanisms of purposeful change. For social marketing researchers and practitioners, theoretical understanding enables us to attempt to control or manipulate systems to facilitate change. A theory supplies a framework, defining an epistemic position for how to think about a phenomenon. Given the multitude of factors that could have a spurious association with any given phenomenon, the utility of an applicable theory is self-evident. In addition to teasing out causal associations, assessment of appropriate mediators promotes theorising about the mechanisms of action (Michie, West, Campbell, Brown, & Gainforth, 2014).

Theories serve two main purposes: 1. To explain and 2. To predict. Social science applies theories to explain phenomenon: understand how a phenomenon happens; understand why a phenomenon happens; to organise the underlying patterns and regularities that we observe. When developing a conceptual system to provide insights into a phenomenon this can be termed explanation. We may understand that two or more things are related, however we may not understand why this is so. Therefore, answering 'why' involves moving to a deeper level of understanding, with the answers to these types of questions representing theoretical explanation. Conversely, another level of understanding is being able to predict what is going to happen in the future, considering particular processes observable or manipulated in the present. While

explanation and prediction are often intrinsically connected, the two are different. Theories enable us to predict phenomenon: to predict how a phenomenon will 'behave' (aka, change over time / in different contexts); to control or change a phenomenon for a purpose; to make practical use of what we have learned and pass that on to the future generation of researchers and practitioners.

Our view is that terms like "theory use" are problematic. Conceptualised like this, theory becomes constructed as an amorphous tool. Rather, theories form the foundation from which social research may be constructed and data may be understood. Arguably, the social marketing field requires a general explanatory theory to help us to understand why and how can social marketing practice affects social reality: how social marketing works to change problematic and sustain positive conditions and behaviours. Such a theory would potentially enable us to predict dose-response effects of social marketing benchmark criteria. Furthermore, an explanatory theory developed in such manner is broad and considers a wide social role of social marketing practice. A general theory of social marketing effectiveness should acknowledge the possible unintended consequences and misconducts, like contribution to health inequalities, individualisation of social problems, and commodification of social problems. Thus, such a theory gives rise to a critical perspective of social marketing.

### 3. Criteria for evaluating theories

Application of a theoretical framework allows us a systematic approach to considering a range of potential causal drivers of a phenomenon and facilitates reflection about the causal nature of relationships (Michie et al., 2014). Faced with disciplinary eclecticism, how should social science researchers and practitioners select between candidate theories? There are multiple trans-disciplinary criteria for assessing the quality of theory (see for example, Chinn & Kramer, 1991; Fawcett, 2005; Michie et al., 2014). We propose social science applications should consider theories along several criteria, as defined in Table 1.

Table 1. Criteria for evaluating theories

Logical consistency	Are core constructs clearly defined, conceptualised with precision and independent of one another? Does the theoretical model specify the nature of relationships between core constructs? Is there internal logic in the theory statements, they make sense and explain what they say they claim to explain?
Falsifiable	Does the theory make falsifiable predictions? Ability to test the accuracy of the theory's claims.
Predictive power	Does the theory explain/account for the data (statistically or logically?)
Utility	The usefulness or practical value of the theory. Does it help change phenomena?
Parsimony	Simplicity of the explanation provided by the theory. Parsimony is highly valued but difficult to achieve in describing complex social phenomena with few concepts.
Generalisability	To what extent can the phenomenon be investigated across behaviours, populations and contexts?
Heurism	To what extent does a theory stimulate research and new thinking? Can a theory be applied trans-discipline? Do other theorists quote the theory and use it as a springboard to generate new ideas?
Evidence base	Is there empirical support for theoretical propositions?

In addition to the criteria described above, social marketing practitioners should consider to what extent existing theories need to be tested by/in social marketing interventions. Rather, practitioners and researchers might advance the field by working in the reverse way: social marketing practice should be tested against established theoretical explanations. For example, are there established theories that pass quality assessment, to account for why social marketing benchmark processes are effective?

### 4. Theories and social marketing

The phenomena of social problems and contexts are not static. New problems arise constantly, yet the mechanism of those problems might be long established. Old answers and existing theories provide important insights but may fail to adequately account for observations (i.e. the data). The above observations lead us to ask: In what ways is social marketing theoretically informed / based?

In social marketing as in health care, public administration and other disciplines, theoretical approaches tend to be applied retrospectively a completed implementation project, to evaluate or interpret findings.

Others have suggested that as an alternative, social marketers should refer to theories to plan and design theoretically informed strategies which would have a likelihood of success (Lynch et al., 2018). It's widely lamented that social marketing campaigns are not routinely reported in professional journals or at conferences, and of those which are, too few focus on theoretical models (Lefebvre, Bloom, & Gundlach, 2000). We agree with others who recommend that social marketers document the theories that impacted their judgments on selection of target audiences, questions posed during formative research studies, strategies selected, how program elements were selected and developed, what outcomes were intended and how they were measured. Importantly, social marketers can improve integration of theoretical interpretation of their findings and outcomes. Theoretically based understanding allows us to differentiate between concepts and events. Understanding a phenomenon implies we can describe what differentiates it from other phenomena. Further, understanding a phenomenon implies that we can differentiate instances of it. This provides an understanding of how things are similar and how they are different. Theoretical concepts are therefore useful for identifying, organising and explaining and interpreting instances of phenomena of interest.

A question can be raised about the context or scope of social marketing: to what extent is social marketing focused on societal phenomena? Specifically, to what extent does social marketing practice address social issues rather than individual and health issues. As proposed by Kotler and Zaltman (1971), social marketing practitioners target three types of behaviours which are differentiated in their societal outcome: Altruistic (e.g., pro-social donation), personal health (e.g., physical activity) and social betterment (e.g. climate change). A systematic review of evidence indicates that of all the social marketing campaigns published between 1999 and 2017, individual health behaviours have been studied with greater frequency (disease prevention 20.0%, healthy eating 12.1%, alcohol consumption 8.1%) in comparison to social issues (e.g., road safety 1.5%, violence 2.5%) (Badejo, Kadir, Pang, & Kubacki, 2018). Similarly, many social marketing approaches are individualised, focused on individual behaviour while the social dimension is often ignored, or reduced to some easily managed determinants. Societal outcomes should emerge from social marketing behaviour change.

### 5. How can researchers/practitioners contribute?

In what ways can social marketing researchers and practitioners contribute to developing and refining theoretical explanations of the social issues they tackle? There are multiple ways practitioners can contribute to develop, refine, support or refute a theory, for example:

- examine constructs that mediate or moderate mechanisms (deepen)
- apply and adapt trans-discipline theories to social phenomenon (broaden)
- question a theory: contrast and test competing predictions from alternate theoretical frameworks.

Theories develop from theoretical insights of a scientists' inquisitive mind, tested in the form of hypotheses in many contexts. Somebody must be inventing developing and refining new theories in the future to be able to apply to understand and solve problems that either have not arisen before or have hitherto proved intractable, ie WICKED problems. Otherwise social marketing fails when change requires solutions to new problems or new solutions to old problems. It is one thing to solve existing problem or answer an existing question, but scientists also identify new problems to solve and new questions to answer. This may also involve reframing current problems. Using participatory action research speaks to the people centred approach proposed in social marketing. Participatory action research involves working with different groups of people for example, social groups, organisations, communities, to identify the problems which they face, the research that must be undertaken to address these problems and then implementing the research and solutions. Based on our critical evaluation of theoretical application in social science research and praxis, we offer the following general recommendations:

**Conceptualise:** Find, explore or suggest the relevant theoretical explanation/s for the phenomenon of interest. Many types of frameworks for theory construction exist, e.g. causal models, mathematical modelling, simulations, grounded and emergent theory, and historically influential systems of thought (grand theories including materialism, structuralism, functionalism, symbolic interactionism, evolutionary perspectives), systems theory, and psychological frameworks. Frameworks can be inspired by methodology for example multilevel modelling, which

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incorporates the broader contexts in which individuals behave and person-centred theorising. We advocate practitioners draw theoretical explanations from multidisciplinary fields, incorporating explanations from diverse sources (avoiding the traditional focus on individual psychology).

**Design:** Integrate theories into research design so that we gather data on theoretically appropriate constructs and enable measurement of how constructs vary across time and contexts. To do this we need to understand the concepts, constructs, and variables at play. Behavioural predication is central to many social marketing theories. Many behaviours have four core elements 1) an action, 2) an object or target toward which the action is directed (e.g. school children), 3) a setting (e.g. in the classroom), 4) a time (e.g. on Monday night). Research has affirmed the theoretical importance of being explicit about how each of the four elements of behaviour is treated because the relevant predictors and determinants of that behaviour can vary depending on the level of abstraction of the elements (Ajzen & Fishbein, 1980). Should we be using frameworks which emphasize stability and change? For example, social marketing practitioners should consider the relative advantages of conceptualising constructs and phenomena using a lifecycle model, a teleological model, a dialectical model or an evolutionary model. As an example, we could consider using a stage framework and then clarify the criteria for defining stages.

**Evaluate:** Critically consider findings and phenomena given theoretical explanations, examine data against theoretically derived predictions, patterns and existing knowledge. Refine, replicate, falsify, and modify theoretical explanations based on empirical data. For example, as a strong test of competing theories, double dissolution hypotheses can be derived and tested in social science research.

**Contribute:** Articulate how social science adds to what is known or shown in relation to the phenomenon and theoretical explanations for phenomena.

A heightened awareness of theories from which research models, methodologies for formative research, and strategies for interventions used in social marketing, enhances reflexivity of social marketing researchers and practitioners. Phenomena are rarely straightforwardly available for study, yet alone for interventions. Whatever research we do, whatever behaviour change interventions we design, we base it on some (theoretical) assumptions about a phenomena, social meanings, actors and structures related to it. How, when, and where we invoke a phenomena is a central theoretical concern for social researchers. Theory is thus unavoidable, however, to what extent are we aware of (theoretical) assumptions (Silverman, 2004)? For a social marketing discipline to thrive, it is necessary that researchers and practitioners become aware of their theoretical assumptions, start to specify them and use them critically. Social marketing is a discipline developed in a climate of divisions between academic subjects, like sociology, social psychology, history, language. Division among theories and research methods gradually eroded. Social marketing was formed as a praxis, problem oriented discipline that borrowed concepts and theories from various social science disciplines. Transdisciplinary, theoretical and methodological eclecticism and problem orientation of social marketing are a virtuous approach to study and modify complex social phenomena. But, eclecticism should not be an excuse for disregarding basic principles of social research conduct. Quite on the contrary; rigorously identified and engaged theoretical framework(s) of social marketing practice should be fundamental.

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## Number: 83

### Unexpected Intersections: How breaking down silos can advance human health, wildlife conservation and social change

Conference track: Interdisciplinary and cross section action to influence behaviour for social good (Cross disciplinary, cross sector partnerships and coalitions. Strategies to reduce social problems and promote sustainable intervention programmes.)

**Author: Kelley Dennings, Population Campaigner, Center for Biological Diversity, USA**

#### Abstract

We are often stuck in silos based on our academic degrees, our work experience, our philosophies etc. However, many social marketing scholars feel that cross-disciplinary teams provide better insights during formative research and more rigor during the evaluation of an intervention (Kubacki and Rundle-Thiele, 2013). One current social issue that is intersectional between health and the environment is climate change. The intersection is apparent in such topics as air pollution and asthma, rising temperatures and food insecurity, extreme weather and vector-borne illness, rising sea levels and water-borne illness, etc. (U.S. Centers for Disease Control, 2018). These and other social and environmental problems are worsened by rapid human population growth. Every day we add 227,000 more people to the planet — and the UN predicts that human population will surpass 11 billion by the end of the century (UN Sustainable Development Goals, 2017). As the world's population grows, so do its demands for water, land, trees and fossil fuels.

Two emerging fields work to break down silos and find solutions that support not only people but the planet.

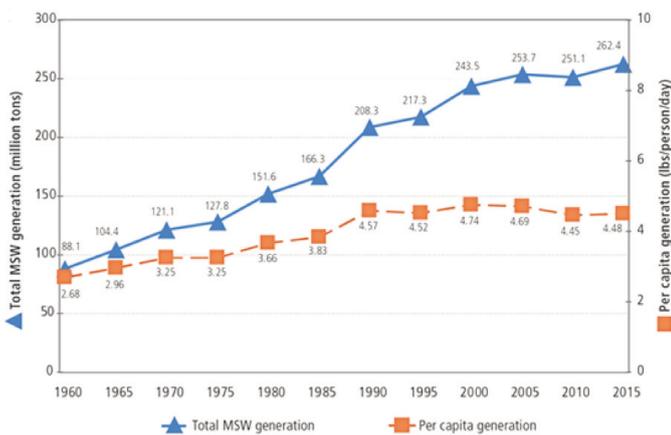
One field called population, health and environment (PHE), supported by

USAID, is an approach to human development that integrates family planning and health with conservation efforts to seek synergistic successes for greater conservation and human welfare outcomes (ICF and Environmental Incentives, 2018). The other, launched in 2015 by the Rockefeller Foundation and The Lancet, is planetary health which refers to the health of human civilization and the state of the natural systems on which it depends (Panorama, 2017).

With plants and animals going extinct at the fastest rate since the dinosaurs, we're in the midst of the sixth mass extinction event. Unchecked population growth not only affects plants and animals, it puts pressure on human communities, exacerbating food and water shortages, reducing resilience in the face of climate change, and making it harder for the most vulnerable communities to rise out of intergenerational poverty.

The solution is to ensure that everyone has the ability to choose if and when to have children -- and when women and girls have access to education and equal rights -- they tend to choose to have smaller families. The side effect of family planning, education and equality supports the environment. However, even in the U.S., not everyone has access to these solutions or an understanding of how their reproductive choices may impact their families and the planet. And, while population growth may be levelling off or declining in the global north, consumption is not following suit which ultimately impacts climate change around the globe. The graph below shows the connection between consumption and population. Even as U.S. population numbers levels off, waste generation continues to grow.

**MSW Generation Rates, 1960-2015**



*U.S. Environmental Protection Agency*

By voluntarily reducing population and consumption to an ecologically sustainable level in ways that promote human rights, it can help decrease poverty and overcrowding; raise the standard of living; and allow plants, animals and ecosystems to thrive. This is the work of the Center for Biological Diversity's Population and Sustainability program (The Center).

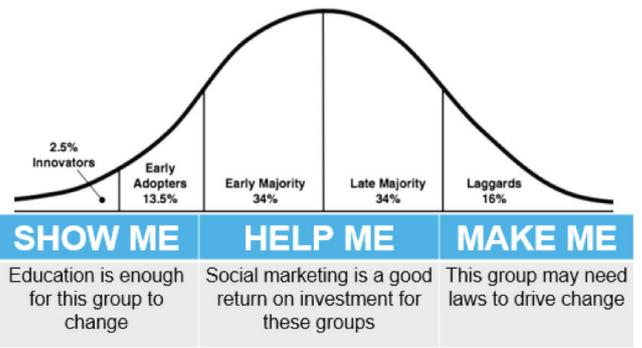
How can social marketing and other behaviour change strategies be used to raise awareness of this intersection between population, health and the environment and ultimately change behaviors to improve outcomes for people and the planet?

**Aim of the session**

This session will provide the background for an intersectional topic (family planning, consumption, habitat and wildlife), describe current work being done by the Center for Biological Diversity around the nexus topic, and seek attendee's input to help build a formal theory of change for the Center's population and sustainability work. The theory of change will then support future Center research, interventions and evaluations.

**Focus of the session**

The Center for Biological Diversity takes a multi-prong approach to protecting wildlife and their habitat. As highlighted in the graphic shown below, created by Nancy Lee and then altered by Dave Ward to be put on the diffusion of innovation curve, the Center uses all behaviour change strategies available including education and enforcement.



*Adapted from: Rogers, E. (1995) Diffusion of Innovation and Lee, N. and Ward, D.*

However, the focus of this session will be how to improve upon the social marketing aspects of the Center's intersectional work on population and consumption by providing input towards a formal theory of change. Current thinking is that components of the social ecological model or transtheoretical model might be useful when working in partnership with others (both family planning and environmental groups) on this topic that transcends health and environment.

For example, with the social ecological model, the Center's current condom distribution campaign, pillow talk events and family planning advocacy work are already depicted in three spheres of this model (individual, interpersonal and public policy respectively).



*Adapted from: McLeroy (1988)*

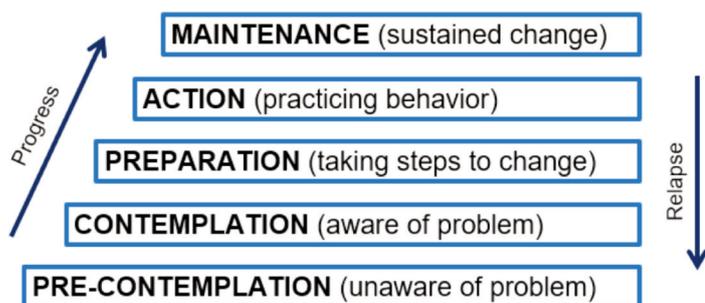
The Center's Endangered Species Condoms are a great example of social marketing's "product" P. The beautifully designed packages, with their fun slogans, are distributed by a network of volunteers around the country. The condoms are handed out at concerts, bars, universities, spiritual group meetings, farmers' markets and other types of local events. Each package contains – along with 2 condoms – original artwork and information on the species featured; facts about human population growth and its link to the extinction crisis; and solutions to the population problem. One way in which the condoms are distributed is through Pillow Talk events. These are currently being conducted with museums, science centers and zoos to get visitors thinking about how to protect wildlife and the environment in a unique way.



Another potential model the Center could use is the transtheoretical model where we move individuals from no awareness of the intersection between family planning, consumption, habitat and wildlife to taking

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action like using contraception and/or decreasing consumption.



Adapted from: Prochaska and DiClemente (1983)

The Center uses social and traditional media to raise awareness about this intersection of health and the environment. Its social media campaign, Crowded Planet, reached nearly 200,000 people. The organization has generated media attention in newspapers (like the NY Times and Washington Post), via online platforms (like Mashable and the Huffington Post) and through dozens of radio and podcast appearances. They also mobilized supporters to submit more than 1,500 letters to the editor to newspapers around the country about the impacts of population growth on wildlife.

The Center conducted a U.S. national poll in 2013 to gauge the general public's beliefs, thoughts and awareness for this interdisciplinary topic. From that survey (Public Policy Polling, 2013):

- 47% think the United States consumes too many natural resources.
- 64% think an increase in population will result in adverse effects on wildlife.
- 34% think the number of people on the planet has no effect on solving climate change.
- 60% think that our society has a moral responsibility to address widespread wildlife extinctions.

The organization plans to update this survey in 2019 to see if anything has changed.

## Method / approach

This potentially unorthodox session will allow attendees to support the field of social marketing by providing input for a U.S. non-profit group's formal theory of change. It will provide a hands-on learning opportunity to those that are not familiar with theories of change and/or have not yet created one for their organization. Finally, it will be fun!

The approach that will be used for this 20-minute session includes two sections:

7 minutes:

- Describe the silos – family planning, consumption, wildlife habitat
- Describe the intersectional disciplines - population, health and environment and/or planetary health
- Describe the Center for Biological Diversity

13 minutes:

- Outline the Center's goals for having a formal theory of change for its population campaign (support research, interventions and evaluations)
- Facilitate a mindmap type discussion around the potential theories of change noted (social ecological, transtheoretical) – pros and cons; applicability to support goals; ways to tweak
- Open dialogue about other theories of change to contemplate

For those wanting to continue the discussion after the 20-minute session the speaker will be available and/or could follow-up electronically.

## Other notes

None

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## What's new and old in social marketing thinking? Reaffirming its political grounds

Conference track: Critical Social Marketing

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## Abstract

Since social marketing was presented as a new discipline, it has grown as a significant field of study and intervention, but recently there are some reasons for concern. Technological innovation and the way it has been used and misused represents a major threat to human freedom, abusively conditioning people's behaviours, and affecting social marketing and all behaviour change fields. Simultaneously, the political environment in which social marketing was born has changed a lot for the worse. After democracy had a remarkable global run, the expansion of freedom and democracy in the world has come to a halt everywhere we can see the rise of populism, the arrogance of authoritarian regimes, and the rapid growth of rising inequality, welfare-state cutbacks, greater insecurity for the working and middle classes, and the spread of economic and social risk. In view of this, social marketing must reaffirm its political and ideological groundings. This paper tries to identify them as a way to respond to those negative trends, and to maintain our field as an instrument for a free and democratic society, able to promote the improvement of its people's wellbeing.

This paper was the basis for *A Social Marketing Political Manifesto* (annexed), presented at the World Social Marketing Conference, in Edinburgh, 3 July 2019.

## Method

This is a viewpoint that develops a conceptual analysis enlightened by political theory, and proposes a political conception of social marketing, in order to confront current challenges faced by behaviour change interventions.

## Aim of the session

Since Philip Kotler and Gerald Zaltman published their ever-remembered article, time and life did not stop. This viewpoint focuses on two topics of significant transformations, which have affected the meantime developed field of social marketing and behaviour change interventions: (1) the implications of the digital revolution on behaviour change; and (2) the modifications in the political environment since social marketing was founded.

## Reasons for concern (1)

The incredible rise of the digital society presents unprecedented

challenges to human behaviour. The use of digital technologies creates an enormous field of information. Companies and institutions now have access to that amount of data on your present and past shopping and browsing preferences, including other digital interventions. This ranges from transactional data to website traffic, and even social media posts. Supercomputers and predictive algorithms use this data to make inferences about what is likely to happen with your behaviour. Big data, mass surveillance systems, biometric recognition systems, psychometrics, neuromarketing, data politics, algorithmic tools in healthcare, or insurance services are some of the tools that enables to mine behaviours and decisions, making possible to construct detailed individual profiles, in order to predict and modify human behaviour, creating powers of appalling possibilities.

Already at the beginning of the current century, the URBANEYE project, a European network coordinated by the Centre for Technology and Society of the Technical University of Berlin, mapped the closed circuits television (CCTV) in Europe, proving its proliferation in public accessible space in many European countries. Recognizing the dimension of this persistent phenomenon, Reinhard Kreissl (2014), from the Austrian Institut für Rechts- und Kriminalsoziologie (IRKS), adopted the designation surveillance societies, most of them generating involuntary and nonauthorized transaction of image and data. And in a UK report, Clive Norris and Xavier L'Hoiry (2014) confirmed that «data subjects may encounter significant obstacles in exercising their access rights» (p. 59). The same process of non-authorized collection of data is happening in a much larger scale in the networked sphere, mainly with large Internet-based firms as Google, Facebook, Amazon, or Microsoft.

In the health sector, there is already evidence of the misuse of biomedical data (Hoffman & Podgurski, 2013), showing that «data mining of biomedical databases makes it easier for individuals with political, social, or economic agendas to generate ostensibly scientific, but misleading research findings for the purpose of manipulating public opinion and swaying policymakers» (p. 497). The World Health Organization has already presented their concerns, recommending that any government that adopts big data methods and technologies in the health sector will need to establish proactive and durable policies to protect the health data of individuals, i.e. in terms of confidentiality, privacy and security (Vayena et al., 2018, p. 66).

In the insurance sector, companies are using big data to discriminate between profitable and unprofitable clients, offering rewards for what they see as healthy behaviour, but penalising unhealthy behaviour with worse or less insurance injures those who also need protection. In the US, LexisNexis uses 442 non-medical attributes to predict medical costs and so which clients are more profitable. In Britain, John Hancock, one of the oldest life insurance companies, announced recently that it would in future only write policies that offer rewards for customers who use various forms of fitness trackers or join gyms (The Guardian, 27 Sep 2018). Facing the current health disparities between the rich and the poor, this is an obvious way to increase them. Even the Geneva Association, a leading international insurance think tank, express their ethical and societal concerns about the implications of this mix of big data and insurance (Keller, 2018).

The misuse of big data and social media platforms are even more worrisome in political systems. There is evidence that some electoral process in democratic countries were affected by what is called dark politics. Namely, the referendum on an EU agreement with Ukraine, the 2018 US presidential election, and the British Brexit referendum were hijacked by malicious actors – both state and non-state – using big data, algorithmic tools, fake news and social media messaging.

The European Commission has already presented an EU-wide Code of Practice on Disinformation (European Commission, 2018), but even the most developed democratic societies are unprepared for this dark politics. As Julian King, the European commissioner for the Security Union, has put it, these attempts at manipulating voting behaviour are «subtle and harmful» (King, 2018). The recent House of Commons' Digital, Culture, Media and Sport Committee's Disinformation and 'fake news': Final Report (14 Feb 2019) and the Online Harms White Paper presented by the British Government to Parliament in April 2019 has similar conclusions. Those documents present already a number of recommendations, which constitute an important contribution to future policies in this area. On the other hand, internal documents have revealed that Facebook has targeted politicians around the world promising investments and incentives while seeking to pressure them into lobbying on Facebook's behalf against data privacy legislation (The

Guardian, 2 March 2019).

Using big data to create a national behaviour's control system seems possible and is being tried. The People's Republic of China is implementing a Social Credit System (shèhùi xìnyòng tǐxì). By 2020, it is intended to standardise the assessment of citizens' and businesses' economic and social reputation, or credit. This awful scheme seems to be one of the ways Chinese autocratic authorities try to control and accommodate the new, educated urban majority's aspirations for greater participation in government decision-making (Loubere & Brehm, 2018). In the perspective of Western competitors, in his speech to the World Economic Forum's Annual Meeting 2019, George Soros considered that «the rapidly improving instruments of control that machine-learning and artificial intelligence can produce are giving repressive regimes an inherent advantage. For them, these instruments of control are a help; for open societies they constitute a mortal danger» (Soros, 2019). But it is not just a matter of repressive regimes vs. the so-called open societies.

Trying to understand all these effects of digitisation at a global level, Shoshana Zuboff (2015, 2019) developed her concept of surveillance capitalism, a new stage in the evolution of market economy that «unilaterally claims human experience as free raw material for translation into behavioural data» (2019, p. 9). Fed into advanced manufacturing processes, that data is fabricated into prediction products that are supposed to anticipate what you will do now, soon, and later. These products are traded in a new kind of marketplace for behavioural predictions, that Zuboff calls behavioural future markets: «surveillance capitalists discovered that the most-predictive behavioural data come from intervening in the state of play in order to nudge, coax, tune, and herd behaviour toward profitable outcomes» (idem). The purpose «is no longer enough to automate information flows about us; the goal now is to automate us» (idem). As you can imagine, this dark scenario can only be a source of concern for behaviour change experts, and social marketers involved in the respect and improvement of human life.

## Reasons for concern (2)

Social marketing was born in the context of the fight for civil rights in the US, the international uproar against Vietnam War, the student's uprising that proliferated throughout numerous developed countries and ensuing deep cultural changes that flowed from this. Its response came from a persistent tradition of progressive liberalism that goes back to Theodore Roosevelt's New Nationalism, Woodrow Wilson's New Freedom, Franklin D. Roosevelt's New Deal, or John F. Kennedy's New Frontier, and that had in John Dewey its main thinker. The same year it was published the special number of Journal of Marketing about «Marketing's Changing Social/Environmental Role», which included the social marketing's foundational article (1971), John Rawls published his book A Theory of Justice, another seminal work that would reinforce the social dimension of liberalism in the twentieth century.

Philip Kotler gave us a comprehensive description of his life in this picture: «I did grow up in the Great Depression and I was an early reader. I remember reading about millionaires and wondered how so many people could be poor while others had such great wealth. This fanned my interest in how the distribution of income is determined and led me into economics as my calling. Is all great wealth earned or is much of it inherited or the result of political or artificial privileges and advantage? I was upset in meeting young people of talent who could never raise enough money to go to college. I was upset by photos of sharecroppers, homeless people, and starving people. Somehow these experiences led me to think about how I could make a difference in these social problems. Helping develop the field of social marketing was my effort to make a contribution in this area of problems.» (Kotler, 2014)

In an interview conducted by Carol A. Bryant, Kotler remembered those days of his social marketing contribution: «In 1970 I was approached by a number of social action groups for help with such issues as family planning, environmental pollution, and poverty. So, I suggested to Jerry Zaltman, who was interested in the same issues, that we write an article to show how action groups could be more effective by segmenting markets and understanding better the mindsets and behavior of consumers» (Kotler, 2003, p. 19).

But in the following decades, in the course of a welfare-state crisis, has occurred a strong implantation of a reference frame (Santos, 2019) born in the 1920s, and developed by Ludwig von Mises, Friedrich Hayek, or Milton Friedman, and by politicians like Margaret Thatcher and Ronald Reagan. That's what ended up being designated neoliberalism, something that today many people identify as guilty of «all the ills of the world». However that designation is wrong, it would turn out to be very

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pernicious for that kind of social liberalism which gave rise to social marketing, the one of free citizens that do not want the government, or anyone else, to make all decisions for them, and that expect that the government would support them in making choices concerning their own lives. They wanted clear and credible information, and where they did want to make a change and found it hard to make a correct choice, they expected to be provided with support in doing so.

In fact, the so called «neoliberalism» is not even a liberal view (Freeman, 2001, 2018a, 2018b). In the words of Noam Chomsky (1999) its «doctrines are not new, and the basic assumptions are far from those that have animated the liberal tradition since the Enlightenment».

«Neoliberalism» is a mix of illiberal libertarianism and conservatism. They invoke the inheritance of Adam Smith, but his *laissez-faire* has nothing to do with the Scottish Enlightenment, and with Smith's moral sentiment and opposition to poverty; nothing to do with David Hume's skeptical empiricism; and nothing to do with the strong feeling of Robbie Burns' *A Man's a Man for A' That*. Not even with other great references of classical liberalism like John Locke, or John Stuart Mill. As Samuel Freeman puts it: «It [libertarianism] rejects the idea, essential to liberalism, that political power is a public power that is to be impartially exercised for the common good. Moreover, the primary institutions endorsed by the liberal political tradition — basic rights and liberties, equality of opportunity, and government's role in supporting efficient markets, public goods, and a social minimum — are incompatible with libertarianism» (2018a, p. 62). To identify «neoliberalism» with the high liberal tradition (Freeman, 2018a) is a total misconception, but it is quite entrenched in the current common knowledge.

Taking into account its roots, to identify social marketing as a «neoliberal experiment» (Moor, 2011) is also a total misconception. In those countries, as the UK, that developed national policies on social marketing in public health, our field was not a «neoliberal experiment». It was a contribution of academics and public officers based on the 1946 World Health Organization's recommendations, in which WHO proposed that health should be considered and promoted in all its socio-economical dimensions, involving, and engaging individuals, environmental factors, and social conditions. This cannot be restricted to any «neoliberal experiment». This is a social policy founded on true concerns about human wellbeing, not in any political trend to destroy the State as a public power, or to eliminate social justice, and social policies.

Another major political adversity for social marketing is the accumulation of problems in liberal democracies, where the respectful spirit towards citizens is supposed to be taken into account. As Larry Diamond (2015) has stated, we are facing up to a democratic recession since 2007. And everybody can see the uprise of populism, and the arrogance of authoritarian regimes, but also the slow growth, rising inequality, welfare-state cutbacks, great insecurity for the working and middle classes and spread economic risk, fear of the future, and social divisions throughout western societies. And one cannot forget, as Sheri Berman (2018, 2019) underlines, waves and waves of politicians who do not know, do not pay attention, or even are interested on citizens' demands and concerns, including the rise of an unelected technocracy at the national and European level.

Social marketing suffers a lot with this dissatisfaction with democracy, because its democratic fundaments cannot be excused. In any of its forms (nudge, hug, smack, or shove policies, according to *The Exchange Matrix* by Jeff French, 2011), social marketing must preserve its democratic principles of free citizens' choice, or democratic mandated collective action to promote health, social, and environmental wellbeing. Even the concept of marketing, in which social marketing is based, is democratic. Our main founding father, Philip Kotler has emphasized this in his more recent interviews and books [*Confronting Capitalism* (2015), and *Democracy in Decline: Rebuilding its Future* (2016)], reaffirming the need for social marketing to stick with its progressive origins.

It is known (Manoff, 1985) that since its beginnings social marketing has been applied in countries with very distinct political regimes, including non-democratic ones. And many have stated its important role in developing countries (Smith, 2010), whether democracies or not. Apart from this reality, it cannot be hidden that in its principles, social marketing, in Mike Newton-Ward's words, «honours the dignity to self-determination of the individual» (Hanley & Thorpe, 2010, p. 341), which presupposes the respect for freedom. On the other hand, «the public needs and deserves reliable and independent advice about their health and wellbeing» (Hastings & Angus, 2011, p. 51), which can only be fully materialized in democratic societies.

The essential proposition is that social marketing's most intrinsic concepts are alien to illegitimate authoritarianisms, any reduction in citizens' rights and freedoms, and manipulation by governments hostile to the people's wellbeing. We are not «hired guns» at the service of any arbitrary power. We are not value free. There is a political responsibility intrinsic to social marketing that results from its core concepts, which is more difficult to implement when there are such «black clouds» in the skies, like those highlighted in this paper: (1) a profound process of digitisation that calls into question the human condition, and (2) a time when liberal democracies are being eroded.

## Conclusion

In order to confront those threats, the main conclusion of this paper is that social marketing must reaffirm its political grounds: those liberal democratic principles based on freedom, and on governance accountable to citizens. Social marketers cannot be involved, and be responsible for the implementation and dissemination of those threats to human condition and democracy. Our old principles will allow us to overcome the new challenges.

Methodologically social marketing cannot be stuck to fixed processes or formulas. It has also a strong tradition of openness and pragmatism. One of the attempts to theorize social marketing was precisely done on the basis of pragmatism. Gerard Hastings, in the chapter «Making use of theory» from his *Social Marketing: Why Should the Devil Have All the Best Tunes?* (2007), starts by stating — as wouldn't be disdained by pragmatists like William James or John Dewey — that «theory is just the distillation of previous work in a particular field; it enables us to learn from experience» (p. 19). And he adds in an explicit way: «They [the social marketers] adopt a pragmatic perspective with a keen eye for what works rather than the all encompassing and unalloyed — but inevitably illusive — perfect theory» (idem).

From the instrumental point of view, social marketing is eclectic. It is seen by Jeff French (2011) as «a multi-disciplinary, trans-theoretical field of study and practical endeavour, just like marketing» (p. 155). In this sense, as Kennedy & Parsons have underlined (2012, 2014), social marketers inherited the spirit of Karl Popper's piecemeal social engineering: «The piecemeal engineer knows, like Socrates, how little he knows. He knows that we can learn only from our mistakes. Accordingly, he will make his way, step by step, carefully comparing the results expected with the results achieved, and always on the look-out for the unavoidable unwanted consequences of any reform; and he will avoid undertaking reforms of a complexity and scope which make it impossible for him to disentangle causes and effects, and to know what he is really doing.» (Popper, 1957, p. 67).

This last aspect raises the question of dimension and reach. A piecemeal social engineer, independently from the vision of society that underlies it, doesn't believe in its change as a whole, and whatever ends it may have, he or she tries to reach them through small steps, permanent evaluations and reassessments considered adequate, framed by an open mind and by a critical freedom environment. And with hope maybe we can face the present and future challenges.

## Annex

### A Social Marketing Political Manifesto

There are spectres haunting social marketing — spectres that affect human rights and the human condition. Since Philip Kotler and Gerald Zaltman published their ever-remembered article, time and life did not stop. Technological innovation and the way it has been used and misused represents a major threat to human freedom, by abusively conditioning people's behaviours, and affecting social marketing, and all behaviour change fields. Simultaneously, the political environment in which social marketing was born has changed a lot for the worse. After democracy had a remarkable global run, the expansion of freedom and democracy in the world has come to a halt everywhere we can see the rise of populism, the arrogance of authoritarian regimes, and the rapid growth of rising inequality, welfare-state cutbacks, greater insecurity for the working and middle classes, and the spread of economic and social risk. One cannot also forget the waves and waves of politicians who do not know, do not pay attention, or are even interested in citizens' demands and concerns, including the rise of unelected technocracies. In view of this, social marketing must reaffirm its political and ideological groundings.

Social marketing was born in the context of the fight for civil rights in the US, and the need to tackle huge health challenges in the developing world. It was surrounded by the international uproar against Vietnam

War, the student's uprising that proliferated throughout numerous developed countries, and ensuing deep cultural changes that flowed from this. Its response came from a persistent tradition of the Twentieth-Century progressive liberalism. Philip Kotler has emphasized this in his more recent interviews and books, reaffirming the need for social marketing to stick with its progressive origins.

The essential proposition is that social marketing's most intrinsic concepts are alien to illegitimate authoritarianisms, any reduction in citizens' rights and freedoms, and manipulation by governments hostile to the people's wellbeing. We are not «hired guns» at the service of any arbitrary power. We are not value free. There is a political responsibility intrinsic to social marketing that results from its core concepts.

Since its beginning social marketing has been applied in countries with very distinct political regimes, including non-democratic ones in low, middle- and high-income countries. But social marketing is defined by placing a great deal of emphasis on the dignity to self-determination of the individual, which presupposes a fundamental respect for freedom fully materialized in democratic societies. Social marketing therefore is a child of and instrument of democracy.

Freedom and democracy are our roots. In any of its forms (nudge, hug, smack, or shove policies, using *The Exchange Matrix*, by Jeff French, 2011), social marketing must preserve its democratic principles of free citizens' choice, or democratic mandated collective action to promote health, social, and environmental wellbeing. But social marketing is not a «neoliberal experiment». Furthermore, the so called «neoliberalism», as Noam Chomsky wrote (1999), is not new and is not liberal. Their basic assumptions are far from those that have animated the liberal tradition since the Enlightenment. «Neoliberalism» is a mix of illiberal libertarianism and conservatism that seeks to undermine collective state directed action, with consequential increases in social inequality.

In those countries, as the UK, that developed national policies on social marketing in public health, our field was not a «neoliberal experiment». It was a contribution of academics and public officers based on the 1946 World Health Organization's recommendations, in which WHO proposed that health should be considered and promoted in all its socio-economical dimensions, involving, and engaging individuals, environmental factors, and social conditions.

The use of social marketing as part of this process can above all contribute to ensuring that social policy and attempts to improve the human condition are based on a sound understanding of citizens, their lives, and the communities they are part of. Social marketing also seeks collectively to ensure that people agree when individual freedoms should be curtailed for the collective good. Social marketing was, and is a systematic tool for promoting public and social freedom, and social good, founded on true concerns about human wellbeing and respect for citizens. For a' that an' a' that, so be it.

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Number: 104

## Communicating in unison towards an efficient co-creation of the health promotion programmes

Conference track: Interdisciplinary and cross sector action to influence behaviour for social good

Author: Judita Kulovec

### Abstract

In a culture that highly values self-sustainable and natural way of living, where almost every household keeps at least a little garden space and a house repair workshop, healthy lifestyle dialogue asks for fitted methods to combine the tradition with the modern globalisation effects. The main challenge represents the mass of communicated data an individual is bombarded with throughout the daily routine, making it extremely difficult to process and assess the information received. Health promotion messages are commonly (mis)used in the battlefield of the media versus the politics, creating new doubts every season on how to live healthy and eventually wondering whether it is even reasonable to restrict oneself to healthy lifestyle considering the rapid development of curative medicine.

Geographical, historical and cultural background of Slovenia, becoming an independent country only in recent European history, shows an important role that its primary health care (PHC) centres take in communicating health promotion and preventive messages to individuals and communities. With its variety of health care practitioners it presents the most common first point of contact for patients in search of preventive or curative services. As such, the PHC network was used as the pillar for developing national programmes for prevention and health promotion, integrating previously dispersed activities in newly created health promotion centres (HPC). Since 2002 all 61 HPCs have been providing lifestyle interventions against key risk factors for noncommunicable diseases by combining population and individual approaches. All of these lifestyle interventions are fully accessible to practically entire population insured through compulsory insurance scheme (i.e. 99% of residents). Expert practitioners together with the National Institute for Public Health (NIPH) and Ministry of Health have been developing and regularly upgrading interventions in accordance with the recommendations of the World Health Organisation (WHO). This approach grouped multidisciplinary teams in HPCs with their broad spectrum of competences and skills, helped achieve significant health improvements and finally enriched the national programmes with new evidence-based knowledge on the public health in Slovenia.

In last couple of decades, new technologies brought rapid changes to contemporary lifestyle, causing even greater economic, social and political discrepancies between different population groups. Despite universal and comprehensive health care access for all residents, considerable health inequalities are still evident across Slovenian regions and especially between urban and rural areas. These observations motivated a wholesome upgrade of the health promotion programmes that was piloted in three HPCs between 2013 and 2016 and assured integration of different services targeting vulnerable groups. The HPCs took on the central role in the project "Towards better health and reducing inequalities in health", inviting into partnerships key stakeholders of the local communities, including social services, nongovernmental organisations, municipality representatives, employment offices and others. The new paradigm showed encouraging results in strengthening the systems for health promotion and disease prevention for the entire population, with special focus on inequalities and vulnerable groups. However, piloting these community-based and integrated multidisciplinary approaches also brought to light other necessary structural and organisational requirements.

The cross-sectoral cooperation and multidisciplinary HPC teams show great opportunities for a clear national health promotion discourse that could help the citizens separate the pertinent and valuable information from the misleading information given by profit-driven organisations. To further increase the efficiency of the new health promotion and disease prevention paradigm that has already proven well-designed for implementation in Slovenian health system, NIPH and Ministry of Health joined forces in upgrade and development of preventive programmes. Going under the name of "Health Promotion for All" the upgrade of lifelong preventive treatment for the entire population will be implemented in PHC centres and their respective HPCs of 25 local communities nationwide and is co-financed by the Republic of Slovenia and the

European Union under the European Social Fund. This project represents an important shift in PHC work processes as it enables the practitioners to reach the population directly in their local environment, which was previously not possible due to the PHC system limits, making preventive programmes accessible to an even greater extent, particularly in rural areas.

The project planning started in September 2017, with the main implementation activities in the participating PHC centres and local communities running until the end of 2019. The main phase of the project will therefore result in two years long period of testing the new methods in wider national scale, and by August 2020 offering a full set of findings, expectantly leading to conclusion of institutionalization of this new approach across the entire PHC network.

One of the fundamental activities in this project is developing a national communication strategy for integrated health promotion and preventive programmes. In lines with the WHO strategic communications framework, its purpose is to put into practice effective, integrated and coordinated communication of this cross sector partnerships for health and life quality improvements. Following the process of strategic communication planning and based on preliminary research of needs, the participating healthcare practitioners will be receiving additional training in basic communication skills, covering clinical and strategic communication methods. The strategy development will include basic analysis of preventive programs' awareness and offer measurement tools for the effects of the actions taken on the recognition of the programmes amongst the population. The final communication strategy document will be put together in such manner as to become a practical tool for all the stakeholders engaged in the new health promotion and prevention paradigm. The fundamental purpose of the strategy is evidently to raise awareness and participatory levels in the programmes, with a strong emphasis put on empowering the entire population to be able to make healthy choices for a better life quality.

## Aim of the session

Presenting the new national approach to health promotion through cross-sectoral and community-based communication cooperation

Exploring approaches to social marketing, exchanging experiences and share ideas

## Focus of the session

Discussion on challenges met in bringing social marketing techniques in health promotion of individual, group, community and organisational wellbeing closer to:

- healthcare professionals (e.g. paediatricians, community nurses, dentists, physical therapists) and
- local stakeholders (e.g. municipality representatives, NGOs, social services, voluntary firemen).

## Method / approach

- Various research and analysis methods, including SWOT and PESTEL;
- Non-formal methods of teaching with interactive participatory approach;
- Strategical communication planning, from defining the objectives to the evaluation of the effects;
- Community-based, cross-sectoral and integrated multidisciplinary approaches;
- Models of change, e.g. Trans-theoretical model by Prochaska and Di Clemente and Roger's Diffusion of innovations etc.

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## Number: 133

### To empower or not to empower – social marketing contributions to (dis)empowering processes and outcomes

Conference track: critical social marketing

**Authors: Sheena Horgan, CEO and Dr Ann Stokes, Research & Impacts Manager, Drinkaware**

## Abstract

Terms deriving from word-root 'empower' are commonly used by designers, implementers and evaluators of behaviour and social change programs. However, what do they actually refer to, when they talk about empowerment in social and behaviour change context? This paper aims to understand empowerment in the social marketing context by exploring its roots and argues that fundamental social marketing postulates are at least on theoretical level in line with empowerment paradigm to social change. However, critical evaluation of the use of empowerment concept in social marketing discourse warns against popular use of empowerment concept as an empty signifier, or even as a concept that refers to increasing peoples' responsibilities for their behaviour change, without

# CONCEPTUAL / THEORETICAL

actually taking into considerations empowerment processes and outcomes provoked by interventions. When this is the case, it might contribute to individualisations of social change solutions, lead to processes of disempowerment and perpetuation of social problems.

## Aim of the session

This paper is going to reflect on theoretical concept that social marketers often borrow from other disciplines, but fail to use it in line with its theoretical foundations. Despite empowerment often being an underlying goal of campaigning for behaviour change, empowerment rarely gets thoroughly explained and included in research models of behaviour change and empirically tested. So what do we refer to, when we talk about empowerment and empowering in social marketing context? How can social marketing interventions contribute to empowerment processes and empowerment outcomes? How can we evaluate contribution of particular interventions to empowerment outcomes? Little research was done with the focus on how empowerment is experienced per se (Vazquez et al, 2017; Atanasova et al, 2018) and even less on how social marketing interventions can affect empowerment experience of people who were a primary target of those interventions.

## Focus of the session

In order to elevate theories of social marketing further, we need more reflexivity about use of popular concepts and make sure we know what they mean. The first purpose of this paper is to define the concept of empowerment in the context of behaviour change interventions and to understand how these interventions could contribute to the empowerment processes and outcomes. Secondly, we will reveal, how empowerment concept is used in social marketing field and what discourses are dominant in discussing empowerment. The paper will conclude with providing some guidelines for measuring effects of social marketing interventions on empowerment.

## Method / approach

The main research question is: How do publications in the field of social marketing refer to the concept of empowerment; on what level do they discuss empowerment (individual, organizational, community); how is their use of empowerment concept consistent with the empowerment theory? What discourses dominate discussion about empowerment in social marketing literature?

This paper draws conclusions and builds discussion on two types of data:

- (1) literature review on empowerment theory and its juxtaposition with principles of social marketing
- (2) critical discourse analysis (CDA) of papers published in Journal of Social Marketing that use the term empowerment.

Final sample for CDA consists of 20 papers published in Journal of Social Marketing.

## Empowerment theory

Empowerment is a concept that regularly appears in papers, events, and discussions in the behaviour and social change context. Its definition abounds, yet they are rarely referred to by social marketers, regardless how frequently they use the concept. The term is often used as a goal in itself that is supposed to signify something good, whatever and for whomever that good actually is. Sometimes it refers to increasing peoples' responsibilities for their behaviour change (Fest et al, 1995; Zharekhina and Kubacki, 2015). When empowerment is used in that way, and stresses peoples' will for handling their problems, it might become a handy excuse to hold individuals responsible for their life situations (Zimmerman, 2000), which is in contradiction with the principles of empowerment theory. The underlying assumption of the empowerment theory is that individual's well-being should always be considered in its relation to the larger socio-political context (Rappaport, 1981; Zimmerman, 2000). It takes into account that peoples' behaviours are related to power relations in a community, struggles for gaining power, and efforts to influence or to exert control over. Thus, it assumes that not all people have the same chance or abilities or interests to behave in a particular, recommended way, regardless how socially desirable that is. Empowerment is a multilevel and an open-ended construct (Zimmerman, 1995). Its definition is hardly unanimous since it depends on particular situation and particular groups of people (Rappaport, 1987, Rissel, 1994); it can be observed on individual or collective level (Rissel, 1994; Zimmerman, 1995), as an outcome or as a process (Rissel, 1994; Perkins and Zimmerman, 1995), it can be experienced by people in different ways, affected also with high levels of irrationality and emotion (Kamin, 2006; Suarez Vazquez et al, 2017, Atanasova et al, 2017), and it

is not necessarily leading to desired behaviour and social change, since it can be also dysfunctional (Petric et al, 2017).

## Number: 134

### **Inclusive Marketing: a tool for universal satisfaction. Include, don't be left out.**

Conference track: Promoting, equality and reducing inequality. Using citizen focused design thinking, participative design, actor engagement and cocreation.

**Authors: Silvia Azpillicueta, voluntary of NGO "Fundación Ideas", Chief of Retail Department at Pamplona City Hall. Luis Casado, founder and President of Fundacion Ideas. fundacionideas.org Author of Blog <http://marketinginclusivo.com/>**

## Abstract

According to Eurostat numbers one in six people (16%) in the European Union has a disability in some grade that limits their full participation in society, due to environmental and attitudinal barriers. There is also an increase in the share of the population aged 65 or over: nearly 19% of the inhabitants in Europe are over 65 and will have increasing needs in terms of accessibility. On top of that, different studies show that there is a range of 10% to 20% of the population has a non permanent disability situation. It is safe to say that there is a significant share of the population (and market) that would benefit from any improvement in the accessibility of environments, products and services offered by private and public organizations.

Removing barriers and enabling a more satisfactory and full participation of people with diverse needs in all areas of society (cultural, social, economical, employment, leisure, health,...) is not only a basic human right (which should be reason enough to adopt an universal accessibility strategy) and a legal and moral duty of public and private organizations but also an important market opportunity. Not only there is a very significant and growing segment of people with certain grade of disabilities to satisfy, but also meeting these needs can improve the quality and overall experience for all the clients.

Inclusive marketing focuses in how to consider diversity and different functional needs at the core business strategy and from the beginning of the design process of any offer an organization prepares to market or deliver to users (product, service, environment). Inclusive marketing proposal is to consider diversity not as a problem but rather a good chance to produce an innovative design that will mean an upgrading for all the clients or users.

Using the design thinking framework, the universal design principles, and the DALCO criteria (Ambulation, Apprehension, Location and Communication) and other co-creation methods, an inclusive marketing strategy will provide a more competitive and satisfactory offer; and this offer will be valued by all the clients.

Apart of the physical and functional barriers, people with disabilities find multiple attitude barriers in their day to day life. Including diversity in the core strategy of the organizations is a way to reduce these intangible barriers. If there is an increasing offer of products and services which are prepared to satisfy their needs in a natural and spontaneous way, not as an adaptation to a problem, the user with disability can use/buy/participate in equal opportunity conditions with other clients.

The clients with disability do not want to be left out, but they neither want to be pointed out as a "problematic" client. It is their right to participate in everyday life situations in the best conditions possible as for any other person. Using products and services in an autonomous, independent, and safe way is part of the client value journey, and this experience determines future choices.

There is also a powerful social contribution to be done by companies and public organization in their communication strategies. Making the human diversity visible, normalizing disability. The human being is diverse and complete social inclusion will happen when every human being can be happy just the way they are. Finding reflection of this diversity in the media and in the various communication activities of private and public entities, helps to break psychological barriers, increases the sense of belonging and builds a fairer society.

Given that social marketing is the discipline that integrates the marketing tools and concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good (ISMA, 2013) and that a main benchmark of social marketing is a deep

knowledge and understanding of the audience to offer a value exchange, we find there are multiple objectives or principles shared with the concept we described of Inclusive Marketing.

In the process of broadening the social marketing mix and adding tools to the social intervention programmes with a more strategic mindset, we propose to add to the "tool box" the inclusive marketing approach.

It might seem obvious that a rigorous social intervention will consider the needs of people with disabilities, given that a majority of social interventions are led by organizations that presumably have a higher social conscience but we find it is important to make this proposal explicit: universal design and universal accessibility in environments, products or services is still not the norm, not even in the social sector.

**Aim of the session:** We want professional marketers, public policy makers and social agents to embrace the philosophy of Inclusive Marketing as a new method and part of the tools used in the social programmes and interventions undertaken. People who attend the session will have a better understanding of the client experience of people with disabilities and will have a general knowledge of the main steps to integrate the universal accessibility approach in the design of their future social interventions so that their offer is satisfactory for all the users in equal opportunity conditions. We would like to share the different activities our NGO does to communicate and promote the concept of inclusive marketing, and would be happy to have some feedback and recommendations from other marketing professionals on how to improve our methods.

**Focus of the session:** The target groups are the marketing professionals, marketing students, public policy designers, non profit and for profit organizations managers or staff who can influence on the marketing strategies and offer design of their organizations. The topics that we would include in the session are:

- Definition of the concept of inclusive marketing and its benefits, starting by reviewing the marketing definition and the concept of social inclusion and equal opportunity rights.
- Why is inclusive marketing a competitive advantage as well as a moral and legal compliance in most developed countries. Main social trends in regards to attending diversity and inclusion.
- The diverse clients' needs and how to meet them from the starting point of design.
- Inspired in the concept of "Enhancing Quality of Life through Design For All" mission statement of the European Institute for Design and Disability, we want to enhance the clients experience through the "marketing for all, the inclusive marketing".
- Inclusive Marketing Mix to aim 360° satisfaction of diverse clients: introducing the DALCO criteria (Ambulation, Apprehension, Location and Communication) and the Universal Design Principles in the marketing mix tool box. The "4 Inclusive P": Universal Product, Accessible Place, Non discriminatory Prices and Inclusive Promotion.
- Co creation approach: "nothing for us without us". When preparing projects or solutions with an inclusive marketing point of view it is compulsory to have the final user testing.

#### Method / approach

These contents would be explained with a powerpoint presentation and some videos to illustrate examples. We would include two or three real examples developed by the non governmental organization (NGO) that would lead the session. Depending on the time provided we could include a brief role play exercise, for example to simulate a visual disability with a mask and hear some tv commercials, one with an inclusive approach and other without considering diverse tv listeners.

#### Other notes

This proposal is made by a small NGO whose main goals are:

1. To develop the concept of Inclusive Marketing as the marketing approach that thinks in the satisfaction of all (every type of persons). Attending diversity to reach total satisfaction.
2. To assure that environments, products and services are more accessible to everybody using the universal co-design method.
3. Improve quality of life and equal opportunities for every person in their role as users, consumers or clients. We want to generate more independence, autonomy, convenience, security and efficiency in the day to day life of people with disabilities.
4. Increase competitive advantage of companies and organizations by

improving the satisfaction of all their clients or users, taking advantage of the benefits and business opportunities that social inclusion can offer. Help the organizations to look at diversity as an opportunity rather than a problem to solve.

5. Promote and increase working inclusion for people with disabilities.

What we do to achieve these goals:

- Training and education activities for working professionals and students
- Consultancy services
- Investigation and development of the theoretical concept of inclusive marketing

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#### Number: 138

#### Alcohol Education-What Matters: Bringing alcohol education to the classroom and whole school community.

Conference track: Reducing the impact of addiction including substance, misuse alcohol, tobacco and gambling Prevention, treatment detection and harm reduction programmes. Research and evaluations across sectors, regions cultures and level of economic development.

**Authors: Sheena Horgan, CEO & Martha Sweeney, Education Manager, Drinkaware**

#### Aim of the session

To highlight the role of the school in delivering effective alcohol education.

It aims to cover/achieve the following:

- To introduce participants to the Alcohol Education Programme including rational and evaluation
- To engage participants in Alcohol Education Programme experiential teaching and learning methodologies promoting student voice
- To create an awareness of what contributes to effective school alcohol education including teacher training
- To highlight the importance of a whole school approach to alcohol education and the need for the support of the Principal and management
- To demonstrate the rationale and value of evaluating educating programmes

#### Focus of the session

Topic: Alcohol Education

- Key aspects of an effective alcohol education programme and its role in positive behavioural change
- What is age-appropriate regarding alcohol education and what is the optimum age to deliver a programme
- What is the Junior Cycle Alcohol Education Programme (AEP) and why is there a need for it?
- Is a 'whole school' approach to way forward and what does a 'whole school' approach to alcohol education entail?
- The importance of evaluation and how it is delivered

#### Technique

The workshop will be discursive and informative, aiming to provoke thought and debate regarding the topic, whilst also offering pragmatic points of interest and a 'live' example of alcohol education in practice.

# CONCEPTUAL / THEORETICAL

## Setting / populating group

The session will be of interest and benefit to anyone involved in a social issue education for young people.

## Method / approach

Post-It / Group work: 8 MINS

Following a context setting ice-breaker, the session will move to group work, with the focus on 4 key questions:-

1. Why is there a need for an alcohol education programme in schools?
2. What works/doesn't work in alcohol education?
3. Who is best to deliver it?
4. What is the role of the wider school community in an alcohol education programme?

Groups will be divided into smaller groups of approximately 4 people and will be given one of the above questions to discuss and answer.

Feedback from all of these will be delivered via Post-Its and facilitated wider group discussion.

## Slide presentation: 12 MINS

The slides will address the 3 questions using the 'live' programme, giving an outline of its journey from concept to execution, whilst interacting with the participants' views as expressed in the group session.

The rationale and need for the programme will be defined and group-critiqued, specifically encouraging discussion around age and who should deliver an alcohol education programme

## Group work: 8 MINS

Returning to the groups, each will then focus on one of the 2 questions below:-

1. What is the role of the wider school community in an alcohol education programme?
2. How can / should an alcohol education programme be evaluated?

Groups will be divided into smaller groups again with one of these two questions to discuss and answer. Feedback from all groups will be captured on a flip chart and brought into the discussion during the slide presentation

## Slide presentation: 12 MINS

The slides will address these 2 specific areas of 'whole school' and evaluation. The current evaluation of the alcohol education programme will be outlined and discussed, along with the current 'whole' school' pilot that is underway in 3 schools in Ireland – challenges, learnings, etc.

## Outstanding Questions and Wrap Up: 5 Mins

### Other notes

- The alcohol education programme is currently being delivered to hundreds of 12-15 year old students across Ireland.
- Each year approximately 50 new teachers are trained in the programme.
- National University of Maynooth has undergone the first year of a three year evaluation of the programme and the results will be included in the workshop's content
- Handouts will be provided summarising the alcohol education programme and also its research and evaluation.
- Samples of elements of the programme can also be provided/shown if required and depending on the audience numbers and time constraints (videos, walking debates, etc.)
- The evaluation of the programme may merit its own Research session but is included in here as a critical aspect of ensuring the programme is evidence-based.

## Number: 141

### Is it appropriate for industry/commercial organisations to fund not-for-profit programmes that address 'sensitive' social issues?

Conference track: Reducing the impact of addiction including substance, misuse alcohol, tobacco and gambling

Author: Sheena Horgan, CEO, Drinkaware

### Abstract

It is increasingly understood and accepted that commercial organisations have a social responsibility. What is less understood is 'how' they should

enact that social responsibility. What is deemed appropriate and what is not varies from market to market and also from industry to industry.

Are there therefore parameters within which it is acceptable for commercial organisations to support such campaigns? How should the relationship work? How can it be policed? How should/could it be viewed by stakeholders?

In addition to the arguable duty that corporates have to the societies in which they exist and operate, they also have a wealth of resource from financial to labour to knowledge/marketing prowess etc. that could benefit those community and not-for-profit programmes that are trying to address a social ill and/or increase a specific positive behavioural change. Is it possible to utilise this without compromising the campaign's/programme's ethics?

### Aim of the session

#### Aim to cover:

- The ethics involved
- The explicit and implicit benefits to society
- The explicit and implicit benefits to the commercial organisation/industry
- The pragmatic versus ideological perspectives

#### Aim to achieve:

- A multi-faceted debate on the topic
- A list of potential case studies on the topic
- A conceptual outline framework for the topic to be robustly and objectively analysed in the future, ultimately to draw conclusions and recommendations for all parties

### Focus of the session

CSR programmes and campaigns are on the rise in terms of breadth, depth and acceptance. The concept is widely acknowledged within both the business and social environment. However, for issues such as alcohol, gambling, obesity, the involvement of industry is often perceived as being disingenuous or immoral.

There are many aspects to this issue that are worth exploring in an open discursive environment, that might then lead to a more structured response to the subject matter that interested parties such as not-for-profit/community/charity/sporting bodies, as well as corporates, may find instructive and helpful in establishing (or not) collaborations.

Proposed aspects include

- What are the ethical arguments involved – for the campaign/programme, for society, for the commercial organisation, for the direct beneficiaries of the campaign etc.
- The obvious benefit to society is funding where the government may be less inclined/financially able to address the issue in question. Does this then absolve the government of its duty to address the social issue? Does this compromise the not-for-profit?
- Finances, aside, what are the implicit benefits to society – does the gravity of the issue dictate the acceptability of 'any' funding?
- There are also many explicit and implicit benefits to the commercial organisation/ industry, these need to be listed, discussed, prioritised
- The pragmatic versus ideological perspective. Commercial involvement in social programmes can cause discomfort, but is this a misplaced ideology? Is action with commercial support better than no action?
- Are there criteria or conditions worth exploring for such collaborations? What's the power play?

### Method / approach

The discussion could be moderated and facilitated in one of three different ways:-

1. a facilitated workshop with participants dividing into groups that analyse a specific aspect
2. a debate on the motion "Industry/commercial organisations should not be allowed to fund not-for-profit programmes that address 'sensitive' social issues" whereby 2 small groups present a short 5 minutes 'for' and 'against' the motion. Then open it to the floor to discuss, either with a vote on the motion at the end, or as a walking debate with participants moving between 'for' and 'against' as the points are raised, made and contested

3. a single provocative 10/15 minute presentation on the context of the issue, followed by a facilitated discussion

## Other notes

This is proposed as an area that regularly arises in Ireland and is currently being considered for formal research with a broader European/international lens.

Additional and factual context can be provided if required for further consideration.

**Number: 142**

## Understanding the Drivers of Youth Social Action in Economically Challenged Communities: a Deep Dive Qualitative Study with Young People

Conference track: Interdisciplinary and cross sector action to influence behaviour for social good

**Authors: Irene Garnelo-Gomez and Kevin Money**

### Abstract

Step up to Serve (SUS) is a UK government funded organisation set up in 2013 to engage in cross sector and interdisciplinary action to encourage more young people to participate in meaningful social action, such as volunteering. Over the last 5 years, SUS has had much success with its #iwill campaign in encouraging many young people to participate in social action. However, its campaigns have been less successful in encouraging young people from economically challenged groups. The research conducted here aims to explore why this may be the case, by conducting a deep dive qualitative study into young people's understanding, motivations and barriers for participating in social action. More specifically, the narratives of 41 young people in lower socio-economic groups both engaged and non-engaged in social action are analysed to present emerging findings that are discussed in terms of what they could mean for future social marketing activities. In doing so, we address the theme of the conference of 'Influencing Behaviour for Social Good' by exploring nuances in the understanding, motivation and barriers to social action. Emerging results suggest that those currently not engaged in social action define the concept more in terms of aspects that are closer to their daily lives (such as helping family members with caring duties), while those seen to be engaging in social action define the concept more in terms of relating it to broader social issues such as climate change. Motivations for social action were explored through the lens of Lawrence and Nohria's (2002) drive theory, and suggest that in both the engaged and non-engaged groups, motivations to engage in social action are mainly related to the drive to bond (e.g. collective motives), although the way motivations are expressed varied between groups.

### Introduction, Aim and Focus of the Session

Step up Serve (SUS) aims to make meaningful social action part of life for 10 to 20 years old across the UK. SUS defines social action as 'practical action in the service of others to create positive change. It includes activities such as campaigning, fundraising and volunteering' (Step Up to Serve, 2019). The ultimate aim is to create a habit for life, with young people developing vital skills and making a positive impact on their communities. A consistent finding from measurement of the work of SUS so far has been that young people in lower socio-economic groups seem less likely to engage in social action. The reasons for this are not clear and may be as a result of social action having different meanings with different groups. There is therefore a real need to have a young-person centred understanding of social action and a deep dive into understanding young people in lower socio-economic groups.

This research project has focused particularly on understanding young people in lower socio-economic groups and on unpacking the drivers of youth social action, with the interlinked aims of (1) comprehending what young people understand by social action and (2) understanding why some young individuals are or are not engaging in social action – which links to the motivations driving their behaviour. For this purpose, three main research questions guide this research:

1. What does social action mean to young individuals in lower socio-economic groups?
2. What are the motivations of young individuals in lower socio-economic groups with regards to participating in social action?
3. What are the key drivers and barriers to social action in lower socio-economic groups?

## Theoretical Approach

Following recent success in application in sustainable living (Garnelo-Gomez, 2017), the Four Drive Theory of human motivation (Lawrence and Nohria, 2002) has been chosen as the guiding theory when collecting and analysing data related to motivations, drivers and barriers to engage in social action. This theory proposes that human motivation can be described through a set of four innate motivational drives. These are the drive to acquire, the drive to bond, the drive to learn and the drive to defend. The drive to acquire is considered the "oldest and most basic human drive" (Lawrence and Nohria, 2002, p. 55). It not only refers to the obtaining of tangible goods, but also intangible ones (e.g. life experiences, status). For example, buyers of luxury cars may not only be driven by the functionality of having a car, or by the quality of the vehicle, but by the reward in terms of status they receive from the ownership. The drive to bond is described as the need to be part of a particular social group, and to establish relationships with its members. It is related to the need of belonging studied by Baumeister and Leary (1995) who suggest this drive can be found in all individuals, regardless of their origin or culture. The drive to learn is defined as a human need to satisfy curiosity, and to know and understand what is around us. Finally, the drive to defend is defined as a human desire to defend things that are held dear to an individual – i.e. material goods or beliefs, principles or values that an individual cares about.

While their work bears similarities to that of Maslow's hierarchy of needs (1943), it differs in one important way: each of the drives is seen to compete with the others for dominance, rather than, in the case of Maslow's hierarchy, one building upon the achievement of the other. In the context of youth social action, it would be interesting to explore if the dominance of or balance between the drives have a bearing on the nature and expression of volunteering behaviours. For instance, individuals expressing a dominance of the drive to defend in relation to social action, might be motivated to engage in social action with the aim of defending the environment and might be willing to get involved into activism and campaigning. It would also be interesting to explore how these four drives are satisfied in relation to collective (things done for the good of others) and individual (things done for the good of the self) motivations (Triandis, 1995, 2001, 2005). This may further help to 'influence behaviour for social good' by exploring the different underlying motivations that may result in similar behaviours, which could shed light on how young individuals understand social action.

The aspects of the research that provide a young person centric understanding of social action are consciously not guided directly by theory. However, SUS definition is referred back to, as are some of the underlying motivations explored as part of the broader piece of research.

### Method

This research has been completed following a qualitative approach. 6 focus groups with young people coming from lower socio-economic groups have been conducted between September and December 2018. In particular, 2 focus groups – 1 with young people engaged and 1 with young people non-engaged in social action- have been conducted in three different cities in the UK: Manchester, Newcastle and London. While this is a small sample, we are able to present some tentative findings for discussion. The focus groups have been conducted following a semi-structured approach, combining open questions with the use of projective techniques. Specifically, photo elicitation tools have been used with the purpose of further unpacking the way young people understand social action. For this purpose, participants were presented with 5 pictures which for SUS represent social action and which were related to lifeguarding, elderly care, child care, charity shop work and helping with canal conservation. Young people were asked to choose which of those activities best represent social action and to answer several questions in relation to the activities chosen (related to feelings and motivations).

In total, 41 young people aged 10 to 18 participated in the study (average age was 14), being 28 of them female and 13 of them male. From the total sample, 20 of them were engaged in social action and 21 of them were not engaged. The focus groups were conducted under the governance of SUS and its #iwill campaign. They lasted for an average of 40 minutes and consent forms were signed by both participants and parents/legal guardians of the participants, in line with SUS ethical principles.

By listening to the young people's stories and analysing their narratives, we have been able to better understand what social action means to both those engaged and those non-engaged with it. We have been also able to start identifying different motivational drives, and also explore how

# CONCEPTUAL / THEORETICAL

different motivations might be linked to different behaviours. Ultimately, by having a young-person centred definition and understanding of social action, we are able to propose a more bottom-up approach to social action. This approach to social action could help provide alternative ways to engage young people with social action and shed light on the tools that could encourage more young people to engage in these behaviours.

## Results / Findings

From the narratives collected through the focus groups, an emerging insight is that there seems to be a difference in the way young people engaged and those non-engaged understand social action. For instance, those currently engaged in social action relate the term to help others, making a difference in the community, volunteering, fundraising, bringing people together. However, among those non-engaged in social action there seems to be a disparity in the way they understand the concept. While some relate the concept to volunteering, others link social action to socialising, being together as a group, doing things together, social activities and anything related to social media.

Across both groups, activities that best represent what they understand by social action include helping the elderly, less able people and the environment (both for those engaged and non-engaged). The reasons behind choosing these options vary from 'helping the community' to 'making an impact in those people's lives'. Interestingly, among those non-engaged in social action, many activities that would be of interest are closer to home: such as caring for family members and even for children with disabilities in their communities (one mentioned he spent a lot of time with a friend with down syndrome). While these activities are seen as desirable, they are not currently recognised by others as social action. Those engaged in social action often mentioned activities that were further away from home: such as helping communities in developing countries or taking action against climate change on a more global level.

In terms of the motivations to engage in social action, we have used the Lawrence and Nohria (2002) four drive theory as a lens to understand what drives young people to engage in this type of actions. Thus, the drive to acquire, drive to bond, drive to learn and drive to defend are explored in the context of the engaged and non-engaged participants to understand the main motivations driving social action. A summary of what motivates participants of this study to engage in social action is presented in Table 1.

**Table 1. Motivations of Young People to engage in social action categorised under the Four Drives**

MOTIVATIONAL DRIVE	INNER MOTIVATION
<b>Drive to acquire</b>	<ul style="list-style-type: none"> <li>• Status, seen by others as a 'good' community member</li> <li>• Feel proud</li> <li>• Acquire experience (CV)</li> <li>• Gain self-confidence</li> </ul>
<b>Drive to bond</b>	<ul style="list-style-type: none"> <li>• Help the community</li> <li>• Help others</li> <li>• Interact with others, socialise</li> </ul>
<b>Drive to learn</b>	<ul style="list-style-type: none"> <li>• Understand the problems of those in difficult situations</li> <li>• Learn new skills</li> </ul>
<b>Drive to defend</b>	<ul style="list-style-type: none"> <li>• Be good, show others we are a good community</li> <li>• Trying to make a difference in my community</li> </ul>

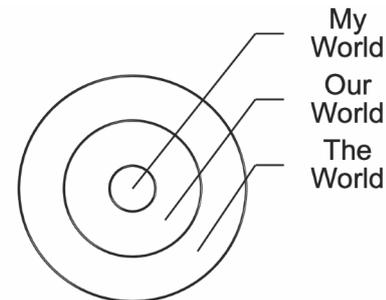
Overall, from the participants' narratives it could be argued that social action across all the focus groups was related mostly to the drive to bond. It seemed closely linked to being part of a group of friends or a community and it was often focussed on helping other people. In short, it had more about collective benefit than self-enhancement. However, the results show that young people engaging in social action do it both driven by individual and collective motives. Those citing the drives to bond and defend seem to be more closely driven by collective motives (e.g. trying to make a difference in my community, help the community), while young individuals mainly motivated by the drives to acquire and learn seem to be driven by individual motivations. An emerging insight is that the participants who mentioned motivations more individualistic in character were more often part of the non-engaged groups.

In terms of the barriers to engage in social action, emerging findings suggest that geographical location may be a factor. London groups cite awareness opportunities as a factor, while in other locations a change in home situation and a lack of investment and support is more often cited as an issue. Sample sizes are small, so findings need to be treated with caution.

## Discussion and Possible Next Steps

From the results of this study it could be argued that the understanding of what social action is and entails is different for engaged and non-engaged young individuals from economically challenging groups. While there is some confusion with regards to the meaning of social action (including things like social media activity), being more inclusive with non-engaged young people would involve embracing a conceptualisation of social action that included aspects that are much closer to their daily lives. If a young-person centric understanding of social action is to be embraced, it would include activities that are closer to home: that help family members and are more closely linked to the day-to-day lives of young people in these communities. If these 'close to home activities' can be better acknowledged, they may bring social action closer to some of these individuals' world. One of the issues with current understandings of social action is that they often actively exclude activities that are helpful to family members or those that are closest to young people. It is our suggestion that embracing these closer to home aspects and acknowledging their value may be one way to engage in social marketing activities that could encourage more positive social action from non-engaged groups.

One way to do this may be to build upon the 'My World, Our World, The World' (Valuing Nature Programme, 2016) model, which has been used successfully by organisations such as Unilever when encouraging sustainable behaviour (Figure 1). Essentially the model argues that it is important to connect to people at the level of their own daily lives (My World) before asking them to take action at a community or societal level. In the context of sustainability, this would, for example, relate to taking action in reducing food waste within your home (My World) before taking action in reducing food waste within your community (Our World) or your country/internationally (The World). If our proposal is successful, we would welcome a discussion about how we could adapt this or other social marketing approaches to translate our emerging findings into possible social marketing activities.



**Figure 1. 'My World, Our World, The World' approach to develop a young-person centric definition of social action (adapted from the Valuing Nature Programme, 2016).**

## Conclusion and Other Notes

This study presents emerging findings that we hope can be discussed at the World Social Marketing Conference to help inform future research and possible social marketing interventions. By considering a young-person centric view of social action, we suggest that participation in social action could be encouraged among lower socio-economic groups if a 'closer to home' view of the concept was embraced: one that valued the positive social action young people say they engage with in order to help and care for family members and friends. The importance of communal motivation is also highlighted, while the findings suggest that barriers to taking action may be geographically based. We would welcome the opportunity to discuss the emerging findings at the WSMC, so that we could refine future research and also use the findings to inform possible social marketing activities developed for Step Up to Serve (with the mission to encourage more young people to participate in meaningful social action).

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**Number: 159**

## **Influence of Personality Traits on Prosocial vs Aggressive Driving Behaviours**

Conference Track: Conceptual / Experimental / Theoretical / Discussion Submissions

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### **Abstract**

Around 1.35 million people are killed each year, globally, due to road accidents, and it is recognized as the leading cause of death among children and young adults aged 5 - 29 years. To solve this problem, studies that focus on driving behaviour and its relationship with personal characteristics was deemed necessary, especially due to the increasing contribution of human factors towards the growing number of road accidents. Thus, this proposed quantitative study is an attempt in investigating the relationship between overall driving behaviour and personality traits such as anger, altruism and emotional intelligence of drivers. This study also investigates the moderating effects of fatalism on the above relationship. By adopting both the 'prosocial' and 'aggressive driving behaviour' dimensions in conceptualizing the overall driving behaviour, this study aims to provide a better understanding of drivers' behaviours. Thus, such studies have so far focused on broader personality classifications such as five-factor personality model. For a precise understanding, the present study adopts anger, altruism and emotional intelligence and their relationship with overall driving behaviour. The present study hence, will focus on taxi drivers and public transport drivers (buses) in Sri Lanka to study this phenomenon.

### **Aim of the Session / Background**

Social Marketing is primarily concerned with efforts that aim to influence individual behaviour for the well-being of society (Lee and Kotler, 2011). As a newly developed area of research, social marketing is viewed as means to facilitate behavioural changes among consumers. As such, it has focused on promoting health through studies in areas such as alcoholism (Buyucek, 2018), obesity (Conroy et al., 2018), HIV/AIDS (Casais and Proença, 2018). It has also facilitated social policy development in areas such as, resource-constrained consumers (Russell-Bennett et al., 2018), gender equality (Friedmann, 2018) etc. Similarly, road safety has also become an area of concern in social marketing since human factors, especially driving behaviours and emotional states while driving, are highly associated with increasing road accidents around the world (Smorti et al., 2018). Hence, by using a social marketing lens for this study, insights that support policy development and direct interventions could be derived and be used to facilitate behavioural changes among Sri Lankan drivers.

Though Sri Lanka is a small country with a total surface area of 65,610 square kilometres, on average, around 08 lives are lost due to road traffic accidents in Sri Lanka which as a total reaches to about 3,000 lives per year (WHO, 2016). This figure amounts to around 41,981 and 40,833 when considers both deaths and accidents on the road in 2016 and 2017, respectively (Ministry of Transport and Civil Aviation, 2017). Given the importance of this phenomenon, studies could be conducted from either a

policy perspective or users' perspective. This study hence, aims to focus on aggressive driving behaviour from the drivers' perspective and aims to investigate how personality traits such as anger, altruism and emotional intelligence would influence individual driving behaviour. This study also investigates the moderating effects of fatalism on the above relationship.

Number of studies had adopted models such as Big-Five Model (BFM) and Alternative-Five Model (AFM) to study the relationship between driving behaviour and personality traits (Harris et al., 2014; Iancu et al., 2016). However, a precise understanding, that is needed for effective intervention programs, could only be derived by focusing on specific personality traits rather on models such as FFM or AFM that are developed to derive results which are culturally generalizable (Rossier et al., 2007). Hence, anger refers to a negative state of mind and indicate the tendency to experience anger (Ge et al., 2017). Altruism refers to the tendency of individuals to be cooperative, kind hearted and actively concerned about others (Ge et al., 2014). Emotional intelligence refers to the ability of individuals to identify and regulate their emotions and promote emotional well-being (Mayer and Salovey, 1997). Fatalism refers to the individuals' tendency to assign causes of certain incidents such as accidents to external factors like fate or bad luck (Kouabenan, 1998). Hence, the present study considers all these factors to derive a more precise understanding on how driving behaviours of Sri Lankans are influenced by these personality traits and the cultural factors. Hence, this study is expected to deliver valuable insight for developing future intervention programs that aim to influence aggressive driving behaviour. This, in return, is expected to result in fewer road accidents through successful behavioural interventions and effective policy developments.

### **Focus of the Session / Review of Literature**

#### **Safe and Unsafe Driving Behaviours**

Even though safe driving was only focused in a handful of studies (Shen et al., 2018a; Shen et al., 2018b), recent studies have argued its case. Such a momentum seems to stem from the fact that these behaviours occur simultaneously on the road, while insight derived from safe driving behaviour focused studies could facilitate guidance and standardization of driving behaviours (Shen et al., 2018b). Additionally, it could also reveal how safe driving behaviour is associated with road safety, as related studies have already emphasized its negative relationship with road accidents and violations on the road (Harris et al., 2014). Hence, the present study adopts prosocial driving behaviour as a dimension along with aggressive driving behaviour to measure overall driving behaviour.

To do so, this study incorporates the Prosocial and Aggressive Driving Inventory (PADI) developed by Harris et al. (2014) as a self-report questionnaire to ensure a comprehensive measurement of both safe and unsafe driving behaviours. PADI was developed based on the assumption that "driving behaviours are stable and continuous characteristics of the drivers" (Harris et al., 2014, p. 2). Thus, aggressive driving behaviour was defined as a pattern of unsafe driving behaviours that could harm both the driver and other road users (Harris et al., 2014). Similarly, prosocial driving behaviour was defined as a pattern of safe driving behaviours that protects the well-being of road users including the driver's (Harris et al., 2014). However, both definitions disregard the intent of drivers for both prosocial and aggressive driving behaviours as the PADI self-report questionnaire seeks to measure driving behaviour regardless of intent.

Studies that focused on both these dimensions, have shown great interest on the relationship between individuals' personalities and their driving behaviours (Harris et al., 2014; Shen et al., 2018a; Smorti et al., 2018). Such interest might have to do with the predictive role that 'personality' has on various individual behaviours (Barrick and Ryan, 2003). Harris et al. (2014), who developed the PADI, studied how prosocial and aggressive driving behaviours are related with personality traits. The findings indicated that the pattern between predictors of prosocial behaviours are not simply the inverse of aggressive driving predictors (Harris et al., 2014). Shen et al. (2018a) who studied the relationship between personality traits and safe/unsafe driving behaviours found that certain findings were inconsistent in relation to aggressive driving behaviours (Harris et al., 2014; Shen et al., 2018a). For example, even though anger is considered a good predictor of aggressive driving behaviour in Ge et al.'s (2017) study, it fails to accurately predict either safe or unsafe driving behaviours in Shen et al.'s (2018a) study. Thus, further studies that investigate the relationship between driving behaviours and personality traits such as anger, altruism and emotional intelligence are timely and much needed to better understand their association with each other.

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## Personality Traits and Driving Behaviours

A substantial number of studies in driving behaviour literature focuses on the aggressive driving behaviour dimension (Iancu et al., 2016) while most of those studies focus on the individual personality traits and their association with aggressive driving behaviour (Ge et al., 2014; Guo et al., 2016; Iancu et al., 2016). Hence, this interest could be attributed to the significant association of aggressive driving behaviours with road accidents and the escalating contribution of human factors towards the increased number of road accidents (Smorti et al., 2018). Despite this focus however, the pattern of these findings has been either mixed or deemed as difficult to interpret due to the differences in the operational definitions of driving behaviour (Harris et al., 2014) or due to the contextual differences that are manifested through factors such as nationalities or related cultures (Iancu et al., 2016).

Thus, studies that focus on aggressive driving investigated its relationship with personality traits, such as anger and hostility (Yang et al., 2013), sensation seeking (Ge et al., 2014; Marengo et al., 2012), normlessness (Yang et al., 2013), impulsiveness (Marengo et al., 2012), altruism (Ge et al., 2014; Yang et al., 2013), agreeableness (Benfield et al., 2007), and conscientiousness (Guo et al., 2016). Similarly, safe driving behaviour gained attention in recent studies and was studied in relation to individual personality traits, such as conscientiousness, agreeableness, extraversion and openness (Harris et al., 2014), sensation seeking, aggression-hostility and competitiveness (Harris et al., 2014). Among these personality traits, anger, altruism and emotional intelligence, which are more representative of characteristics of Sri Lankans, are selected for the present study. Further, fatalism, which is the tendency to believe that certain incidents such as road accidents occur due to external forces (e.g.: bad luck or fate) (Kouabenan, 1998), will also be adopted in the present study as a moderating variable to improve the insights derived from the findings. Including fatalism in the present study seems reasonable, given the high fatalism orientation associated with less-developed and religiously conservatism countries such as Sri Lanka (Şimşekoğlu et al., 2012).

### Anger

The relationship between aggressive driving behaviour and anger has been studied in previous studies either in the form of trait anger, driving anger or as one of the negative emotions that makes up the broader neuroticism personality factor (Ge et al., 2017; Zhang et al., 2017). However, the results of these studies have been inconsistent presumably due to the number of other factors that affect this relationship, such as the nationality of respondents (Iancu et al., 2016). Studies that focused on the relationship between safe driving behaviours and anger had also derived inconsistent results (Harris et al., 2014; Shen et al., 2018a). Hence, the present study will adopt anger, a facet of the Big Five Personalities (neuroticism) and will measure it using items from the International Personality Item Pool (IPIP, <http://ipip.ori.org>, Goldberg et al., 2006).

### Altruism

Altruism refers to the tendency of individuals to be cooperative, kind hearted and actively concerned about others (Ge et al., 2014). Hence, altruism is defined as a 'behaviour motivated by concern for others or by internalized values, goals, and self-rewards rather than by the expectation of concrete or social rewards, or the desire to avoid punishment or sanctions' (Eisenberg et al., 1999). Thus, altruism as a personality trait is negatively associated with aggressive driving behaviour (Harris et al., 2014; Shen et al., 2018a; Zhang et al., 2017) and positively associated with safe driving behaviours (Ge et al., 2014; Harris et al., 2014; Shen et al., 2018a). Therefore, the present study will adopt altruism, which is a facet of the Big Five Personalities (agreeableness) and measure it using items from the International Personality Item Pool (IPIP, <http://ipip.ori.org>, Goldberg et al., 2006).

### Emotional Intelligence

Emotional intelligence is defined as 'the ability to perceive emotions, to access and generate emotions to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth' (Mayer and Salovey, 1997). While empathy is common to both emotional intelligence and altruism (Goleman, 1999), it differs from each other since emotional intelligence is concerned with one's own emotions without being limited to the concern for others. Hence, intervention programs that aim at emotional intelligence might yield a better outcome. Further, high EI is believed to be associated with less emotional interference and in return with greater road safety (Hayley et al., 2017). Thus, in the present study, emotional intelligence will be conceptualized as a trait which compromises emotion-

related dispositions and self-perceptions that could be measured using self-report questionnaires (Petrides and Furnham, 2001) and TEIQue-SF will be used to measure this notion (Petrides and Furnham, 2006).

### Fatalism

Fatalism is defined as the individuals' tendency to assign causes of certain incidents such as accidents to external factors like fate or bad luck (Kouabenan, 1998). It was argued that fatalism is positively associated with risk-taking behaviour and accident involvement among professional drivers (Kouabenan 1998; Peltzer and Renner 2003). Further, it was argued that the orientation towards fatalism is relatively higher in countries that are either less-developed or are developing and highly conserved in terms of religion. Thus, given that Sri Lanka is a developing country known to be religiously conserved, fatalism is adopted as a moderating variable in the present study.

### Proposed Method / Approach

This quantitative study will use a self-report questionnaire to collect primary data from 800 respondents. In addition, secondary data will be collected in collaboration with the National Council for Road Safety (NCRS), which is the authority responsible for improving road safety in Sri Lanka. Further, this study will select respondents for the study from among the taxi drivers and public transport drivers (buses) in Sri Lanka. The proposed conceptual framework is depicted in figure 1.

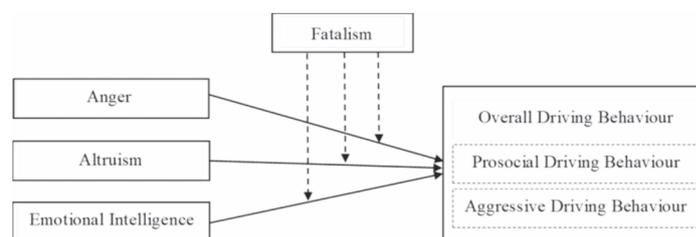


Figure 1: Proposed conceptual model

### Prosocial and Aggressive Driving Inventory (PADI)

PADI, developed by Harris et al. (2014) aims to measure both safe and unsafe driving behaviour. It includes two dimensions namely, prosocial and aggressive driving behaviours. There are 29 items in total to measure driving behaviour, out of which 17 items are for prosocial driving behaviour and 12 items are for aggressive driving behaviour. Respondents are required to indicate how often they engage in these behaviours on a six-point-scale (1 = "never" and 6 = "always"). These 29 items were derived based on the Aggressive Driving Behaviour Scale (Houston et al., 2003) and safe and unsafe driving practises described in driving manual/handbooks (Harris et al., 2014).

### Personality Scales

Both anger and altruism personality traits will be measured using items from the International Personality Item Pool (IPIP, <http://ipip.ori.org>, Goldberg et al., 2006). The definitions for both anger and altruism personality traits are equivalent to those of the NEO Personality Inventory-Revised (Costa and McCrae, 1992). Each scale included 10 items and was rated on 5-point Likert scales (1 = "strongly disagree" to 5 = "strongly agree").

### Emotional Intelligence

To measure trait emotional intelligence the TEIQue-SF (Petrides and Furnham, 2006) will be adopted in the present study. It includes 30-items (e.g.: I usually find it difficult to regulate my emotions) rated on a 7-point Likert scale (1 = "completely disagree" to 7 = "completely agree").

### Fatalism

Fatalistic beliefs are measured using 15 items (e.g.: It is common to trust in destiny while in traffic) (Rundmo et al., 2006) and were rated on a 5-point Likert scale (1 = "strongly disagree" to 5 = "strongly agree").

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**Number: 164**

**Quit Big Tobacco: taking on Big Industry through their friends in advertising and PR.**

Conference track: Interdisciplinary and cross sector action to influence behaviour for social good

**Authors: Christina Curell, Steve Hamill**

**Abstract**

Many of the most critical public health issues are driven in part by a Big Industry. Big Tobacco spends tens of billions of dollars a year on marketing. They need to attract new customers to replace the ~1 in 2 smokers that cigarettes kill. Bans on advertising and promotion seek to limit the influence of tobacco marketing, but the industry has always found ways to continue aggressively marketing to new customers. For tobacco, this has included new and vulnerable markets, new products, influencer marketing, and CSR activities through front groups, among other tactics. The Quit Big Tobacco campaign seeks to disrupt this cycle of marketing and addicting new customers by calling on advertising agencies and PR firms to make a choice and pledge not to work for Big Tobacco. To this end, over 130 organizations who care about health have pledged not to work with those ad and PR agencies that do have tobacco clients. The same people creating campaigns aimed at furthering health and social good – should not be working to sell tobacco products.

Big Tobacco needs marketing. Do marketers need Big Tobacco?

**Aim of the session**

Explore ways that powerful industries often aid public health epidemics, and where unlikely allies may be powerful in the fight against them. Health organizations, ad agencies, and PR firms are taking a stand and pledging not to work with Big Tobacco and their friends. Advertising and PR are not the first industries to do this – investment firms, pharmacies, and others have made similar moves to sever relationships with the

# CONCEPTUAL / THEORETICAL

tobacco industry in the past. What does it take for these companies to stand up, and what power could they have to fight industries that are inherently harmful to public health?

## Focus of the session

Quit Big Tobacco is a global campaign, entering its second tactical phase after building momentum by gaining support of allies in public health (over 130 organizations) that have pledged not to work with advertising agencies and PR firms that have tobacco clients. Through professional networks, hosting and participating in targeted events for our target audiences, strategic media, and social media engagement, QBT has earned the support of leaders like World Heart Federation, the Truth Initiative, Action on Smoking and Health, and the NCD Alliance. For some organizations, this aligns with existing policy already in place to avoid the conflict of interest they have with those that work for tobacco companies. For those organizations that will need to find new vendors going forward, the campaign offers a list of “good guy” agencies, as well as sample conflict-of-interest language for use in contracts.

Quit Big Tobacco has now moved strategically into a focus on advertising and PR firms themselves, with a growing number of agencies that support the campaign and will not work with tobacco clients – most recently, MDC Partners, Burness, and Ketchum. We highlight the reputational risk of having a relationship with the tobacco industry, and we ask agencies to pick a side. In growing the campaign and the visibility of these actors - who do not necessarily have health in their missions, yet choose the side of health and reject association with the tobacco industry - we are further undermining the tobacco industry's ability to aggressively market. We're highlighting the role that those in marketing inevitably play. They are either aiding Big Tobacco in killing seven million people a year, or they are standing up to deny that industry their talent and expertise.

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**Number: 181**

## The application of systems thinking social marketing for improving eating behaviours in the Australian Defence Force (ADF).

Conference track: Using systems thinking to solve complex societal problems and influence social policy.

**Authors: Renata Anibaldi, Senior Research Assistant, PhD Candidate, Social Marketing @ Griffith, Griffith University, Australia. Dr Julia Carins, Senior Research Fellow, Social Marketing @ Griffith, Griffith University, Australia. Prof Sharyn Rundle-Thiele, Director, Social Marketing @ Griffith, Griffith University, Australia**

## Abstract

The systems thinking perspective in social marketing offers a potential avenue for long-term behaviour change, as it broadens enquiry and focus beyond influencing individuals to change behaviours to identifying factors facilitating and impeding changes. Systems thinking directs focus to understanding the social and environmental elements directly or indirectly influencing behaviours. Concepts of system and system thinking assist researchers and practitioners alike to understand the full scale of a problem. However, the translation of such understanding into implementation of systemic social marketing programs presents several dilemmas on where and how to act. One way to add clarity may be through applications of systems thinking social marketing to systems that are amenable to boundaries around function, organisation, and target population. In this paper we present a project that applies systems thinking to address the complex problem of eating behaviours in the context of the feeding system via a participatory approach. The use of participatory methods is an avenue through which multiple interdependencies between system elements can be described; and causal pathways explored in terms of negotiated barriers and opportunities for change (Domegan et al., 2017; Elia and Margherita, 2018; Warfield and Cárdenas, 2002).

## Aim of the session

The aim of the session is to start a discussion on pragmatic issues that emerge when designing research aiming to apply systems thinking to social marketing initiatives and foster on-going conversations with colleagues whose research and theoretical interests include systems thinking approaches.

## Focus of the session

The content presented at the session will include an overview of the research, with a focus on the theoretical and practical considerations guiding the selected methodology.

## Approach

This research project aims to promote the establishment of healthy eating behaviours in recruits and early training personnel in the ADF, through the implementation of a social marketing initiative developed using methods arising from systems thinking. The selection of systems thinking as an approach to behaviour change recognises that eating behaviours result from the dynamic interplay of diverse factors operating at both an individual level and proximally or distally in the environment. In this context, strategies for encouraging healthy eating in the target population need to be based on identifying opportunities and constraints emerging from those interactions. By addressing the complex problem of eating behaviours in the context of the ADF feeding system, this research seeks to contribute conceptual and practical insights on systems-thinking as an approach that can be utilised more broadly within social marketing, ensuring that social marketing practice overcomes social marketing's consumer myopia (Brennan et al., 2016).

The literature on systems thinking is extensive, with many variations in how systems thinking is undertaken in practice. Variations in systems application depends on goals, theories, and underlying ontological and epistemological assumptions about the nature of reality that are embedded in methodological choices (Kennedy, 2017). The development of systems thinking in other fields including marketing (Brychkov and Domegan, 2017), and disappointing evidence on the effectiveness of traditional social marketing programs for behaviour change (Stead et al., 2007) are contributing to the broadening and deepening of the social marketing ambit (Dibb, 2014) beyond individual behaviour change and consumer myopia (Brennan et al., 2016) to societal change and social policy.

The broadening and deepening focus beyond the individual to more explicitly include environmental components (Fry et al., 2017; Kennedy et al., 2017; Wymer, 2011) and the influence of systems thinking in the social marketing literature is evident in the development of several social marketing streams focusing on different aspects of systems (Brennan et al., 2016; Domegan et al., 2016; Fry et al., 2017; Kennedy, 2017; Parkinson et al., 2017).

Within emergent streams there are somewhat different approaches for conceptualising social marketing problems and methods to achieve systemic change. However, some common underlying themes include: the recognition that complex problems are characterised by multi- and non-linear causality; that problems represent the outcomes of stakeholder influences at different system levels, and therefore need to be part of the solution; and that social marketing has an important role in 'brokering' strategic initiatives.

Notwithstanding extensive conceptual work integrating systems thinking into understanding complex problems, guidance and methods for developing and implementing systems thinking social marketing initiatives are in their early stages. The social marketer seeking to apply systems thinking social marketing to complex problems faces several practical dilemmas on where and how to act in the system. While system mapping and stakeholder identification methods support the social marketer's quest to understand the system, they do not ensure that all influencers in the system are either identified or identifiable. These dilemmas may be exacerbated when the social marketer's sphere of influence is effectively limited by ambiguous mandates and power discrepancies that preclude access to all system actors and stakeholders.

It is suggested that systems thinking principles may be applied to developing social marketing initiatives to address complex problems within relatively bounded systems, i.e. systems that are amenable to demarcation in terms of population characteristics and/or structure, function and/or operation. Although such application is more modest in scope than conceptualisations of systems thinking social marketing, it may offer avenues for interventions that are developed based on a holistic understanding of a problem, and strategically targeted at the most appropriate system factors or variables (Venturini, 2015; 2016).

As a population for which sound nutrition and physical fitness are essential for job performance, the quality of eating behaviours of ADF personnel is particularly significant. The ADF supports all its personnel to engage in healthy and nutritionally appropriate eating through policies and guidelines which oversee the provision of food/drink on base and in the field. However, anecdotal and research evidence (Booth and Coad, 2001; Forbes-Ewan et al., 2008) suggests that the eating behaviours of many ADF personnel do not result in a diet that is optimal for job performance or long-term health, with these behaviours being apparent at the time of intake or early training in Defence. Furthermore, there have been reports indicating that rates of overweight and obesity in the ADF

are in line with the relatively high rates of overweight and obesity in the civilian population aged 20 to 50 years (AIHW, 2010).

Emerging adulthood (Arnett, 2008), the period of life between 18 and 25 years of age, is an important phase in the development of self-identity, behavioural patterns, and psycho-social attributes such as self-efficacy. Health behaviours, including eating behaviours, established during this time may be more likely to become entrenched for the long-term. As the majority of ADF recruits and early career personnel are in the age range 18 to 25 (Hoglin, 2012), there is a clear window of opportunity for influencing eating behaviours to be optimal for job performance and long-term health.

Overall, research on determinants of eating behaviours in military populations appears to be limited to topics such as sociodemographic characteristics of overweight and obesity within military populations (e.g., Hruby et al., 2015); the role of nutritional supplements and the composition and delivery of ration packs for training and combat missions (Crombie et al., 2013; Tassone and Baker, 2017). Eating behaviours have been examined as part of large-scale interventions to combat overweight and obesity, with reviews indicating minimal use of theory as a basis for program development, implementation, and evaluation and reliance on a limited number of tools such as cognitive behavioural counselling, an education component, and a physical activity (Murray et al., 2017; Sanderson et al., 2014). Few studies have tested and evaluated programs to improve eating behaviours in military populations (Carins and Rundle-Thiele, 2014a; 2014b).

In Australia, approaches to counter obesity and overweight in military populations have been similar to those adopted in civilian populations that have predominantly sought to influence individual factors as drivers of change, including diet modification and physical activity (Aceves-Martins et al., 2016; Carins and Rundle-Thiele, 2014a; Carins et al., 2016). However, while the principles of healthy eating for the civilian population are relevant to healthy eating behaviours in the ADF context, specific modifications are necessary to meet the nutritional requirements of high-energy activities and/or operations (Booth et al., 2006).

Military environments constitute complex social-environmental systems with unique characteristics, similarly to schools, colleges, camps, and prisons (Berry and Deuster, 2017). Military personnel spend much of their time on a military base governed by specific rules and regulations, away from a home environment, often living in shared accommodation facilities on or off base (Carins et al., 2016). In this way, military settings display characteristics of geographically and institutionally defined communities with their own history, social norms, traditions, and knowledge (Bryant et al., 2014). Importantly, military settings all maintain food systems in which the qualities of the nutritional elements served are controlled by an organization that must simultaneously manage costs (Berry and Deuster, 2017).

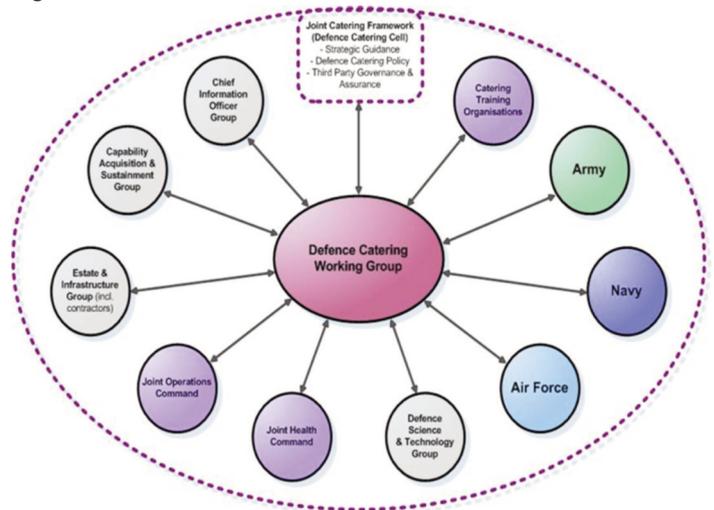
Furthermore, the drivers of behaviour in military populations may be quite different from those in civilian populations. The demands of operations may inherently steer the selective recruitment of individuals with tendencies towards risk-taking behaviour and who also work well in groups, thus conforming to peer group behaviours (Elphinstone, 2010). Supporting the role of operational demands as drivers of behaviour in military personnel, Carins et al. (2014) found performance to be a significant motivator for eating well rather than health alone.

The evidence suggests that the ADF and its population have specific characteristics that act as boundaries for a system in which eating behaviours are enacted, and social marketing initiatives addressing problem eating behaviours are best developed from within this system.

## Method / approach

To understand a military feeding system (in this case the ADF feeding system) and the interplay of diverse factors within the system, a participatory approach is needed. ADF feeding system actors are actively involved in co-creating an understanding of unhealthy eating behaviours and in developing possible solutions. Consider, for example, the diverse nature of stakeholders involved in managing, advising and implementing the ADF feeding system (Figure 1), all of whom come together as part of the Defence Catering Working Group. Each of these stakeholders has distinct roles and responsibilities as a producer and/or consumer of the feeding system, and therefore also produces and experiences factors that contribute to (or obstruct) healthy eating.

Figure 1



The first step in understanding the system, is to explore the perspectives of the stakeholders in the system. This project has pursued this understanding through in-depth interviews with subject matter experts and personnel with decision making roles in the ADF feeding system. Purposive sampling, using Figure 1 as guidance, has allowed 'information rich' cases to be selected to explore the structures, policies, processes, and standards within the ADF feeding system. The interview questions aimed to generate discussion on the workings of the ADF feeding system and the mechanisms through which healthy and unhealthy eating among ADF personnel may occur; the opportunities and barriers for healthy eating among ADF recruits and early career personnel; and the elements of the ADF feeding system. Supported by document examination of policies and processes, thematic analysis of transcripts from the interviews will examine the commonalities, relationships and differences across a data set (Gibson and Brown, 2009), focussing on the drivers and mechanisms of eating behaviours and sources of influence in the ADF system.

However, systems thinking social marketing acknowledges multiple interdependencies between system elements, so further steps are required to develop a deeper understanding and identify opportunities for change. Research methods drawing on 'Collective Intelligence' (CI) (Domegan et al., 2017; Domegan et al., 2016), are particularly well suited to this situation, as they include tools to map the social interaction pathways between system actors and formulate consent-based causality processes in the complex problem, and thus locate levers on which to act for change (Domegan et al., 2017). Through individual perspectives, and collective intelligence, collectively identified barriers and values in categories can be used to generate structural maps in which one or more pathways can be identified. This project plans to use CI workshops supported by Interpretive Structural Modelling (ISM) software to synthesise and integrate diverse perspectives and achieve a common understanding of issues and the pathways through which it has developed. Then, sources and levels of influence and resistance that could be leveraged can be identified to develop social marketing initiatives to address issues and causal pathways identified by stakeholders.

The proposed approach seeks to apply systems thinking to a complex problem while recognising that some influencers (be they actors or stakeholders) in the system are omitted 'by accident or by design'. This omission may appear to diminish the advantages of conceptualising systems thinking social marketing as a whole system approach. However, it is suggested that bounding a system of interest permits identification of the specific or idiosyncratic modalities in which system interactions and interdependences manifest as problems. A bounded system thinking social marketing approach incorporates an understanding that any one societal problem takes multiple forms and may produce initiatives that target the bounded system while indirectly influencing the whole system.

## Other Notes:

At the time of writing this paper, semi-structured interviews and preliminary analysis of the data for Study 1 were underway, and it is anticipated that the results of the study will be available for inclusion in a conference presentation (should this submission be successful).

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**Number: 184**

**A Dynamic Stakeholders' Framework for a Social Marketing setting "When everything is connected to everything else, for better or for worse, everything matters." Bruce Mau et al., 2004, p.97**

**Authors: Christine Domegan, Patricia McHugh, Tina Flaherty and Sinead Duane**

The limitations of a firm-centric stakeholder stance in fundamentally contributing to and understanding complex problems and associated provisioning systems is increasingly being recognised. The call to move away from an instrumental organisation-centric stakeholder analysis and its goods-dominant logic where stakeholders are treated as operand resources to be managed (Peterson (2103), Laczniak and Murphy (2012), Werhane (2008; 2011) and Geels (2004, 2005), The move is towards an orientation that embraces the multiplicity of diverse stakeholders where "numerous people, groups and organisations ... where no one is fully in charge ... instead many individuals, groups and organisations are involved or affected or have some partial responsibility to act" (Bryson 2004 p. 23-24).

This paper focuses on the multiple and interrelated stakeholders in a social marketing setting. The paper contributes a dynamic model of stakeholders in a social marketing setting by building upon Layton's Mechanism, Action and Structure (MAS) theory (2015) and Coleman's Boat (1986) using social mechanisms as the theoretical foundation. The paper presents a dynamic stakeholders framework that incorporates critical features and eight propositions. An illustrative case study in an obesity context is presented to demonstrate the framework.

### Aim of the session

The session will present a conceptual dynamic stakeholder systems model for social marketing.

**Focus of the session**

The session will start with an overview of developments in stakeholder theory. It will then define “Social Mechanisms”, the concept that underlies a broadening stakeholder orientation. Social mechanisms are further detailed using Coleman’s Boat and Layton’s MAS marketing theory as the theoretical foundations for a macro-micro-macro stakeholder engagement model for social marketing. The session will include critical features and eight propositions which are illustrated through an obesity example.

**Method / approach**

A conceptual dynamic stakeholder framework with an illustrative case study.

**Stakeholder Perspectives**

The notion of stakeholders and their stakes has broad appeal across the social science domains, yet stakeholder relationships remain conceptualised in different ways and contexts. From corporate social responsibility in strategic management (Wasieleski and Weber 2017) to conflict resolution (Ricigliano 2012; Shultz 2007) and researcher-stakeholder interactions for evidence-based input in intervention design and planning (Laycock et al. 2017), the engagement of stakeholders lacks consensus in interpretation, operation and management. Miles (2017 p. 26) concurs with stakeholders being “an essentially contested concept”. She attributes accepted stakeholder ambiguity to the open and complex character of stakeholders whose stakes and relationships vary from context to context and across time.

However, common to all meanings is the notion that stakeholder involvement correlates with increased success and greater value creation (Peterson 2013; Bryson 2004; Beierle 2002). In health, engaging stakeholders is equated with better intervention outcomes and improved recruitment and retention strategies (Oruc and Sarikaya 2011; Duane et al. 2016). Environmental studies, such as marine conservation and climate change, document the involvement of stakeholders correlating with improved management of competing interests as well as more productive planning and use of resources. Stakeholder theory documents less tension, conflict and resistance in community relationships when the systemic nature of stakeholders is enacted (Prell et al. 2009, Westley et al. 2010 and Podolaka et al. 2017). Long-term success is more likely if a holistic systems approach, sensitive towards the interests and benefits of all stakeholders, is taken.

Freeman (2017) in his recent writings strongly advocates for the gravitation of stakeholder theory towards a societal perspective. Broadening stakeholder definitions and boundaries to embrace a dispersed spectrum of individuals and groups with common and not-so common interests across geographical, political, resource or social boundaries can create greater value and improved quality of life for societies. This is akin to the service-dominant logic where each and every stakeholder is seen as an operant resource and ‘producer of effects’ (Vargo and Lusch 2004). A broadened holistic stakeholders perspective assembles a top-down/bottom-up collective, (e.g. policy makers, regulators, local authorities, representatives of industry, professional associations, sectorial groups, consumer and civil associations) bringing together different groups of people to generate change (Kennedy et al. 2017; Brennan, Previte and Fry 2016; Kennedy and Parsons 2012). This type of stakeholder interrelatedness extends beyond Freeman’s (1984) seminal firm-centric instrumental stakeholder work, acknowledging macro-micro multiple webs and chains of stakeholder groups simultaneously affect and are affected by the efforts of other stakeholder (Buyucek et al. 2016) as illustrated in Table 1.

**Table 1: Shifting Stakeholder Perspectives**

Traditional marketing perspective	Societal stakeholder perspective
• The interests of stakeholders are viewed as independent	• The interests of stakeholders are viewed as interrelated
• Value perceptions of stakeholders are viewed as differing in importance, with customers taking primacy	• Acknowledging the value perceptions of multiple stakeholders is critical for success
• Value is viewed as created by the firm	• Value is viewed as co-created with a multitude of stakeholders
• Government & civil society as regulators of value creation	• Government & civil society as facilitators of value creation
• Management of stakeholders	• Managing for stakeholder relationships

Adapted from Wasieleski and Weber (2017); Hillebrand, Driessen and Koll (2015).

Despite the 40 years of progress in stakeholder studies in various fields,

theoretical difficulties, research challenges and practical limitations still remain surrounding the concept of stakeholders in social marketing. Buyucek et al. (2016) posit that a greater understanding of stakeholders, the degree to which they are involved and the role they play can yield powerful insights into why some achieve desired states and others do not. How do multiple diverse stakeholders in a social marketing setting engage? What are the stakeholder dynamics at work for behavioural change and value creation in social marketing? How might they be explained? Since individual stakeholders and their actions vary greatly in goals, strategies and value creation, what would a framework look like to understand how stakeholders could be involved on a wide scale for social as well as behavioural change outcomes? Layton (2015) and Coleman (1986) suggest that to begin to explain stakeholders and their dynamics in a social marketing setting, it is best to start with the ‘social mechanisms’ that are at work, or not.

**Social Mechanisms**

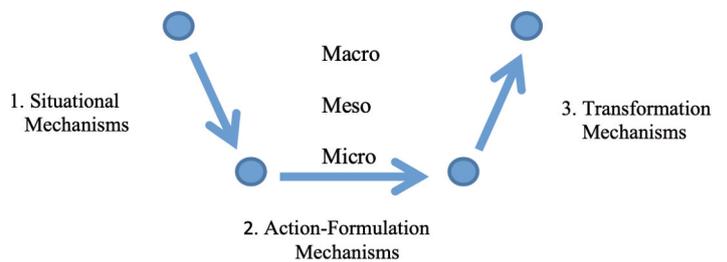
The consensus across all social mechanism definitions is that social mechanisms are causal; they can be identified by the effect they generate in everyday life. They are not singular, isolated actions; instead they refer to repeated, shared behaviours, practices and ideas (Layton 2015). Social mechanisms have a structure that is spatially, temporally and relationally organised (Duffy et al. 2017; Bechtel and Abrahamsen 2005; Hedström 2005; Bunge 1997) specifically, they focus on the contextualised interactions in social relationships rooted within social norms and social practices. They are constellations of stakeholders and activities linked to one another in such a way that they regularly bring about a particular type of outcome (Layton 2015; Hedström 2005). These qualities of social mechanism explanations, underlying Layton’s Mechanism, Action and Structure (MAS) theory (2015) and Coleman’s value co-creation boat (Duffy et al. 2017; Storbacka et al. 2016), present a strong foundation for an embedded stakeholders framework in social marketing. The contribution of a dynamic stakeholders’ framework is not so much in identifying or defining the appropriate social marketing mechanisms but in understanding the continuous feedback nature of the macro-micro-macro everyday dynamics in which they act, react and interact.

**Layton’s MAS Social Mechanisms**

Layton’s (2015) MAS theory seeks to explain linkages between individual or micro actions (e.g. exchanges and transactions) and meso or macro level phenomenon (e.g. value creation) that incorporate all the system stakeholders and not just the firm-customer actors. As a central part of MAS theory, Layton (2015) proposes four primary social mechanisms that operate among all stakeholders for value creation in a marketing system. These four primary social mechanisms are co-evolution, cooperation, scale and emergence forces at work among the stakeholder action fields in a marketing system.

**Coleman’s Social Mechanisms Boat Diagram**

Coleman’s (1986) seminal sociological boat diagram shows social mechanisms flow through three distinct yet iterative movements and highlights how the MAS concepts of co-evolution, cooperation, scale and emergence can link the micro actions of individual stakeholders to macro outcomes (Figure 1).



**Figure 1: Coleman’s Boat Diagram** (Source: Coleman 1986).

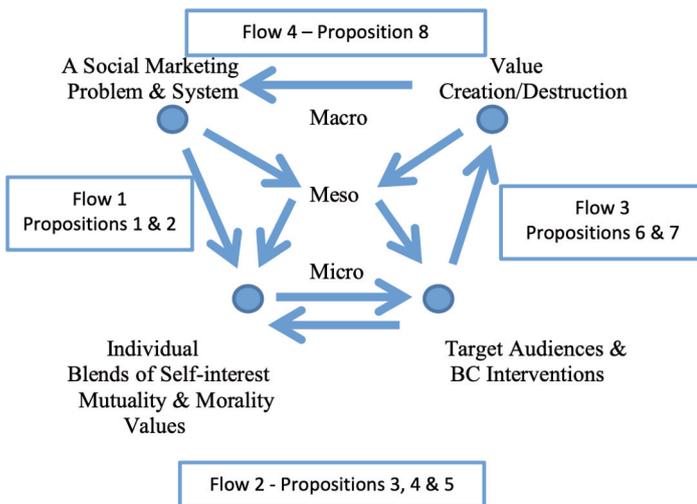
The situational social mechanisms (1) connect macro stakeholder contexts to micro issues and individual stakeholder behaviours. Action-formulation social mechanisms (2) explain micro-to-micro stakeholder interactions and observable actions while transformational mechanisms (3) relate to group patterns and collective outcomes emerging from the individual (consumer, household or firm) decisions. The macro-micro perspective is a relative, not an absolute, duality as macro in one social marketing setting can be micro in another as one ‘choses’ the boundaries to draw around a problem or behavioural change issue. Coleman’s boat allows one to examine stakeholders as a whole as it “provides an

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account of how the suggested cause brings about a change in individuals (1)...how these changes in turn bring about changes in their behaviour (2), and finally, shows how these behavioural changes bring about the macro change to be explained (3)" (Yikoski 2016 p.4).

## A Dynamic Stakeholders' Framework, Features and Propositions

Stakeholders relationships to, and interactions with other stakeholders, are central to a dynamic stakeholders social marketing framework. A framework for analysis of empirical instances of stakeholder dynamics begins to emerge when we map how individual stakeholder organisational macro social mechanism actions (evolution, cooperation, communication, conflict, trust, exchange etc.) are typically oriented towards other stakeholders as well as stakeholder at the meso and/or micro levels as shown in Figure 2. This approach places value-based co-created exchanges at the core of the dynamics of stakeholder in social marketing interventions - stakeholders are never static but constantly evolving. A core feature of stakeholders in social marketing is their interdependent social mechanisms as producers of dynamic behavioural patterns over time and space.



**Figure 2: A Dynamic Stakeholders Framework in a Social Marketing setting.**

In totality, a dynamic stakeholders' framework identifies, assembles, and facilitates the social mechanisms in a focal social marketing system between a diverse range of stakeholders (e.g. micro-macro, profit-non-profit, public, commercial and private s) as central to behavioural change and value creation, social marketing exchanges and, by extension, the material wellbeing of people living in society as summarised in Table 2.

**Table 2: Stakeholders in a Social Marketing Setting**

Features of Stakeholders in a Social Marketing setting	Propositions for Stakeholders in a Social Marketing setting
<ul style="list-style-type: none"> <li>Social mechanisms are viewed as interdependent and producers of effects</li> <li>Social mechanisms generate dynamic patterns over time and space</li> <li>The dynamic patterns are value-based downward-upward feedback flows in stakeholder action field(s)</li> <li>Frames and framing theory are central to stakeholder action fields and their dynamics</li> <li>Self-organisation relates to the dynamics of stakeholder action fields for value creation and destruction</li> <li>Stakeholders are embedded in sub-systems within systems, influencing adjacent and complimentary markets</li> </ul>	<p><i>Proposition 1:</i> In any social marketing setting, stakeholders engage in dynamic multilevel value-based exchange processes.</p> <p><i>Proposition 2:</i> Individual stakeholders develop strategic situational frames to listen to, learn about and leverage markets/opportunities</p> <p><i>Proposition 3:</i> Value alignment is necessary between the situational collective frame of a stakeholder and the micro frames of individuals in a market segment through social mechanisms.</p> <p><i>Proposition 4:</i> Stakeholders generate dynamic blends of self-value, mutuality and morality value-based exchanges based on what individuals value and do not value.</p> <p><i>Proposition 5:</i> Individual stakeholder decisions interact with other stakeholders and system structures to produce aggregate systemic dynamics.</p> <p><i>Proposition 6:</i> Collective-conflictual self-organisation is a defining dynamic pattern of a stakeholders</p> <p><i>Proposition 7:</i> Frames and framing are a primary social mechanism essential to create shared understandings.</p> <p><i>Proposition 8:</i> Value creation and destruction for the whole system is not only greater, but different from the parts (stakeholders) value creation.</p>

## Conclusion

This paper proposes that stakeholders in social marketing fundamentally engage in continual dynamic behaviours where no single level (macro, meso or micro) is any more or less important than another. Rather, what is important are the relative interactions and relationships that form collaborations, cooperative and conflictual behaviours that elevate to collective behavioural patterns. If social marketing is to positively contribute to societies in the face of universal issues such as obesity, health inequalities and climate change, stakeholder analysis, while necessary, is no longer sufficient.

Stakeholder engagement that is systemically contextualized, not firm-centric reductionist is the way forward. This is the creative whole system approach espoused by the Canadian designer Bruce Mau to connect different stakeholder networks (humans) and their environments (nature) together to design a more sustainable whole for a more sustainable world (Mau et al., 2004). Every individual in a marketing system is a stakeholder with a stake, whether that stake is high on their agenda or not. Ensuring all stakes are heard and marketing system stakeholders are not restricted to only those who are aware, have power or have a vested self-interest in a market, offers the potential for better outcomes for societies.

A framework for stakeholders and their dynamic interactions overcomes two key challenges for social marketing by:

1. providing a rich and informative understanding of the causal dynamics at work as a strong basis for
2. designing and legitimising synergistic behaviour change strategies in the face of complex, not complicated, problems.

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diagnosis, followed by health problems definition and prioritization.

According to international recommendations, a structured community and stakeholders' engagement is essential to identify needs felt by the community, to shape planning according to a specific context, ensure a successful implementation and to establish ongoing participation and accountability (WHO, 2018).

While developing Local Health Plan in Central Lisbon, only health professionals and governmental stakeholders formally collaborated in defining main priorities for intervention and research (Quitério et al, 2018). This was a constraining due to lack of resources and structures to consult a broader range of stakeholders and the community itself. Community Councils do exist, but are not fully functional because of their inertia to select representatives, an excessive influence of local authorities and the limited presence of users' associations (Matos and Serapioni, 2017).

Therefore, other governmental bodies, private health institutions, professional societies, civil society organizations and patients weren't properly address in priorities definition. We recognize their importance in decision-making processes that bring input from their expertise and experiences, and it's our aim to involve them in the co-creation of the Local Health Plan.

After a brief presentation about local health planning process and conclusions from the released document, participants in this sessions will be asked to contribute with their experiences and suggestions. Taking into account a context of low human and financial resources and the absence of a structured assembly or group for consultation of stakeholders, we are seeking to select the best alternatives to include relevant stakeholders in health planning, including both institutions, groups and individuals.

Although the Local Health Plan was published in June 2018, public health planning is an ongoing process which requires continuous improvement and adaptation. The conclusions from this discussion will be considered in stakeholder mapping process and health planning implementation (Glandon et al, 2017).

## Aim of the session

With this session we aim to gather effective methods to reach community individuals and relevant stakeholders, to understand their needs and involve them in defining health priorities and strategies to tackle those problems, based on their reported needs.

## Focus of the session

Local health planning aims to be an opportunity to tailor interventions and investments in specific areas relevant for the local community. Therefore, although social marketing strategies aren't usually used in Portugal, these are relevant to bridge the gap between evidence-based public health and community-driven implementation that influences behaviour and create value by promoting health (ECDC, 2014). This session will be focused in identifying strategies to engage community members and stakeholders within the context of traditional health planning procedures. After a brief introduction about Central Lisbon's Local Health Plan, participants are expected to discuss stakeholders' segmentation and best practices to gather their input and engage them effectively (Quitério et al, 2018). Some details will be relevant for further discussion: the need to address both community individuals, civil society organizations and politicians; the lack of human, financial and organizational resources; a replicable methodology for sustainability.

Since Local Health Plan of Central Lisbon was exclusively coordinated by health professionals, feedback from other research areas on social marketing will be highly valued.

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**Number: 201**

**How to engage stakeholders to help define health priorities? A collaborative strategy for local health planning in Central Lisbon, Portugal**

Conference track: Using citizen focused design thinking, participative design, actor engagement and co-creation

**Author: Duarte Vital Brito**

**Abstract**

Local health planning cycle in Portugal requires a proper context

# CONCEPTUAL / THEORETICAL

Health Policy and Planning; Vol. 32; pp. 1457-1465

European Centre for Disease Prevention and Control (2014); Social marketing guide for public health managers and practitioners; European Centre for Disease Prevention and Control; Stockholm, Sweden

Number: 215

## Choosing a multi-field behaviour change mix: A practical tool for management decision making.

Conference track: Interdisciplinary and cross sector action

Author: Alan Tapp, Professor of Social Marketing, UWE-Bristol, UK.

### Introduction

Social marketing sits alongside a wide variety of behaviour change disciplines or 'fields'. The wider world of behaviour change is very wide: behaviour change fields include education, training, laws and legislation, urban planning and infrastructure changes, engineering, policy development and lobbying, public campaigning and advocacy, technology driven change, community development and co-creation, psychology-led behaviour change techniques, behavioural economics, persuasion techniques, and of course, social marketing.

Given this variety of strategies, we admit to surprise that more is not published on managing behaviour change at a 'meta-field' level, that is, taking a 'helicopter view' of the above list of fields in order to pick out the most appropriate strategies to solve a particular behavioural challenge. It is particularly surprising that relatively little has been done that guides users on which fields should be used to tackle problems, and also on how best to integrate field techniques for maximum effect (the lack of work on the latter was heavily criticised by the House of Lords review of 2011). Welcome exceptions include Darnton, Michie et al., Domegan et al., and French et al. But for the most part, instead of adopting such a meta-field view, the behaviour change literature is primarily located within field silos, with research reports often not acknowledging the presence of other fields at all.

Executives who don't care about the vested interests of a field, but seek guidance to help their decisions about behaviour change design are therefore faced with a difficult challenge. In this paper therefore, while acknowledging the need for theoretical development of the meta-field of behaviour change, our contribution here is to offer a practical tool for managers to enable them to make decisions. Executives need two substantial pieces of help: a pragmatic 'unifying model' of behaviour change, and a decision making guide for choosing and then allocating resources across fields. Based on recent work with a leading UK charity, we present our 'behaviour change decision making guide': a management process for optimising the design of a behaviour change intervention that takes account of the uncertainty of the science. Of course, given our particular interests here in social marketing, we also focus on how specific decisions can be made concerning the choice [or not] of social marketing within the wider behaviour change mix.

The guide that we delivered for our charity partner consisted of a multi-stage decision making process. It included a model, a series of expert workshops, and, for the specific social marketing decisions, a bespoke set of diagnostic questions that would help decide on the requirement (or not) for social marketing. In the next section we describe the process, and then in subsequent sections we briefly expand on each of these aspects of the work.

### A decision making process for meta-field behaviour change strategies

The process consisted of a number of stages, simplified here, with each stage containing a set of activities.

<p>Step 1: 'Diagnose yourself': Internal Workshop 1</p>	<p>Organisations can start by ruling in or ruling out fields based on their own organisational characteristics (size, internal expertise, etc) but also including their ethical stance on the use of some techniques.</p> <p>We proposed a slightly adapted versions of either the Darnton framework and Michie APPEASE framework. To rule a field in or out ask:</p> <ul style="list-style-type: none"> <li>• Affordability - Can it be delivered to budget?</li> <li>• Practicability - Can it be delivered as designed?</li> <li>• Effectiveness/cost-effectiveness - Does it work (ratio of effect to cost)?</li> <li>• Acceptability - Is it judged appropriate by relevant stakeholders (publicly, professionally, or politically)?</li> <li>• Side-effects/ safety - Does it have any unwanted side-effects or unintended consequences?</li> <li>• Equity - Will it reduce or increase the disparities in health/wellbeing/standard of living?</li> </ul>
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<p>Step 2: 'Diagnose the behavioural challenges': Expert Workshop 1</p>	<p>This step identifies the issues that need to be understood in relation to the specific behavioural problem that the organisation wishes to address. We recommended the Domegan et al. and McHugh et al workshop process – the roots of which lie with Interactive Management first conceived by Warfield. Also called 'Consensus Decision Making' or 'Collective Intelligence', the key steps are:</p> <ul style="list-style-type: none"> <li>• Generate and clarify ideas using a trigger question: 'What are the barriers to the behaviour you seek?'</li> <li>• Categorise ideas for structuring through group discussions and multi-voting procedures. Structure barriers and generate a structural barrier map based on a series of relational questions: 'Does Barrier A significantly aggravate Barrier B?' Once all relational questions had been answered, a structural barrier map can be generated.</li> <li>• Generate options and solutions to overcome barriers.</li> </ul>
<p>Step 3: 'Identify which behaviour change fields should be 'in play' and from this design your overall strategy'. Expert Workshop 2</p>	<p>For this stage we recommend a process from Darnton and Horne, simplified and adapted here slightly:</p> <ol style="list-style-type: none"> <li>1. Target behaviour. Specify in advance which behaviours you will target</li> <li>2. Good mix of people. Invite a diverse audience with breadth and depth of expertise</li> <li>3. Introduce the ISS-MMO model</li> <li>4. Existing context. Briefly recap the current policy and practice.</li> <li>5. Behaviour mapping. Recap the behavioural barriers from the previous stage and how they map onto the ISS-MMO model</li> <li>6. Cover all the model areas. Check you have considered the whole scope of the problem</li> <li>7. Immediate observations. Stand back and check priority factors, key issues and initial ideas</li> <li>8. Behaviour change solutions mapping. Using the model, locate all the known existing interventions, policies and practices against the mapped barriers.</li> <li>9. Identify gaps. Look for barriers that are not being addressed using current interventions</li> <li>10. Take action. Develop an integrated mix of new ideas that address these gaps.</li> </ol>
<p>Step 3 (SM): 'Identify if social marketing is in play'. Internal workshop 2</p>	<p>A tentative set of diagnostic questions were offered – these are deliberately leading questions, designed to identify if the situation looks promising for social marketing to be part of the solution. If the answer to any or all of these is 'yes', this suggests that social marketing would probably be effective:</p> <ul style="list-style-type: none"> <li>• Is your audience broadly aware of the reasons why they should behave in a certain way, but they aren't actually behaving in this way? Are people tending to say one thing in public, and do quite another in private?</li> <li>• Have you got organised competition, opponents, or even hostility to your ideals?</li> <li>• Are you faced with embedded, entrenched habits of existing behaviour that are going to be really hard to shift?</li> <li>• Are you competing against attractive commercially marketed products and services that deliver benefits that people like?</li> <li>• Are you currently offering long term gains such as 'if you do this you will feel healthier in 30 years' time'?</li> <li>• Are you unintentionally turning people away from you by making them feel guilty or ashamed about their current behaviours?</li> <li>• Are you falling foul of the 'tragedy of the commons' dilemma, i.e. calling for change for the common good, but failing because people think 'I want to change but I am not going to because no-one else will'?</li> <li>• Have you failed to offer something tangible and attractive that will sweeten the pill, or will get people over the 'energy barrier' they need to overcome to change their behaviour?</li> <li>• Have you got the balance between 'self' and 'society' wrong at the moment?</li> <li>• Have you not, as yet, created a 'win-win' exchange? Do you think you need one?</li> </ul>
<p>Step 4: Operationally deliver SM as part of the BC mix</p>	<p>A variant on the familiar social marketing process (gather insights, design a marketing solution, etc) was recommended here.</p>

## Discussion Points

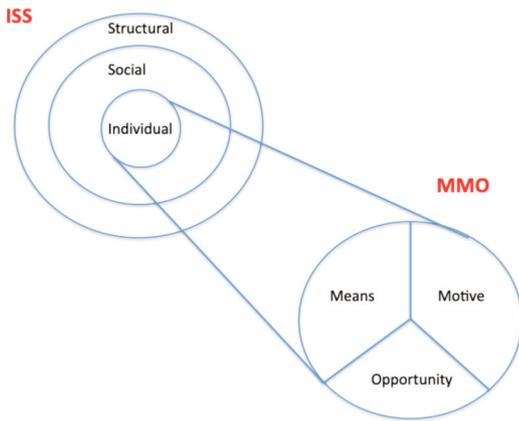
### The need for expert workshops

The logic underpinning the above process uses the well-trodden path of understanding the problem, then using this understanding to design a – in this case – multi-field solution. It is interesting to reflect on the emphasis on expert workshops – endorsed here – of many authors as seemingly the best way to deal with cross-disciplinary solution generation. Is there not a science (theory, a 'what-works' evidence base, etc) that would trump the need for discussion and consensus? The answer is that there is not, at least not yet. The meta-field of behaviour change is extremely complex, likely prone to system effects such as complicated feedback loops, and it remains extremely difficult to accurately map and size these cause-effects. Workshops are pragmatic solutions that allow executives to make progress in a meta-field that has serious information deficits. It is a 'best guess' approach, not allowing the perfect to become the enemy of the good. However workshops have other benefits: they encourage people from different fields together to share perspectives, challenge within-field assumptions, and help prevent the creation of within-field echo-chambers of shared beliefs that inhibit meta-field developments and breakthroughs.

### Reductionism or social ecology?

We wanted a model that was broad enough to encompass the wide scope of possible solutions to behavioural problems, but practical enough to be helpful to managers. The 'pragmatic model' proposed in Diagram 1 attempts to combine psychology and social ecology.

### Diagram 1: The ISS-MMO Model



Lack of space prevents a detailed discussion here, but we hope the two components are well known. The psychology-located Means-Motive-Opportunity model is used in a great deal of behaviour change work (eg the work led by the UCL Centre for Behaviour Change), while the social ecology Individual-Social-Structural model is a variant of the original Bronfenbrenner model that has been used in adapted form by many fields to explain social and structural influences on behaviour not least public health and social marketing.

The simple representation of the model in Diagram 1 conceals academic disparities in how to use it. Broadly speaking there are two choices. The first is a positivist/reductionist ethos (a normal approach within the field of psychology) that seeks to identify single constructs such as 'provide information', 'offer incentives', 'deploy social norms', and so on, and test the effect of each in isolation. The second approach, preferred by social ecologists, is to aggregate constructs together to identify a holistic picture, and then to use systems theories to explain cause-effects.

We side-step the extensive ontological and epistemological debates here, and concentrate on pragmatics. For managers wanting to make progress, there are pluses and minuses of both world views. Physical sciences use positivism (experimental method) very effectively, but for behavioural sciences there are at least two problems. First, the internal validity of each construct description can be called into question: the internal design of a construct such as 'provide feedback' can and does vary considerably when deployed in the field. Second, the external validity of an intervention study is vulnerable to changing contexts: why should the outcomes of 'providing feedback' in a weightwatchers session for middle class mums be comparable to those of 'providing feedback' to young male drivers from a deprived area? Of course, the holistic models of social ecology have their own issues, most notably the sheer complexity of modelling systems and the consequent difficulty of operationalising such models.

We leave the job of reconciling incommensurable philosophies to other forums. Here, we have opted for a very pragmatic model that can act as a simple checklist and location map for behaviour change problems and solutions to be raised in workshops. A workshop environment is well served by the breadth and flexibility of a social ecology model (but arguably rather less with the complex systems that may accrue from these). Our particular interests here were to have a model that enables different fields to work together – a common ground and common language so that community developers, marketers, educationalists, psychologists and policy developers could all work together under one roof. In addition, the wider components of the model (social and structural forces in society) force consideration away from placing the onus purely on individuals to change their own behaviour, something we believe organisations such as charities with interests in social change would welcome. Finally, our intended contribution is not at individual micro-behaviour change techniques ('provide feedback', etc) but instead at the higher level of broad fields – whether and how they could be deployed, often in combination with each other (how can psychology combine with policy development, etc). Specific techniques may be better examined under the reductionist microscope. Decisions about entire fields may lend themselves to the broad hinterlands of social ecology.

## Discussion and Conclusion

We hope that this paper has made a contribution in showcasing a tool that we developed for a charity interested in new ways of making strategic behaviour change decisions, and in fitting the possible role of social marketing within that broader decision making process. Most guidance

(including, it has to be said, that of social marketing) tends to be field-specific, that is, locked inside the silo of a specific discipline. Indeed this guidance sometimes verges on being evangelical in nature, with academics and professionals alike seeing their own field through distinctly rose-tinted glasses. We have also observed somewhat less innocent advocacy of specific fields or techniques. Some prominent players, when asked to advise, appear to exploit the naivety of the client by failing to acknowledge the presence of others. Some government departments are still seemingly not properly recognising that decisions on behaviour change have two levels of hierarchy: which field [the meta-decision], then which techniques within that field. Approaching, say, a behavioural economics agency for advice about the former (meta) decision is akin to asking an advertising agency to advise on company strategy: the answer will be 'we think you need an advertising campaign'. A 'behaviour change CEO' who needs to allocate resources so as to maximise the behaviour change achieved for a given budget, needs a helicopter view, and then needs a way of making decisions. We hope this work moves us a little way towards a genuinely neutral process for doing this.

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## Number: 217

### Does “thank you” matter? A neuromarketing perspective on the influence of gratitude-based response messages

Conference track: Advancing theory, research in social marketing and behavioural influence

**Authors: Dr Debbie Human-Van Eck, Stellenbosch University, South Africa Ms Caitlin Grobbelaar, Stellenbosch University, South Africa**

## Abstract

*“The most important thing in communication is hearing what isn't said.”*  
Peter Drucker

Since the inception of social marketing, researchers have included communication within their understanding of the concept (Kotler & Zaltman, 1971: 5; Andreasen, 1994). Social marketing communication entails messages devised to influence the behaviour of target audiences

# CONCEPTUAL / THEORETICAL

to improve their personal welfare and that of the community or society they form part of (Andreasen, 1994). In South Africa social marketing communication fulfils an important role in driving positive behaviour amidst a plethora of social demands (National Development Agency: Department of Social Development, the Research and Development Directorate Research, Policy and Networks Unit, 2013). Social marketing messages are often devised by non-profit organisations who play an important role as custodians and sculptors of societal well-being.

Such messages can be directed to multiple stakeholders, including beneficiaries, volunteers and donors (Lamb, Hair, McDaniel, Boshoff & Terblanche, 2008).

Given the continuous endeavour of non-profit organisations to secure funding and enable sustainability, donors are viewed as critical stakeholders and are therefore often the recipient of donation request-based social marketing messages. Research suggests that individual donors are the largest source of non-profit funding (Hibbert & Horne 1996; Racionzer, 2013). Therefore, effective communication between non-profit organisations and individual donors is important and necessary for enabling donor retention (Dolnicar & Lazarevski, 2009). McGrath (1997) suggests that retaining current donors rather than recruiting new ones is recommended for facilitating loyalty and repeated donations.

Research has been conducted about messages containing donation requests. However, an overview of extant literature reveals two gaps that this study aimed to address. Firstly, research remains lacking about the influence of response messages once donations have been received. For instance, will words of gratitude from the non-profit organisation to the donor exert a meaningful influence and what should such gratitude-based messages entail? Secondly, past social marketing communication research has primarily focused on the conscious responses of consumers. However, the rise of neurophysiological research has elucidated the role of the subconscious in driving human behaviour (Butler, 2008; Lee, Butler & Senior, 2010). Such research seemingly provides a more accurate indication of potential (in this case donor) responses once faced with a stimulus (i.e. message). This research aimed to address the identified gaps by exploring the influence of gratitude-based messages on the neurophysiological responses of donors.

The study made use of neuromarketing methods to collect the data. Lee, Broderick and Chamberlain (2007) defines neuromarketing as a field of study that applies neuroscientific methods to analyse human decision-making in terms of marketing exchanges through neuroimaging techniques. For many years marketing professionals have relied on personal experience, self-reporting and intuition to predict consumer decision-making through advertising effectiveness (McDaniel & Gates, 2007). The emergence of neuromarketing techniques and the advances in technology have provided marketing professionals with the ability to provide academic relevance by tapping into consumer minds using scientific equipment to gain valuable information from individuals' subconscious processes (Butler, 2008; Lee, Butler & Senior, 2010).

A neuromarketing approach overrides some of the limitations of the conventional research techniques that requires marketing professionals to trust the feedback received and recorded from individuals (Morin, 2011). Experimental studies that adopt a neurophysiological technique have a primary intention of assessing and analysing a consumer's cognitive and affective processes in response to a pre-determined stimulus (Ohme, Reykowska, Wiener & Choromanska, 2010). For the purpose of the study, in line with the literature, three neuromarketing measures were used namely: galvanic skin response (GSR), eye tracking (ET) and electromyography (EMG).

Galvanic skin response or skin conductance is a frequently used neurophysiological measure. The method is primarily used to detect changes in skin moisture when the autonomic nervous system is activated, which is an indicator of arousal (Ravaja, 2004; Boshoff, 2012). The EMG method was used to evaluate physiological properties of the facial muscles (Ohme, Matukin & Szczurko, 2010). Electromyography measures demonstrate the emotional responses of respondents in response to a stimulus of sort. Eye tracking identifies where a respondent is looking (point of gaze), how long a respondent is looking for and the path of the respondent's view and changes in pupil dilation in response to a stimulus. Heat maps are generated for analysis of results indicating cues that cause the least and most amount of attention amongst respondents.

The research took place over nine weeks in a laboratory environment. The total sample comprised of ninety male and female respondents who were split into two groups and then exposed to ten text-based response

messages. Data was collected upon respondents' exposure to stimuli. The text messages formed the independent variables in the study.

The first group of respondents were exposed to post-donation response messages on behalf of Cheetah Outreach (animal-oriented), whilst the second group was exposed to messages from Reach for a Dream (human-oriented). Each message made use of pre-designed communication elements including: simplified statement (text one), simplified statement specific to a non-profit organisation (text two), elaborate wording (text three), monetary numeric values (text four), collective monetary numeric values (text five), factual quantitative information (text six), generalised address (text seven), elaborate generalised address (text eight), message source (text nine) and narrative statement (text ten). The neurophysiological responses relating to GSR and EMG measures towards the messages were detected and the results were compared to ascertain differences between measures and the baseline, between the respondent groups who were exposed to messages from Cheetah Outreach and Reach for a Dream respectively, as well as between the ten text messages. Further analyses by respondent gender were completed.

Final results indicated that the use of different message elements in communication design affect the levels of arousal and emotional responses amongst respondents. Also, it is clear from the results and supporting theories relating to gender information processing, that male and female individuals experience different neurophysiological responses towards social marketing messages.

## Aim of the session

The aim of the research was to assess the influence of gratitude-based messages, directed from non-profit organisations to individual donors, on the neurophysiological responses (GSR, EMG and eye-tracking) of respondents.

The aim of this session is to provide an overview of research that was conducted and to discuss the research results in greater depth than possible in the abstract. As part of the discussion neuromarketing research will be explained and the opportunities offered by such techniques will be mentioned. During the session input from the audience pertaining to the way forward will be welcomed.

## Focus of the session

The focus of the session will be on providing insights about the non-profit context within South Africa where government support is decreasing, social demands are increasing and the ever-growing number of non-profit organisations are resulting in a highly competitive environment. Furthermore, the session will elaborate on the findings of the research and specifically the value that can be derived from neurophysiological research techniques.

## Method / approach

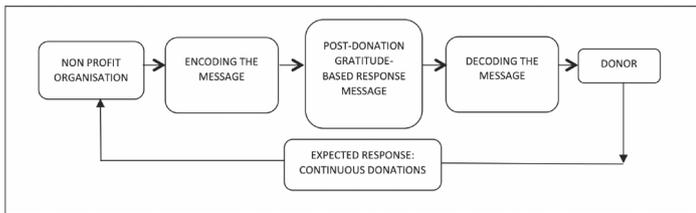
An experiment, in which a neuromarketing/neurophysiological technique was adopted, was conducted (Morin, 2011). It enabled the assessment of respondents' cognitive and affective processes in response to a pre-determined stimulus (Ohme, Reykowska, Wiener & Choromanska, 2010). Three neuromarketing measures were used namely: galvanic skin response (GSR), eye tracking (ET) and electromyography (EMG).

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## Other notes

The diagram below provides an adaptation of the communication process to illustrate the focus of the current research.

## Figure: The Adapted Communication Process



Source: Adapted from Lamb et al. 2008

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Some research has been carried out on these effects with regard to health interventions but it is far from clear how this has been operationalised in the formulation of social marketing communications to avoid or ameliorate this effect.

Karpman's 'Drama Triangle' – a therapeutic tool, part of a body of theory known as transactional analysis – suggest a framework for understanding how works and, indeed, why it might be that social marketing communications contributes to target audiences to assume the role of victim or persecutor.

This paper explores the potential for social marketers to be sensitised to this and to reflect on alternative message formulations or communications strategies that may avoid this kind of reactance response.

## Aim of the session

To develop understanding of Karpan's drama triangle and its potential in shaping social marketing interventions.

## Focus of the session

Exploring Karpman's drama triangle and its application to social marketing communications.

## Method / approach

This is a theoretical paper. The concept is explained, connected to existing theory dealing with unintended consequences and then demonstrated through its application to examples.

## Other notes

Number: 222

"I'm only trying to help": the drama triangle and social marketing communications

Conference track: Critical Social Marketing

Author: Philip Holden

## Abstract

Social marketers are aware of the potential for communications (even with the best of intentions) to have unanticipated consequences. Some may stigmatise supposed beneficiaries or depict targeted groups as victims.

# INTERACTIVE WORKSHOP SESSIONS

**Number: 9**

## **Applying a six-step behaviour change method to major public services**

### **Case – Home to School Transport**

Conference Track: Using systems thinking to solve complex societal problems and influence social policy.

**Author: Robert Ormerod**

#### **Aim of the session**

The session will cover the application of social marketing theory, customer insight and behaviour change techniques to address demand-side elements that impact on the challenge of transforming Home to School Transport services in Hampshire UK to achieve £3m savings (budget £30m) from 2019-21, whilst continuing to deliver a quality and fully legally compliant service. This service change is informed by extensive insight generation and service reconfiguration actions.

Delegates will be invited to share their views on the approach and their own experience on the application of related methodologies to similar scale public service challenges, especially in the municipal sector.

#### **Focus of the session**

##### **The service: Home to School Transport**

The service is required by law to ensure children aged 5-16 years old are provided with transport from their home to school:

- where the nearest school is more than 2 miles from their home for a child aged 5-7;
- where the nearest school is more than 3 miles from their home for a child aged 8+;
- where the nearest mainstream school is less than the prescribed distances but there is no "safe walking route";
- for the nearest suitable school to meet the assessed needs of children with special needs or disabilities subject to the distance criteria above or because they cannot be expected to walk.

#### **The issue**

The organisation of this service has been subject to efficiency measures on the supply side (e.g. contract management). The application of the eligibility criteria has also been tightened within legal and "politically acceptable" limits. However, any achieved cost reductions will inevitably plateau, and costs will rise due to increasing demand associated with a growing school-aged population. The service is now considering in more detail the demand-side elements for the service as well as any further opportunities to reduce the cost of the offer. The demand elements are likely to require influence over the expectations, values, attitudes and behaviours of customers. This in turn requires insight and engagement in the co-design of solutions.

Importantly, children with Special Education Needs (SEN) or disabilities account for 25% of customers and 60% of the service cost.

#### **Methodology**

An in-house Insight and Engagement Team has been created to support transformation work across a range of services in the organisation, with a focus on working with services to create effective demand management solutions. The Team has worked with the Home to School Transport service over six months using a structured 6-step behaviour change method consisting of the following elements:

##### **1. Metrics, baseline and target**

The service agreed that it would measure behaviour/ demand change through the following:

- Number of eligible applications;
- Number of ineligible applications;
- Number of service enquiries;
- Number of requests to explore/ agree alternative cost-effective solutions;
- Number of funded seats that are not used.

The overall transformation programme measures service costs, which this project seeks to influence.

##### **2. Stakeholder and co-design element**

A workshop was held to analyse stakeholders and their role. These

involve school staff as key communicators, transport team staff, Social Worker/ SEN workers.

This step would normally incorporate a competitor analyse but this was not deemed applicable to this project

##### **3. Customer behaviour analysis**

A detailed online survey of customers was conducted over a three-week period resulting in 1,200 responses. Drawn from these, separate focus groups were held with mainstream and SEN customers.

Headline insights from this exercise included:

- Significant differences in attitudes between mainstream and SEN parents;
- Parents seek, trust and receive information provided by schools and other parents rather than direct from the service;
- More (online) information could be provided by the Transport Service both in relation to applications and service operation;
- People value the service because it avoids cost to them, enables them to manage other childcare requirements, enables them to get to work, and because it means their children have safe, reliable journeys to and from school;
- People don't understand the value of their specific service but some, especially SEN parents, would like to know;
- Some SEN parents are prepared to explore alternative collaborative solutions/ make a financial contribution.

##### **4. Customer segmentation**

The main segmentation for the project was around parents of children with SEN or disabilities who often require smaller and specialist vehicles and tailored support arrangements (e.g. trained operators and escorts). These customers are likely to live further from their nearest provision which meets their child's needs. Transport services have been provided free to the user and are referred to as 'free transport', masking the reality that this is local authority funded transport.

A second group for behaviour change is SEN placement decision makers who assess the needs of children and work with parents to identify and secure a place at the nearest school which meets the child's needs. There is currently a practice whereby transport is very much a secondary and unrelated consideration.

A third group is school staff who are currently the key channels for communication around transport provision and who have a legitimate interest in encouraging the uptake of local authority funded transport, directing temporary placements in educational units leading to funded transport requirements, getting children to school on time and organising extra-curricular provision.

A fourth group are the team who arrange transport and deal with applications who are best placed to implement any identified policy and practice changes, especially in managing more cost-effective solutions with customer groups, schools and operators.

A final group are market stakeholders who might be encouraged to explore more integrated community transport solutions with schools, parents and the Council.

##### **5. Intervention design and implementation**

The customer insight has pointed to several areas for intervention options which are currently in the stage of prioritisation, scoping and design. The analysis will be blended with wider business data for this purpose. The preliminary options are grouped around the following themes and can all affect behaviour of one or more of the stakeholders:

- **Information** – exercising significantly more control around the timing, content and promotion of the offer and the most suitable choices for parents, schools and taxpayers.
- **Process** – redesigning the application process to reduce the enquiry volume and cost and to provide options to explore wider cost-effective solutions.
- **Policy** – development, awareness and compliance.
- **Collaboration** – with parents (especially SEN) on cost-effective alternatives. This involves promoting the individual cost of provision.
- **Monitoring** – the occupancy rates of seats and following up with absentees around the need for provision and the impact on school

punctuality. This will also assist in cost recovery from contractors.

- **Integration** - with community transport to achieve efficiency and social impact.

These opportunities will be the subject of an opportunity workshop and a design session, following which decisions will be made around investments, policy changes and detailed intervention design processes. The behavioural elements will then be designed using social marketing design principles based on the values of customer segments established through the engagement and insight stages. These processes will involve analysis of type 1/ type 2 thinking, customer values and the application of nudge, smack, slap, hug, shove theories.

## 6. Evaluation

In normal circumstances, the methodology would involve conducting randomised controlled trials to help evaluate the specific impact of interventions on behaviour. Given the efficiency and improvement imperatives for this programme, the measures will be prioritised and are likely to be implemented as a package at once to generate maximum financial benefit, whilst using feedback mechanisms to monitor a range of impacts relating to the agreed metrics.

### Workshop method

**Introductions** – why have you chosen this workshop? (5 minutes)

#### Objectives

The objectives of the session will be outlined: (5 minutes)

- To review and clarify the background material and bring the live project up to date;
- To gather critical observations on the project;
- To share learning on the application of behaviour change methodologies in major service transformation;
- To create network contacts for further shared learning.

#### Recap and update

The Service Manager will review the background material and bring the live project up to date, reflecting on the value of the process. Detailed technical and legal considerations will be avoided, especially as the service operates within a prescriptive legal framework which local authorities are collectively seeking to influence nationally. (10 minutes)

#### Discussion

Rapid facilitated round-table discussions. (20 minutes)

Outcomes:

- Two key points of learning to take away;
- Two critical observations on the method and project;
- Two most noticeable shared experiences from other most relevant projects.

#### Feedback and conclusion (5 minutes)

#### Update on the Project (October 2019)

Since the conference, three key areas of focus for behaviour change have been identified and work has begun to design and implement interventions to address these. They are:

1. Improving communications:
  - a. Redesigning the website to highlight alternative travel options and ensure parents check eligibility before applying;
  - b. Creating information packs for schools to support them in framing messages and providing accurate information;
  - c. Implementing direct communications to parents at critical times.
2. Staff training on policy and process:
  - a. Improving information available on website;
  - b. Ensuring messages transmitted by EHC Hub (to SEN families) are clear;
  - c. Developing an e-learning training package for all staff to complete.
3. Addressing school SENCO practices:
  - a. Developing an e-learning training package specifically for SENCOs;
  - b. Having direct communication with SENCOs around policy and procedure.

#### Progress:

The website has been completely redesigned and the information updated and checked for accuracy. Behavioural insights techniques have been employed to drive parents to the relevant information and route them to the application form via the eligibility information, thereby reducing the number of ineligible applications being submitted.

A new communication strategy for parents has been designed using social marketing strategies to ensure clear messages about changes to a child's eligibility are disseminated in a timely manner, avoiding confusion for parents and reducing the number of contacts being made with the team.

The EHC Hub has been engaged in improving and verifying the information they are disseminating to SEN parents to ensure accuracy.

Internal staff have been reminded of the transport policy during team meetings and an e-learning package has been designed and is being developed for use internally and with SENCOs in schools. This will address queries about policy and encourage staff to apply the policy accurately and fairly across the board, reducing the number of transport offers being provided that are above and beyond the minimum requirement.

Initial anecdotal information from HTST team members shows a decrease in the number of email and telephone enquiries being received.

Analysis on website traffic shows an increased number of parents accessing information online and additional work is now being undertaken to ensure eligibility criteria is checked before an application can be submitted. User testing has shown that the customer journey through the website is enabling parents to find the information they are looking for.

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#### Number: 21

#### Bringing Transmedia Storytelling into Your Social Marketing Program

Conference track: Interdisciplinary and cross-sector action to influence behaviour for social good

**Author: Nedra Kline Weinreich, President, Weinreich Communications, Israel**

#### Aim of the session

To offer a practical model for using transmedia storytelling within a social marketing program, as a method for engaging priority audiences and heightening the likelihood of behavioral change. Participants will have the opportunity to apply the model to their own programs in an interactive workshop.

#### Focus of the session

As social marketers, we know that our priority audiences live in a transmedia world, seamlessly moving from mobile phone to computer to television—often all at the same time. In addition to spreading messages and interventions across multiple media or platforms, we need to grab their attention through the clutter. One of the best ways to do that is through the power of story, to which humans are hard-wired to respond.

Transmedia storytelling is an approach that takes advantage of your priority audience's media habits by spreading different parts of a story across multiple communication channels and allowing the audience to become participants in integrating the pieces. Putting the story where the people you want to reach are already spending their time—whether on Twitter, Facebook, YouTube, mobile phones, flyers on school bulletin boards, or elsewhere—creates an immersive experience. When it feels like a story is unfolding around them, and especially when they have spent enough time with the characters to care what happens to them, they are primed to pay attention.

By combining the transmedia approach with the research-proven entertainment education model, the potential for influencing knowledge, attitudes and behaviors is heightened. Entertainment education-based social marketing has traditionally focused on “product placement” of content related to health and social issues within the plotlines of television shows, radio serials, movies, video games and other media. Transmedia storytelling for behavior change involves designing a story across these platforms to create an immersive experience for the audience that leads them to take some kind of action.

When someone is emotionally invested in the plotline of a show, and has

# INTERACTIVE WORKSHOP SESSIONS

the experience of being mentally “transported” into the story, they are more likely to remember information delivered in the course of the program and to desire to act on it. By vicariously experiencing another’s challenges, they learn by seeing the consequences—both positive and negative—of how the character tries to resolve their problems. Stories can also establish or reinforce social norms that support the behavior you are promoting; if the characters make healthy food choices or use sunscreen in the course of the story, this can create the feeling that this is just what people do and so they should too. This is especially effective when the audience feels that the characters are very similar to themselves.

The Immersive Engagement for Change Model lays out the elements that need to be present for a transmedia story to be optimized for behavior change. These components must be based on research with the priority audience, and they include:

- Behavior Change Model
- Good Storytelling
- Ubiquitous Media
- Participatory Experience
- Real World Action

Examples from the author’s own work as well as other behavioral change-focused projects will be shared to illustrate key points.

## Method / approach

The 45-minute interactive session will be conducted using a combination of methods.

First, an engaging presentation will provide context regarding what transmedia storytelling is, why it is so effective, and how it has been applied in other social marketing programs (15 minutes).

Next, the participants will break into small groups of 2-3 people to start to apply the model to a social marketing topic of mutual interest (15 minutes).

Each group will report back to the full session, with feedback from the workshop facilitator and their peers (15 minutes).

## Other notes

None

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## Number: 38

### Social Marketing Bloopers: Learning from past mistakes

Conference track: Various projects will be discussed covering the following conference tracks: 1, 4, 5, 7 & 9.

**Authors: Rowena Merritt, Director at the NSMC; John Bromley, Director at the NSMC; and Ellie Lewis, Public Health Officer, Westminster County Council**

## Aim of the session:

To learn from past and live social marketing projects, what worked, but

just as importantly, what did not work as planned and why.

## Focus of the session:

In social marketing, people often only talk about the successes and academic journals rarely publish studies which achieved negative results. However, rarely does a social marketing project go fully to plan, especially when you are working with multiple stakeholders and government departments. Being honest about the mistakes made is important to move the discipline forward, and help others learn so mistakes are not duplicated.

## Method / approach:

The fun session will be fully interactive. Participants will get an opportunity to hear about a variety of social marketing projects where some things worked well, but where not everything went to plan! These projects will be from all over the globe, including specific examples from Vietnam, UK, Ethiopia and Jordan. Participants will then have the opportunity to share their own experiences and lessons learnt.

## Other notes:

*“All men make mistakes, but only wise men learn from their mistakes.”*

Winston Churchill

This will be an interactive session where the presenters speak honestly and openly about projects they have worked on where things did not always go to plan, how those issues were overcome and key lessons learnt.

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## Number: 58

### Social practice theory and social marketing: Acknowledging how the human and more-than-human affect social change

Conference track: Critical social marketing

**Authors: Fiona Spotswood and Ross Gordon**

## Aim of the session

This interactive workshop will explore the potential for ideas, concepts and thought tools from theories of practice to contribute to social marketing knowledge and action, and how social marketing can enable and enrich theories of practice.

## Focus of the session

The session will explore case studies on practice-oriented social change in two contexts. Firstly, a UK case study on social change in schools, focusing on physical activity, will be explored. Secondly, work concerning the nexus of energy consumption, climate change and sustainability, and health and wellbeing among lower income older people, and families will be considered.

## Method / approach

The two workshop leads will introduce key concepts and ideas from theories of practice and introduce case study examples demonstrating where, and how, theories of practice have been used to implement social change interventions. A structured interactive discussion will then be facilitated, seeking to explore the following questions:

- What are the benefits of a practice-oriented intervention approach for social marketing?
- What are the key considerations and limitations to consider before applying practice-oriented theoretical principles in social marketing?
- How can social marketing work contribute to the development and advancement of theories of practice?
- How can evidence best be collated about the efficacy of a practice-oriented intervention approach?

## Aim

This interactive workshop will explore the potential for ideas, concepts and thought tools from theories of practice to contribute to social marketing knowledge and action, and how social marketing can enable and enrich theories of practice. Lefebvre (2012) has noted that social marketing needs to regain its soul. One of the key criticisms of social marketing is that it often focuses on individual behaviour change (Lefebvre, 2011), with insufficient focus on the socio-cultural dynamics of routinised patterns of action which exist, evolve and interrelate in society and shape and reproduce non-reflexive and problematic patterns of behaviour (Shove, 2012). Focusing solely on individual behaviour through rational economic or psychology-based perspectives is likely to

be ineffective in solving complex wicked problems such as climate change, obesity as this ignores the social, cultural, material, and political forces (Truong, 2014; French and Gordon, 2015; Blue et al., 2016). Opening up the theoretical base of social marketing to include ideas from sociology, geography, cultural studies and anthropology, including theories of practice, offers the potential for social marketing to shift its focus away from “the individual behavior change business” (Lefebvre, 2012, p.122) and towards cultural transition by helping to reshape the practical routines embedded in social life.

## Theories of practice

Practices are the routine accomplishment of what people take to be “normal” ways of life (Shove, 2010), which could be understood as the social arrangement of habits (Shove et al., 2012). PT purports that social life is organised according to practices which people perform in the accomplishment of everyday activities, such as showering, eating meals, going to work, domestic energy consumption, physical recreation and so on. Much of this activity is largely routinised by the people who perform it; there are sets of quietly understood and largely unspoken rules about how, when and with what these various activities are undertaken.

This understanding of routinised patterns of practice as “entities” performed by practitioners (Welch, 2016) is theoretically significant for the way in which behaviour and social life is conceived and changed, and for how it differs from “wider determinants” and “individualist” approaches. Practice theories offer an approach for understanding the dialectics between structure and agency. Furthermore, it is the practice(s), not the individual, that are the unit of study. Therefore, behaviour and social change starts Behaviour with an understanding of how practices are constituted. There are various models that seek to explain the various elements that make up social practices. However, these all commonly identify that various combinations of bodily and mental activities, materials and things, knowledge, skills, language, subjectivities, spaces and places, agency, and structures are deployed in the performance of social practices (Reckwitz, 2002; Shove et al., 2012). Essentially, theories of practice acknowledge that the social world and behaviour and social change are shaped by human and more-than-human entities (Braidotti, 2013). Every practice arises from the configuration of these elements. Therefore, an analysis of how these elements are deployed can help identify the reasons a problematic practice, such as unhealthy snacking, has taken hold, as well as helping identify how the links between elements might be broken or changed. Take the promotion of commuting by bicycle, requirements might include the competences of navigation and riding a bike; the material stuff of a bike, roads, panniers, helmet, locks and showers at work; spaces and places such as bicycle lanes and changing rooms, and the meanings of cycling being acceptable at all career levels, supported by organisational leadership and by other road users (Spotswood et al., 2015). If the existing practice of cycle commuting is underutilised, as it is in the UK (DfT, 2014), then intervention will be required across multiple elements to significantly reconfigure how, and to what extent, it is undertaken.

Practice theorists have also identified that various social practices, for example those associated with domestic energy use, making home, managing health and fostering wellbeing, coalesce to form a nexus of practices (Hui et al., 2017). These practice constellations are in turn shaped by various forces: suffusion, threading through, largeness, changing connections, and practitioners. First, certain phenomena such as affect, ideology, general understandings, and socio-materiality suffuse through a practice nexus serving to govern how these social practices are performed. Second, certain things, such as an object (e.g. the materiality of a house) or a specific practice (such as caring for family members) tend to thread through a nexus of practices – thereby linking them. Third, the idea of largeness acknowledges how all sorts of social practices connect, forming complexes from small (e.g. the practices of making home in a particular house) to large (e.g. the Australian energy market). Fourth, changing connections foregrounds how a practice nexus is subject to flux and continually happening and changing in small and occasionally larger ways over space, time, materiality and jurisdiction. Finally, although theories of practice submit that the practices themselves are the unit of analysis it is important to acknowledge how people as practitioners of social practices carry, perpetuate and transform them through their actions.

Here, we begin to see the multiple intervention approaches which a practice approach might inspire. However, theories of practice have not been systematically applied to the development and implementation of social interventions and have been criticised as lacking practical

application (Sahakian and Wilhite, 2014). Rather, they are characteristically used to explain changes in consumer and other behaviour over time (e.g. showering, using the freezer, smoking, heart rate monitoring). Yet, there is an emergence of scholars working at the interface between theory and applied social change to explore the potential for theories of practice to shape real-world interventions (Spotswood et al., 2017; Gordon et al., 2018a; Vihalemm et al., 2015). Furthermore, it is important to note that social marketing and social practice are not in opposition, and although the dominant theoretical discourse underpinning the field might be individualist (Gordon and Gurrieri, 2014), social marketing holds the potential to shift social practices, particularly when programmes intervenes across the whole marketing mix. For example, different pillars of a practice might be shaped through an intervention which achieves changes in the “unspoken norm[s] into public debate” or “by demonstrating different ways of performing everyday practices” (Sahakian and Wilhite 2014, p.37) as well as providing the means or opportunities to perform new practices (Gordon et al., 2018b). Our ideas here align with the increasing focus of social marketers on ideas beyond individual, downstream social change in their approaches, such as from systems theory (French and Gordon, 2015; Domegan et al., 2016), social movements (Gurrieri et al., 2018) and influencing policy (Gordon, 2013). This more holistic approach to social marketing offers a huge potential for making theories of practice applicable in communities and organisations seeking to achieve social change.

## Workshop focus

The workshop will use two contexts for considering the role of social marketing in practice transitions. The first is school-based physical activity intervention in the UK. One of the workshop leads has been piloting a school-based intervention which focuses on achieving school physical activity cultural transition. Theories of practice underpin the pilot. The UK social change team have focused on a range of practices in the school from which physical activity emerges and use these to work with the school to identify goals for each practice transition, and elements of the practices which constrain or enable physical activity. This understanding is used as the basis for an interdisciplinary range of social change activities, including social marketing.

The second case study focuses on the nexus of energy consumption, climate change and sustainability, and health and wellbeing among lower income older people, and families in regional New South Wales, Australia. The other workshop lead has worked multiple projects involving research, design, development and implementation of practice theory-based interventions to promote energy efficiency, and support comfort, health and wellbeing among lower-income older people and young families.

## Method

The workshop will take the following format:

- Brief overview of key tenets of practice theory, particularly focusing on how practices change and can be changed.
- Introduction of the two ‘focus’ case studies concerning physical activity in schools, and promoting community energy efficiency, health and wellbeing among low income older people and families that have used practice-oriented ideas to underpin the intervention.
- Structured discussions around the following questions:
  - What are the benefits of a practice-oriented intervention approach for social marketing?
  - What are the key considerations and limitations to consider before applying practice-oriented theoretical principles in social marketing?
  - How can social marketing work contribute to the development and advancement of theories of practice?
  - How can evidence best be collated about the efficacy of a practice-oriented intervention approach?

The objective will be to draw upon delegates’ experiences working in organisations and communities using social marketing to consider the potential mutual benefits of blending these approaches.

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# INTERACTIVE WORKSHOP SESSIONS

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**Number: 63**

## **Boosting motivation through autonomy and co-creation**

Conference track: Using citizen focused design thinking, participative design, actor engagement and co-creation.

**Author: Rik Baas**

### **Aim of the session**

Did you ever try to persuade people to change by sharing your knowledge about social marketing and behavioural science? Do these people comply with your advice and does the target group apply it directly to their everyday life? That sure would be nice. But let's be honest: no matter how powerful a message is, spreading knowledge

rarely leads to a direct shift in behaviour. In this workshop participants are challenged to offer their target audience an experience rather than creating a perfect message. The aim of this workshop is to demonstrate how principles of autonomy and co-creation can boost motivation. After this workshop the participants have experienced how they became intrinsically motivated themselves, and have tools on how to boost motivation within their own target group.

### **Focus of the session**

If more people would apply principles of social marketing or behavioural insights into their projects, we would have a bigger impact on change. In this workshop we aim to show that we should not tell people how they need to change, but provide them with tools and positive energy to make better decisions for themselves. This approach has recently been labelled as 'boosting'. (Hertwig and Grüne-Yanoff, 2017). With autonomous decision making, people will be more likely to show sustainable behavioural change (Ryan and Deci, 2000). Both boosting theory and the self-determination theory has shown us that integrating principles of intrinsic motivation can help to boost behaviour change. This is also the focus of this workshop.

Co-creation has proved itself as being an effective method to stimulate autonomous decision making in a community (Voorberg, Bekkers and Tummers, 2015; Domegan, Collins, Stead, McHugh and Hughes, 2013; Wood, 2016). In this workshop we will do a co-creative exercise that is both fun and motivating. As previous workshops in the Netherlands have shown (for example at the Kidney Foundation, Social Housing Companies and City Councils), participants will be motivated by this exercise within 10 minutes. The exercise will be the experience necessary for people to understand how you can boost behaviour yourself. However, the message encrypted in this exercise is much more scientific than people think.

After this experience, we will reflect on the exercise to reveal all the ingredients that made people so energetic and willing to act on their intentions. Four ingredients will be shared and tips of how to apply them within a project. Three of these ingredients are derived from the self-determination theory: autonomy, competence and relatedness. But another element is necessary to actually spark action. This fourth element will be revealed during the workshop.

By revealing these principles, multiple examples from different industries will be shared including promoting sustainability, work place safety and helping patients to make better decisions for themselves after surgery. As we share the principles, knowing them is not the most important take-away. The take home message is more focused on how to apply them to a project and a target group. The workshop will therefore end with an open discussion to find out how participants can use this approach to experiment within their own projects.

### **The workshop will be scheduled as follows:**

- Introduction (5 minutes)
- 'Boosting Motivation exercise' (15 minutes)
- Reflection of the exercise and revealing the principles (15 minutes)
- Open discussion on how to experiment with these principals in your own project. (10-15 minutes)

The setting would ideally be in a room with multiple tables with chairs around them. Maximum 7 chairs per table. Each table has a poster, with post-its, pencils and a marker. Participants will have to answer some questions that will be shown on the beamer. A portable microphone for participants might be necessary for others to hear all comments.

This workshop is especially interesting for people that have noticed that their target group is difficult to motivate or if they cope with an audience that has been resilient to messages in which people tell them what to do.

### **Method / approach**

The workshop uses an 'experience-first' approach. By this I refer to the fact that theories and the principles behind this motivation technique are exposed after an interactive and energetic exercise. To emphasize this, we start with a topic that we believe could get everybody excited to some point: we are planning a trip together. Participants will be challenged to visualize their picture perfect trip, face the difficulties that they will have to overcome and formulate implementation intentions to work on this together. Getting excited for a trip is not necessarily the same as tackling issues like health issues or substance abuse. However, as we experimented with these principles, we found that this approach helped

people to improve health, boost sustainable decision making and overcoming difficulties to counter unhealthy habits.

The approach is combining the techniques mentioned in boosting theory with the three principles of the self-determination theory (Ryan and Deci, 2000) on all three components:

- **Autonomy:** Participants will have the freedom to make their own decisions, create their own goals and choose their own role and behaviour while trying to reach their goals.
- **Competence:** participants will be helped with visualization questions to overcome barriers, win confidence overcoming these barriers and are challenged to make it specific in both time and location.
- **Relatedness:** participants will be supported by their peers that share a similar goal and make arrangements of how to work together.

Participants will experience how to spark their own intrinsic motivation by applying the principles first to themselves and to go through all the stages necessary to get engaged into a project. And they will notice that one important principle is missing to actually boost a spark to the behaviour. This crucial fourth element is discussed at the end. In this workshop I would like to challenge participants to start experimenting with this approach with their own target group.

### Other notes

Unfortunately I am only available at the 4th of June to attend the World Social Marketing Conference. I would be thrilled to give this workshop on the first day of the conference.

### References/Literature:

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Number: 68

### Guidance Document for Conducting Effective Environmental Campaign in Malaysia: Experience from Department of Environment Malaysia and Universiti Teknologi Malaysia

Conference track: Global Climate Change, Environment Protection, Overconsumption and Sustainability

**Authors:** Choong Weng Wai, Ahmad Kamarulnajib bin Che Ibrahim, Ismail bin Ithnin, Wan Abdul Latiff bin Wan Jaffar, Shaliza binti Shaharum, Mohd Zanial bin Zakaria, Mohd Izwan bin Abdullah, Sabri bin Osman, Low Sheau Ting, Chin Hon Choong, Kamalahasan A/L Achu, Zainura binti Zainon Noor, Ho Chin Siong, Azmi bin Aris, Wee Siaw Chui, Neo Sau Mei, Lee Yee Ying, Nurul Hana binti Mohammed, Razlin binti Mansor and Cindy Lee Ik Sing

### Aim of the session

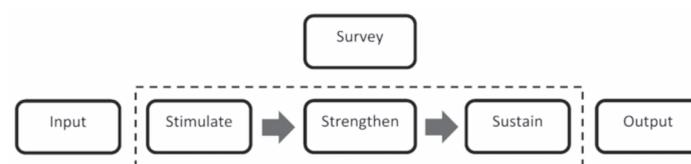
The objective of this section/workshop is to share the knowledge and experience of the latest 2018 guidance document developed and published by the Department of Environment (DOE) Malaysia, which has been practised by the environmental officers nationwide to conduct effective environmental campaign in order to raise environmental awareness and foster pro-environmental behaviour among Malaysians.

### Focus of the session

The Malaysian Department of Environment (DOE) plays a significant role in ensuring sustainable development along with nation-building. The Strategic Communication Division in DOE has conducted a series of environmental awareness and behaviour programmes to disseminate environment-related information and to foster pro-environmental behaviour among Malaysians.

The recent findings in the MyJAS Index (abbreviation of the effectiveness index of measuring environmental programmes in Malaysia), which its performance measurement concept adopted from the established Global Environment Performance Index methodology by Yale University, have suggested that a guideline is necessary for reference by DOE officer in relation to designing and conducting environmental awareness programmes. The availability of a systematic guideline is important to ensure that the conducted campaign is suitable for achieving the environmental goal.

For that reason, DOE and Universiti Teknologi Malaysia (UTM) had developed the guideline, known as "Guidance Document for Conducting Effective Environmental Campaign", an output from series of expert opinion and built upon from the literature, including social marketing, nudge, gamification and other behavioural changes disciplines. The session intended to introduce the core concepts of the guideline, including the (1) Effective Environmental Program Index for Malaysia, (2) Campaign effectiveness criteria used in Malaysia, covering design effectiveness, outreach effectiveness and outcome effectiveness; and the major focus will be given to the (3) Systematic Guide to design effective environmental programme, which consisted of six steps: Survey, Input, Stimulate, Strengthen, Sustain and Output (See Figure 1).



**Figure 1** Six steps to conduct an effective environmental programme

Table 1 summarizes the six steps in the model, and a special training template will be prepared for the workshop participants to design their behavioural changing campaign by referring to the guidance document.

**Table 1** Steps listed in the guidance document for conducting effective environmental program

Steps	Explanation
<b>Input</b>	: The input stage is about the designation and planning of the programme.
<b>Survey</b>	: The survey stage involves a comprehensive survey (e.g., questionnaire, observation, and interview) among the targeted participants to gather important information and to measure the effectiveness of the programme.
<b>Stimulate</b>	: The stimulate stage uses an effective communication channel to deliver the designed message for the purpose of raising environmental awareness and promoting behaviour change.
<b>Strengthen</b>	: The strengthen stage is conducted to reinforce the pro-environmental behaviour that has been targeted and promoted in the previous stages
<b>Sustain</b>	: The sustain stage is intended to sustain the pro-environmental behaviour over time, by using feedback and reminders.
<b>Output</b>	: The output stage is concerned about programme continuity and programme recognition.

### Method / approach

The workshop concept is duplicated from the existing training provided to the Environmental Officers throughout Malaysia, in which specific template has been prepared to guide the participant to design effective campaign by focusing on the details for each of the six stages, an overview of the elements of effective environmental campaign used in the guidance documents and to be disseminated during the workshop are given in the Table 2:

**Table 2:** Elements of Effective Environmental Campaign highlighted in the Guidance Document

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Steps	Elements of Effective Environmental Campaign
<b>Input</b>	<ul style="list-style-type: none"> <li>(a) The specific programme objective of the environmental programme.</li> <li>(b) The targeted participants of the environmental programme.</li> <li>(c) The number of segments of the targeted group of participants.</li> <li>(d) The encouragement of voluntarily behavioural change.</li> <li>(e) The relevant stakeholders involved to provide input and suggestions for the programme designation.</li> <li>(f) The level of programme outreach of the environmental programme.</li> <li>(g) Partners of the environmental programme, be it government agencies or non-profit organisations.</li> </ul>
<b>Survey</b>	<ul style="list-style-type: none"> <li>(a) The measurement standard used to evaluate the environmental programme.</li> <li>(b) The baseline used to measure the before and after behaviour changes among the targeted participants.</li> <li>(c) The survey tool/s used to gather the relevant information needed to evaluate the environmental programme.</li> <li>(d) The current practices of the targeted participants.</li> <li>(e) The stakeholders to involve in evaluating the programme's effectiveness after the programme has ended.</li> </ul>
<b>Stimulate</b>	<ul style="list-style-type: none"> <li>(a) The key message being used to trigger the desired change.</li> <li>(b) The communication channel/s used to communicate the message to the targeted participants.</li> <li>(c) The targeted psychological aspect (awareness, knowledge, attitude and concern) in relation to triggering the desired change in participants' behaviour.</li> <li>(d) The targeted pro-environmental behaviour that is to be adopted by the participants.</li> </ul>
<b>Strengthen</b>	<ul style="list-style-type: none"> <li>(a) The promotion techniques used to motivate the desired behaviour adoption among the targeted participants.</li> <li>(b) The targeted pro-environmental behaviour change that has been triggered during the stimulate stage.</li> </ul>
<b>Sustain</b>	<ul style="list-style-type: none"> <li>(a) The frequency of sending the reminder aimed at reminding the targeted participants about the pro-environmental behaviour.</li> <li>(b) The communication channel used to remind the targeted participants to consistently practice the desired pro-environmental behaviour.</li> <li>(c) The types of engagement established with the targeted participants after the programme has ended.</li> <li>(d) The frequency of providing feedback to the targeted participants.</li> <li>(e) The information used in providing feedback to the targeted participants after the programme has ended.</li> <li>(f) The communication channel used to communicate the feedback information to the targeted participants.</li> </ul>
<b>Output</b>	<ul style="list-style-type: none"> <li>(a) The specific information dissemination platform for the public to access the information related to the environmental programme.</li> <li>(b) The duplication of the environmental programme by other agencies and interested parties, be it at district, state, national, or international level.</li> <li>(c) The invitation of the relevant stakeholders in relation to evaluating the success of the environmental programme.</li> <li>(d) The list of documents in relation to the environmental programme to be kept for future reference.</li> <li>(e) The level of mass media expected to report on the environmental programme, be it at a national level or international level.</li> <li>(f) The award targeted in relation to the environmental programme being recognised.</li> </ul>

It is expected social marketers who are involving in environmental awareness campaign or have the intention to conduct effective environmental campaign will benefit from the proposed workshop. The workshop will serve as a platform among social marketers and researcher to learn and share experience between Malaysia and other countries. The workshop participants are expected to understand the key elements of the effective environmental campaign used in Malaysia and utilise or modify the concept for the implementation in their country. We are agreed that the guideline itself is not an ultimate solution, but it will provide the participant with a step-by-step guideline to design an effective environmental programme to improve the performance of pro-environmental practices among the targeted community.

## Other notes

1. Department of Environment (2018). Guidance Document for Conducting Effective Environmental Programme. Putrajaya: Department of Environment. ISBN: 978-983-3895-62-5.
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## Number: 135

### Exploring Messaging and Mix to Make Smoking History

Conference track: Reducing the impact of addiction including substance, misuse alcohol, tobacco and gambling

**Authors: Holly Dixon and Nick Godbehere**

#### Aim of the session

To take delegates on a journey of exploration, step by step, through the eyes of a commissioner, researcher and campaign strategist to Make Smoking History in the city region of England, where prevalence of smoking is highest nationally – Greater Manchester – a city region with a new metro mayor and an unforgiving big ambition. This journey (still unfolding) will allow delegates to role play, based on key social marketing concepts and approaches, and then hear what approach was taken based on key challenges and insights, considering a whole system approach, current evidence base and a resulting campaign strategy.

#### Focus of the session

- 1) Context of tobacco harms globally, nationally (to England), and city regionally.
- 2) Context of Greater Manchester city region, and the whole systems approach being adopted to Make Smoking History, using examples from other projects to bring the wider intervention mix options to life.
- 3) Research undertaken, and methodology used, to determine key segments.
- 4) Techniques used to prioritise segments and develop deeper personas, concepts and propositions for testing.
- 5) Exploration of concepts developed based on segments. The ones that connected and the ones that didn't (exploring a variety of other campaign examples to rationalise those developed/shortlisted and those not). Also exploring emotion/social listening segmentation insights to support the narrative choices
- 6) Media/Channel mix selection, based on segment insights.
- 7) Evaluation methods and KPIs selected, and some headline findings/impacts to inform next steps.

#### Method / approach

The session will be a blend of storytelling, group discussion and technical demonstration/explainer points to cover theory and rationale. Each of the 7 areas listed above will offer an element of interaction and debate. One exercise will prompt participants to think of a positive message campaign strapline that captures the positives of becoming an ex-smoker. Can they come up with something as powerful as the traditional health-harm messages?

#### Other notes –

#### Additional context

The Greater Manchester Making Smoking History strategy, published in 2017, has the ambitious target of reducing the percentage of people who smoke across Greater Manchester by a third. The strategy outlines the GMPower model (based on the World Health Organisation (WHO) multi component MPOWER model introduced globally in 2008, endorsed by the World Bank and UK Government) - an evidence-based framework for delivering a Tobacco Free Greater Manchester:

- G – Grow a social movement for a Tobacco Free Greater Manchester
- M - Monitor tobacco use and prevention policies
- P - Protect people from tobacco smoke
- O - Offer help to quit
- W - Warn about the dangers of tobacco
- E – Enforce tobacco regulation
- R – Raise the real price of tobacco

7 in 10 smokers say they are actively planning to quit but smoking is a hard habit to kick. Smokers often started using tobacco before the age of eighteen so behaviours become ingrained and nicotine is a very addictive substance. Most smokers will have multiple failed quit attempts before they succeed. It is important to encourage repeat attempts to quit.

Greater Manchester Health & Social Care Partnership (GMHSCP) with agency support developed both a mass media quit smoking campaign and an accompanying over-arching quit 'brand' which could be used for 'always on' smoking cessation messaging for the next two years. The campaign aims:

- Encourage Greater Manchester residents who smoke to attempt to quit smoking.
- Provide motivation to smokers who have recently quit to continue their quit attempt.
- Clearly signpost to information and support which will help smokers to quit.
- Reinforce messages about the harms of smoking and the benefits of quitting.
- Shift social norms in communities where smoking is still prevalent discourage young people from starting to smoke (note, this should not be a specifically youth-focussed campaign as evidence shows that adult-focussed campaigns highlighting the health harms of smoking do discourage young people from smoking).
- Support a Greater Manchester-wide movement to Make Smoking History across the city region.

Based on research with smokers, the campaign voice needed to be engaging and non-patronising and with a Greater Manchester identity. However, research into the effectiveness of smoking cessation campaigns also shows that hard-hitting messages are vital to drive quit attempts. Balancing these requirements was a key element of the campaign development.

## Audience

The campaign and branding needed to engage all GM citizens but particularly target those who currently smoke. The campaign also needed to speak appropriately to the different segments identified. Certain groups within Greater Manchester are more likely to smoke than others. These include routine and manual workers, LGBT people and those with mental health issues. The campaign needed to particularly resonate with these groups.

The three-stage research undertaken led to the creation of a bespoke segmentation model with 8 segments. These are:

Segment 1: Charlie - Reluctant, 'light' but habitual smokers in their mid 30s, increasingly worried about the consequences and trying to quit/planning to soon.

Segment 2: Ayesha - Daily smokers, who don't like the fact that they smoke and do want to quit but feel addicted to the habit. Have tried and failed to quit in the past.

Segment 3: Jay - Younger, social smokers, looking to relieve stress. Enjoy smoking but aware of negative impact on health and appearance. Expect to quit, but not right now.

Segment 4: Adam - Grew up with smoking, struggling a bit with their mental or physical health; addicted to smoking as it gives them pleasure. Fatalistic attitude to health. Unlikely to consider quitting without a specific reason.

Segment 5: Chloe - Habitual, addicted smokers who know they should quit but still feel the benefits of smoking. Need help/support to know how to quit; worried about failing.

Segment 6: Barbara - Daily smokers, passing middle-age who smoke quite a lot and enjoy it. No immediate plans to quit – don't really want to although they know they should.

Segment 7: Pam - Addicted smokers who rely on cigarettes; surrounded by other smokers. Worry about consequences of smoking but have a fatalistic attitude to their own health. Think they should quit, but little intention of doing so.

Segment 8: Pete - Committed smokers who enjoy smoking and see little reason or benefit to quitting.

To aid proposition development, reference to emotion based segmentation was also considered:

<https://www.tandfonline.com/doi/abs/10.1080/10810730.2018.1463320?journalCode=uhc20&>

## Evaluation

There is a pre and post campaign evaluation which will track:

- General concern levels at smoking and desire to quit
- Percentage of smokers who recall the campaign, measuring different channels (prompted and unprompted)
- Measuring message takeout
- The % "more likely to quit" as a result
- The % "more concerned about smoking" as a result
- The % of recent ex-smokers who were motivated by the campaign to continue a quit attempt which had begun between October 2018 and February 2019
- The % who took action broken down into a number of possible actions, including quitting, attempting to quit, seeing their GP or engaging with their local stop smoking service, cutting down, talking to family/friends about quitting, setting a future quit date or switching to a nicotine replacement (such as vaping)

The unpublished preliminary results will be exclusively available in time for the conference.

## Wider project exploration potential

Some of the other examples to be explored, to help underpin key concepts include: Breathe (Camden & Islington London) three tier smoking cessation service design using extensive co-production techniques and methods; SmokeFreeHomes (Liverpool) working closely with housing providers to develop policies, building on national policy work undertaken by ASH. The session could also look at broader alcohol harms prevention or other healthy lifestyle challenge examples, which the session facilitators have substantial experience in.

**Number: 139**

## Cocreating Mental Health and Resilience with young people

Conference track: Mental health and wellbeing

**Author: Holly Dixon**

### Aim of the session

This session will examine a live mental health campaign targeting young people and peers, considering the challenge, approach to engaging audiences and cocreating the solution with young people. It will explore best practice to cocreation, and take the brief and allow delegates to practice those techniques through customer orientation roleplay. After delegate feedback, the actual approach taken will be shared. The session will then explore the adopted mix and complimentary innovative digital techniques and tools used to capture accurate data, track progress and provide relevant notifications in real-time, to support behaviour change and impact evaluation.

### Focus of the session

- 1) Look at the impact of mental health amongst young people globally, nationally (to England), and on a local level.
- 2) Look at the case study brief being used – mandate, challenge statement and objectives.
- 3) Explore cocreation best practice, and the techniques used for the selected case study example.
- 4) Carry out an exercise to allow delegates to practice co-creation using information from the case study selected, using segments/personas to consider messages and channel mix, with an opportunity for tables to feed back.
- 5) Share rationale for the mix identified for the case study and explore the challenges and opportunities linked to cocreation.
- 6) Share digital activation tools used to benchmark mental health and resilience, and methods to use the tools to support behaviour change in real time and to measure impact.
- 7) Final Q & A to discuss learning.

### Method / approach

The session will be a blend of storytelling, group discussion and technical demonstration/explainer points to cover theory and rationale. Each of the areas listed above will offer an element of interaction. During the cocreation exercise, delegates will be invited to join small groups based on one of a number of segments/personas and take on different roles (eg youth worker, young person, facilitator) using a crib sheet.

# INTERACTIVE WORKSHOP SESSIONS

## Other notes –

### Additional context

#### Case study background information

The HeadStart Kent ambition is to equip young people to better deal with difficult circumstances in their lives; to prevent them experiencing common emotional and mental health problems. HeadStart Kent is focused on building a sustainable system where every young person in Kent will be able to say with confidence:

- “People around me understand wellbeing and how to promote it”
- “My overall wellbeing is not impacted by the pressure to achieve and to ‘be perfect’”
- “There is always someone for me to talk to”.

The aim is that young people have an increased awareness of how to recognise when they might have, or be at risk of having, a mental health problem - specifically that they:

- Know where and how to get help and help themselves
- Have clarity about what help is available
- Understand what might happen when they access support and know what to do while they are waiting

One of Kent County Council's (KCC) main strategic outcomes is that Kent's children and young people get the best start in life.

To meet these needs, HeadStart in Kent has focused on:

- Promoting resilience and early support (from self-referral and direct access) to prevent problems getting worse
- Developing approaches that ensure timely and accessible support, including direct access in appropriate settings wherever possible
- Championing approaches that recognise and strengthen wider family relationships
- Preparing children and young people to experience positive transitions between services (including transition to adult services).

A fundamental part of HeadStart Kent is effectively engaging young people to shape the design and delivery of the project, alongside ensuring families and communities are fully involved and can contribute effectively. HeadStart Kent is committed to three key priorities:

- We will continually review our processes to ensure that co-production is an integral part of governance and decision-making processes
- We will continually develop young people as leaders
- We will have a trained wider workforce that is confident in how to coproduce with children, young people and their families.

Further information on the HeadStart Kent programme is available on our existing Resilience Hub website <https://www.HeadStartkent.org.uk/>.

While the circumstances leading up to a mental health problem can be complex, there is an opportunity to ensure young people are better equipped to deal with problems in their life before they occur.

The HeadStart Kent Mission Statement is: *“By 2020 Kent young people and their families will have improved resilience, by developing their knowledge and lifelong skills to maximise their own and their peers’ emotional health and wellbeing; so to navigate their way to support when needed in ways which work for them.”*

The marketing campaign seeks to:

- **GET:** young people aged 10-16 years old who live in Kent (excluding Medway) and their parents/carers
- **TO:** understand what emotional resilience is, the importance it plays in keeping them mentally well, and to take steps to increase and maintain their (or their child's) resilience as well as how to support others.
- **BY:** increasing young people's (and their parents' & carers') knowledge of resilience, raise awareness of the areas in their life that impact it, and understand where help and support can be accessed and take action.

#### Aims and objectives of the campaign

The campaign will need to raise awareness and understanding of:

- Resilience in young people (as a concept)
- The steps young people can take to ensure they develop and maintain “supportive and protective factors”.
- What sort of situations, experiences or other risk factors can threaten

mental and emotional wellbeing in young people

- Where they can access more information and advice for strengthening their own resilience.

New ways may need to be found to approach the subject in a way that is more engaging for this target audience. It's a complex topic with a very diverse target age range. Recognition should be given throughout the campaign to the fact that social media and the digital world is an integrated part of young people's lives and as such should be included when considering what approach would best suit this campaign.

Ultimately, the objective will be to increase the number of people actively taking steps to improve their own resilience and reduce the numbers of young people requiring early intervention and avoiding an escalation up to children and young people mental health services (CYPMHS).

HeadStart Kent has adapted the Daniel & Wassell 2001 model of Resilience to develop a Resilience Conversation Tool Kit. This recognises six areas in which strengths are needed to be a resilient person:

- Health
- Feeling Secure
- Education
- Emotions & Behaviours
- Friendships
- Talents & interests

The Resilience Tool Kit can be accessed via the Resilience Hub

<http://www.HeadStartkent.org.uk/schools-and-practitioners/templates-and-documents/having-a-resilience-conversation>.

One of our aims will be to increase the visibility of and engagement with the HeadStart Kent Resilience Hub website: ([www.HeadStartkent.org.uk](http://www.HeadStartkent.org.uk)).

#### Target audiences and segmentation

The target audience is all 10-16-year olds living in Kent, and their parents. HeadStart commissioned an insights study to gain a more in-depth understanding of young people's knowledge and attitudes towards emotional wellbeing and resilience, and what may motivate them to take responsibility for their own resilience by either accessing support or accessing online tools to self-serve.

The findings were categorised into 3 key themes:

#### Knowledge and awareness around resilience and emotional wellbeing:

All of the young people involved in the HeadStart programme understood what resilience was. However, those who were not exposed to HeadStart were sometimes unsure of what the term resilience meant even if they had heard it before. Most participants (regardless of what school they attended) knew what emotional wellbeing was. Participants encountered many challenges to feeling emotionally well and resilient including stress from school, arguments with peers and family, divorces or moves, or deaths in the family. All participants said they could tell when others were going through a bad time mainly from body language and behaviour (if they were acting differently than usual) as well as by intuition (they “could just tell”).

**Resilience-supporting behaviours:** Most participants said they do things to feel better if they are going through something tough, however these behaviours were more practiced afterwards as opposed to as preventive behaviours. Most participants discussed trying to distract themselves from their current situation, like through watching TV or movies, exercising or playing sports, or simply imagining they were in a different place and time. The other main activity reported as helpful to build resilience was talking with others, including family members, teachers, friends, and even pets. Some participants discussed other activities that help them stay emotionally well, like playing with pets, exercising, meditating, and listening to or playing music. Similar to how they would self-soothe, participants said to help someone else who might be going through a difficult time, they would ask them what is wrong and try to be there to listen.

**Information/media habits:** While the 10-12-year-olds mainly did not use social media, the older participants said they frequently use Snapchat and Instagram. All participants regardless of age spent time watching videos on YouTube, including lifestyle vloggers and YouTube gamers. Some participants said they would read or engage with resilience adverts on social media as long as it was eye-catching and related to them. They recommended more visual-based messaging (including the use of emoji's) as opposed to something with a lot of text. Some participants, especially the boys, mentioned playing video games as well. Most

participants struggled to think of specific messaging to promote resilience.

The research also identified five audience segments. The segmentation model was developed based around young people's current understanding of the term "resilience" and their current level of knowledge about ways to build own resilience.

**Segment One: Self-soothers.** The young people in Segment One all go to non- HeadStart programme schools. They are unfamiliar with the term resilience and when faced with a problem are most likely to retreat into their own world.

**Segment Two: Sharers.** As with Segment One, young people in Segment Two also do not attend HeadStart programme schools. They also do not understand what resilience is. However, if they were faced with a difficult time, this segment would speak to a friend about their issues and/or a teacher or parent.

**Segment Three: Movers.** Segment Three have a limited understanding of what resilience might mean and they do not know the ways they can enhance their resilience. However, they are involved with activities which enhance their resilience and talk about the benefits of these activities. For example, they explained how sport was good to help them manage stress and they listened to music to relax or enhance their mood.

**Segment Four: Responders.** The young people in Segment Four do attend HeadStart programme schools and understand what resilience means. However, they do not think about doing activities to enhance their resilience and state that they will not think about such things until needed.

**Segment Five: The Pros.** The young people in Segment Five attend HeadStart programme schools and they have a good understanding of what resilience means. They do activities which boost their resilience and they are very open to suggestions. With this segment, they need messaging to reinforce their knowledge and encourage continuation of activities. Males and females are included in this group in roughly equal numbers.

## Telling the Story – Using Storytelling to Disseminate Agricultural Safety and Health Messaging

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### INTRODUCTION

Narrative is perhaps the most basic mode of human interaction, and a fundamental way of delivering knowledge. Narratives have been shown to influence attitudes and change behaviors. United States Agricultural Safety and Health Centers including the Great Plains Center for Agricultural Health (GPCAH), the Upper Midwest Agricultural Safety and Health Center (UMASH), the Central States Center for Agricultural Safety and Health (CS-CASH) and the National Farm Medicine Center are collaborating on a translation activity to convey the story of agricultural safety. While statistics and numbers are important to identify injury trends and emerging issues related to workplace health and safety, Telling the Story Project (TTS) takes a closer look, creating injury prevention messages that highlight personal stories based on first-hand experiences.

Research indicates that farmers are more open to safety messages after reading about a traumatic farm incident and that farmers generally consider other farmers and agricultural publications to be trusted sources of information. Telling the Story Project helps agricultural workers, and all who have been impacted by fatal and non-fatal agricultural workplace injuries (workers, family and community members), share their stories. Told in their own words, their experiences teach about what went wrong, and how to prevent or avoid similar incidents. A website has been developed as a platform for the personal narratives and a monthly rural radio program is being developed as a means to effectively deliver this content. Evaluation of the first year of this program is being conducted.

### THE PROCESS

The Telling the Story Project (TTSP) collaborative team began work on the project in late 2016. The team includes an industrial hygienist/incident investigator, agricultural engineer, media relations specialist, agricultural educator and two outreach specialists.

- Plans and work for TTSP are discussed during bimonthly teleconferences and biannual face to face meetings.
- Prospective stories are identified through word of mouth, news articles and individual storytellers contacting the team.
- TTSP team members conduct interviews in person, on site and by phone. Interviews may include videotaping.



- Important prevention messages and "lessons learned" are included in each story to assist readers to identify the best practices to work safely.
- Storytellers review and approve the final content of edited stories and videos.
- Relevant links to safety and health resources are included on story pages.
- Student lesson guides are developed for stories. These guides provide talking points and questions related to specific stories, allowing agricultural educators to use content from this site for safety and prevention training.
- In addition to personal narratives, news stories are uploaded on [www.tellingthestoryproject.org](http://www.tellingthestoryproject.org) and published as original content from regional agricultural media publications
- The STORY-FRAME page houses illustrations that are included with the storytelling narratives and provide succinct messages and serve as clip-able reminders, an example is shown below.



### THE TARGET AUDIENCE

While Telling the Story intends to reach a wide audience, our stories' target audience includes:

- Producers, families, and employees working in agriculture
- Agricultural media and mainstream press
- Ag educators and students
- Extension specialists

Terms of use for TTSP materials are included on the website.

### SHARING THE STORIES

[www.tellingthestoryproject.org](http://www.tellingthestoryproject.org) #tellingthestoryproject



- A dedicated website, [www.Tellingthestoryproject.org](http://www.Tellingthestoryproject.org), houses multi-media stories that include prevention resources, and video interviews (STORIES).
- Additional pages include illustrations that convey a story with a succinct reminder (STORY-FRAMES), links to ag health and safety information (RESOURCES), links to exceptional stories published by others (MORE), and information on TTS (ABOUT).
- TTSP narratives are also shared on collaborating Agricultural Safety and Health Centers' home and Facebook pages.
- Stories are disseminated to news organizations following development and as targeted communications after an agricultural incident.

### THE STORYTELLERS:

#### Tell a story, save a life

They tell their stories because, "We don't want this to happen to anyone else."

Examples of several "Telling the Story" narratives are shown below.

**David**

"How did you ever survive this?" was the question David Endorf's neighbors asked when they saw where he was pinned under an ATV in a steep ditch. Endorf explains what...

**Susan**

A bolting bovine and broken bones. Susan Littlefield tells her story about her son's advice and an injury that was more serious than she realized, yet could have been much...

**Mike**

"Live today like you are going to die tomorrow, but farm today like you are going to farm forever!" Mike Bladaz loved farming. Read more...

**Jason and Roxanne**

"The doctor... said 'I remember that, it was talked about, it was used as a learning opportunity for the medical community.' Because it is so rare, you don't hear..."

**Kenny**

When the ATV tipped, he knew the outcome would be bad. He heard his thigh bone snap when 700 pounds of equipment rolled over him. Read more...

**Brian**

Brian Egel is a farm safety advocate. At age 8, his left arm was entangled in the auger of a grinder-mixer, resulting in amputation below the shoulder. Read more...

Example of "Stories We Recommend" with links to assistance.



### THE TOPICS TO DATE

TTSP narratives address both common hazards and under-recognized, low-incidence, high-risk hazards that have claimed lives and injured farmers and ranchers in the Midwestern United States. Examples of topics covered to date include:

- Hydrogen Sulfide Gas** released during agitation or transfer of stored manure. The topic is timely due to 2016 farmer fatality that occurred near an open air lagoon, multiple fatalities involving would-be rescuers, and livestock deaths that occurred at open cattle confinement buildings during agitation and pumping. A family who lost their son describes their experience and motivation to improve safety for others, and a husband and wife share their experience of a rare incident surviving a hydrogen sulfide exposure that could easily have resulted in multiple fatalities.
- Flash Fires** caused by methane gas that was released into the air when water spray broke foam bubbles in a swine barn. The open pilot light on an LP heater provided the ignition source when methane concentration rapidly reached the lower explosive limit concentration in the closed room.
- Falls** that resulted in a broken tibia from a fall while dismounting a tractor; and broken ribs from falling from the top stop of a 10-foot step ladder.
- Entanglement** in the auger of a grinder-mixer, resulting in an amputation below the shoulder.
- ATV Overturn** occurring while spot-spraying thistles in a lower pasture when four-wheeler overturned and rolled over the farmer, breaking his femur near the hip.
- Ladder Failure** caused the ladder side rail to break, resulting in the farmer falling 15 feet to the concrete.
- Taking a Shortcut** often leads to an accident. This experience involved choosing the wrong ladder for the job and resulted in a fall and distal radius fracture (broken wrist).
- Livestock Injury** caused a broken hand when the owner tried to overpower an animal that was much more forceful. The owner could have lost her hand or her life.
- Distraction** caused an ATV overturn and a farmer to be pinned under an the machine in a steep ditch.

### INITIAL IMPACT

- Storytellers indicate that having the opportunity to share their experience to help others has been a positive experience. A survey of the storytellers is planned that will determine personal impact and feedback related to the storytelling process.
- The Telling the Story Project website has had 14,238 page views.
- Stories beget stories. TTS stories shared on social media prompt additional sharing and relaying of similar incidents and cautionary advice.
- Our stories have been featured in SafetyWatch columns of Iowa Farmer Today affiliated publications, weekly print agricultural media publications that reach over 84,000 households in the Midwest, and online at [www.agupdate.com](http://www.agupdate.com).
- Telling the Story Project news articles shared through the Associated Press have reached over 900,000 viewers through out the United States.
- Stories published in partnering agricultural media have consistently ranked in the top 5 most popular online articles of the week.
- Preliminary review by regional agricultural media publishers and Wisconsin vocational ag instructors has been enthusiastic and positive, with teachers indicating intended use in fall 2018 curriculum. LaMar Graff, a Safety Specialist from East Carolina University, contacted the Telling the Story team to report: "I am teaching a manure safety class later this month and have enjoyed the stories you put together for the 'Telling the Story Project'. Good pictures, good stories and well told. Congratulations on the impact of memorializing these."

### NEXT STEPS

- Creation of more narratives, covering a broad range of agricultural safety and health topics.
- Evaluation of the impact of this project will continue:
  - Impact on the storytellers, including a survey.
  - Impact in the agricultural community
    - Website, Facebook and media hits and shares
- Development of a radio program that will focus on one of the stories each month.
- Creation of additional educational discussion guides for selected stories to be used in ag education classrooms.
- Wider dissemination of discussion guides to vocational ag-education teachers and agricultural extension specialists.
- Development of news articles and press releases related to each narrative.

Special thanks to Kelley Webworks for hosting the TTSP website and most importantly, to all the storytellers who graciously shared their stories.

Funding and support for this project was provided by the NIOSH Ag Forestry and Fishing Program to the GPCAH, CS-CASH and UMASH (NIOSH contract grant numbers: U54OH007548, U54OH010162 and U54OH010170.)

# Evaluating the State of Cyberbullying Research and the Effectiveness of Anti-Bullying Campaigns

**Authors**

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## BACKGROUND

Cyberbullying is recognized by many – including the Centers for Disease Control, National Academies of Sciences, Engineering and Medicine, and The White House – **to be a serious public health problem**. Cyberbullying often occurs when an individual, or group of individuals, target a person online to initiate bullying. Its effects range from depression, anxiety, isolation, physical health issues, and lower academic scores, all of which can persist from childhood into adulthood. In addition, cyberbullying has been linked to a great number of suicide cases in young people. MITRE undertook exploratory research and analysis of the cyberbullying issue.

## METHODS

Assessed the state of cyberbullying research via a literature review, and analyzed the effectiveness of 4 anti-cyberbullying campaigns (*StopBullying.gov*, *Stand Up To Bullying*, *I Am A Witness*, *Stomp Out Bullying*) through social media analysis using Crimson Hexagon's ForSight tool.

## LITERATURE REVIEW - RESULTS



**Definitions** of what constitutes cyberbullying and measurement approaches vary widely. Studies draw on different target populations, making it hard to estimate cyberbullying's prevalence.



A sizable portion of youth cyberbullying victims **do not tell anyone about their experience**, and are more likely to recommend passive strategies for coping.

**Lack of a common measurement** hampers research into cyberbullying intervention effectiveness. There is very limited rigorous research on the subject. For example, there are relatively few randomized controlled trials of interventions (Cantone et al., 2015), and many programs score higher on ease of implementation criteria than on scientific merit (Della Cioppa et al., 2015).



**# cyberbullying**

Products aimed at preventing cyberbullying using predictive analytics exist, but these products rely on **simplistic key word searches** and are often only able to monitor activity on individual social media sites (Schwartz et al., 2016, p. xiv).

## SOCIAL MEDIA ANALYSIS

MITRE collected data on the general topic of cyberbullying as well as **four campaigns** for the time frame of **January 2016 to April 2017**.



The majority of posts came from **Twitter** (public), more posts than expected appeared on other platforms.

**3,641,906 posts**

were identified and analyzed in aggregate in the general conversation. The intent was to provide a baseline for comparison between general conversation trends and specific cyberbullying campaign trends.



**Influencer or celebrity involvement in a campaign** caused posting spikes.



**65%**

Of the posts that had identifiable gender, **65% came from females**.

## CONCLUSIONS & IMPLICATIONS FOR RESEARCH



Findings suggest the topic has a **large audience spanning demographics**.

**Having a celebrity sponsor** on a campaign may create more awareness of the issue.



More rigorous research on the **effectiveness of cyberbullying intervention programs** is needed.



**Comparing types of in-classroom anti-cyberbullying education versus social media campaigns** could help determine if one (or combination) is more effective.



Anti-cyberbullying campaigns may **more effectively target youth (and males)** by determining who the stakeholder groups are with relation to cyberbullying, and develop campaigns targeted to each group.



Developing **common measures of effectiveness (MOEs)** would help in assessing program effectiveness.



# Appealing Attributes of Low Carbon Innovations

Authors: Hazel Pettifor, Charlie Wilson

## Background

Consumers contribute significantly to global CO<sub>2</sub> emissions (Cherry, Scott, Barrett, & Pidgeon, 2018). Many technologies exist which offer lower carbon alternatives to high emitting consumer behaviours. Although these low carbon innovations have a presence in the market they remain at the edges of market share, with a minimal contribution to reducing global CO<sub>2</sub> emissions (Wilson, Pettifor et al. 2018). If adopted at scale, however, these could significantly reduce consumer based CO<sub>2</sub> emissions.

## Why this research?

Adoption of an innovation depends on whether its characteristics or attributes appeal to consumers (Davis, 1989; Rogers, 2003). However, there is a lack of empirical research into the appealing attributes of low carbon innovations beyond a direct comparison with incumbent technologies. Such research tends to focus on private attributes including price, against which low carbon innovations perform badly. Low carbon innovations are often perceived as being just higher priced alternatives (Schuitema, Anable, Skippon, & Kinnear, 2013). It is important that sources of added value (beyond price) have more central focus in policy and marketing strategy.

## Our Objectives

In this paper we provide an in-depth and comprehensive understanding of the wide ranging attributes of low carbon innovations. More specifically we address three key research questions:

- RQ1** - what are the attributes of low carbon innovations that appeal to people?
- RQ2** - how do different low carbon innovations appeal against these?
- RQ3** - which attributes (other than price) offer added value (compared to incumbent technologies)?

## Conceptual framework

We draw on the work of Axsen & Kurani (2012) whose work on electric vehicles identifies a clear framework for the attributes of low carbon innovations. This clearly distinguishes between private and public attributes, identifying four distinctive domains (Figure 1).

- private functional attributes** relate to what an innovation does and how it impacts the consumer.
- private symbolic attributes** relate to what an innovation represents and how it impacts the individual.
- public functional attributes** relate to what the innovation does and how it impacts society.
- public symbolic attributes** relate to what an innovation represents and how it impacts society.

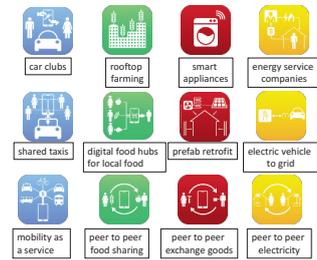
	Private (... that impacts the consumer)	Public (... that impacts society)
Functional (what it does...)	Functional benefits to the consumer, e.g. <ul style="list-style-type: none"> <li>- money saving</li> <li>- reliable</li> <li>- improved performance</li> </ul>	Functional benefits to society, e.g. <ul style="list-style-type: none"> <li>- environmental stewardship</li> <li>- reduce CO<sub>2</sub> emissions</li> <li>- reduce oil use</li> </ul>
Symbolic (what it represents...)	Symbolic benefits to the consumer, e.g. <ul style="list-style-type: none"> <li>- expression of self identity (including gender)</li> <li>- convey personal status (class and wealth)</li> <li>- attain group membership</li> </ul>	Symbolic benefits to society, e.g. <ul style="list-style-type: none"> <li>- oil independence</li> <li>- innovativeness</li> </ul>

Figure 1 – The four domains of attribute

Axsen, J. and K. S. Kurani (2012). "Interpersonal influence within car buyers' social networks: applying five perspectives to plug-in hybrid vehicle drivers." *Environment and Planning A* 44(5): 1047-1065.

## Methodology

We use a structured elicitation method known as repertory grid technique (RGT)(David & Dale, 2000). People living in a representative UK city were recruited by a professional agency. Participants (N=67) were all interested in new technology. We ran two elicitation exercises. In the first participants were asked to compare between elements (low carbon innovations) and identify constructs (attributes). In the second they were asked to rate all elements against what they felt were the most important constructs using a scale of 1-7 (7=high appeal, 1=low appeal).



The elements are 12 low carbon innovations. They represent four key sectors (**mobility, food, homes and energy**).

## Results

**Key Finding RQ1:** Participants mentioned 471 constructs which formed 12 unique attributes. **Private functional** attributes are salient but a range of **Public functional** attributes also widely appeal.

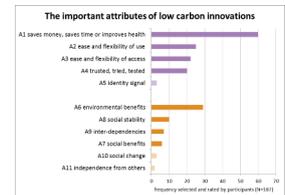


Figure 2 (right). The important attributes of low carbon innovations include concerns for lowering CO<sub>2</sub> emissions (A6), and providing clear benefits to society (A7).

**Key Finding RQ2:** Low carbon innovations vary in their appeal against **public functional** attributes.

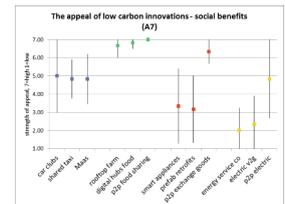


Figure 3 (right). **Food innovations** are highly appealing against social benefits (A2) compared to **energy innovations**. Food and diet aligns people with particular social and political issues such as local production and welfare (Chuck, Fernandes, & Hyers, 2016). In contrast energy generation and more efficient use enables people to embrace responsibility and autonomy (Simcock 2016).

**Key Finding RQ3:** Low carbon innovations cluster in terms of added value above incumbent technologies.

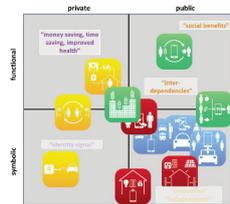


Figure 4 (right). The relative positioning (added value) of all low carbon innovations within our conceptual framework. Innovations based on the sharing economy have high appeal against "inter-dependencies". This relates to the creation of localised networks, friendships and the satisfaction of sharing with others. It emphasises the human need for community and connection with each other (Botsman & Rogers, 2010).

## Discussion

It is important that low carbon innovations are positioned within the marketplace to emphasise unique sources of added value above incumbents. Our study shows they appeal against a range of both private and public attributes. Pro-active social marketing campaigns are required by government, local authorities, and industry which better align the unique benefits of low carbon innovations to the characteristics and social identities of consumers.



ALMA MATER STUDIORUM  
UNIVERSITÀ DI BOLOGNA

## Progetto Raperonzolo - Dona i tuoi capelli

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**Dr. Rebecca Molinari**, Student of social marketing, University of Bologna

**Dr. Erika Simonazzi**, Student of social marketing, University of Bologna

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**Dr. Elena Veronesi**, Student of social marketing, University of Bologna

**Dr. Giuseppe Fattori**, Professor of social marketing, University of Bologna

Progetto Raperonzolo has the aim to create the awareness on the possibility of making a hair donation in favour of cancer patients affected by alopecia.

It tries to encourage that donation clarifying all the steps and inviting as many hairdressers as possible to support the initiative.



**3.400.000 people with cancer** in Italy (5.6% of the Italian population)  
The 65% of the people undergoing chemotherapy suffer from alopecia



Target group 1: Women 18-30

Target group 2: Hairdressers of Bologna

The slogan "**Your hair, our goal, their smile**" addresses to:

- Women 18-30 years old that can donate at least 25 cm of hair
- Hairdressers of Bologna can promote the initiative and join it
- The possessive adjective "our" wants to instill inclusion, as the Team of Progetto Raperonzolo with you, hairdressers, can promote a solidarity service, connecting solidarity and work.



Results:  
**7 hair donations**  
**1 hairdresser joined**  
**the project**



# Making impossible choices possible

How Ireland's health service prioritises what and how to communicate with people

## Who we are:

The HSE is Ireland's health service - our organisation is responsible for all hospital and community health and social care services, as well as health protection, environmental health, health and wellbeing promotion and surveillance. The national health service budget of approx. €17bn includes a social marketing investment of approx. €7m annually.

Our health service employs a team of communications specialists, with skills in marketing, strategic planning, media relations, digital and social media, who work with service teams to plan, deliver and evaluate 12 medium to large scale social marketing campaigns annually, as well as about 250 smaller or lower budget non-paid communications programmes. Our national campaigns cover topics like smoking, alcohol, sexual health, screening programmes, mental health, immunisation and dementia.



## The challenge:

We have a lot of evidence and international guidance on how to have a quality process for an individual campaign – but in a limited environment, how do you develop priorities across a wide range of very important health campaigns?

<b>Which group of people, behaviour or service deserves more attention?</b>	<b>How much funding should one health campaign get relative to another?</b>	<b>How do you argue for moving on from a successful campaign to a new and equally urgent priority?</b>
---	---	--

In 2016, with pressure on our financial and human resources and high demand for our services, we were asked to create a model to support decisions on campaign funding and priorities for action.

## Our objectives:

1. Help the health service to prioritise social marketing campaigns across a range of topics and audiences
2. Make the most of scarce funds and expert resources and make judgements on competing demands.
3. Take account of the public communications environment, and what can be a crowded marketing and messaging experience for the public

## Methodology:

- The HSE appointed a small team with expertise from the areas of communications, social marketing, business planning and operations. We set out a work plan over 4 months, including a review stage, an analysis of the 'current state' of our campaigns and decision-making processes, and used these to create an 'ideal state' proposal.
- We conducted a search to support an international literature review, and reviewed documentation from analogous health organisations in other countries. We reviewed processes in place within the private-sector marketing and business sector.
  - We conducted a desktop review of our campaign activity, funding levels, decisions and results or outcomes over the previous 5 years.
  - We interviewed senior managers in the health service, with responsibility for health and wellbeing programmes, finance and service leadership, to identify priorities and routes to a workable decision-support tool for their use.
  - A model was drafted, initially tested against our annual workload, and agreed with senior managers.

## What makes a campaign work?

Our review arrived at these six criteria for the ideal state of a social marketing campaign:

1. **Corporate and Policy Fit** – Check the campaign strategy is in line with government and health service policy and direction, and is included and funded in the organisation's annual service plan.
2. **The Health or Service Problem** – What's the health problem we need to solve? How many are affected, the impact on people and on health services. Strong demonstration of health evidence needed.
3. **Service Readiness** – How well placed are our services to develop and respond to a campaign? Are experts available to help shape the work, do new service need to be created to meet demand, what will the call to action look like in real terms for real people?
4. **The Communications Problem** – Can a communications intervention or campaign help this health problem? What is the value of our campaign? Strong demonstration of communications evidence needed, local and international.
5. **Cultural Context** – What's happening outside our organisation – do we have any competitors or partners, is there upcoming legislation on this issue, what's the cultural weather forecast?
6. **Quality of Communications Programme** – What's the quality of the communications campaign plan? Outline the strategy, channels, audience, KPIs and the projected outcomes for people and our services.

## Results: Our new model

2019/2020 Campaigns	1. Corporate and Policy Fit	2. The Health or Service Problem	3. Service Readiness	4. The Communications Problem	5. Cultural Context	6. Quality of Communications Programme	Overall Score	Notes
Ask About Alcohol	High	High	High	High	High	High	High	High
Quit	High	High	High	High	High	High	High	High
Sexual Health	High	High	High	High	High	High	High	High

Our Campaign Quality Model allows the health service to plan campaigns, evaluate them against our six agreed criteria, and prioritise effort and funding across all health service campaigns, getting the best outcomes for people living in the state.

We decided that HSE campaigns had to demonstrate a good balance of the six criteria to meet the requirements of our organisation and the needs of our people.

- We trialled the use of this 6-criteria model to interrogate the initial idea for a new communications programme, testing its viability against all six pillars.
- We then began to use the model to evaluate each campaign or project at planned intervals.
- Since 2018, the model has been agreed as a formal decision-making process, to score campaigns annually, based on their agreed KPIs, and then allowing their performance to be mapped one against the other.

The model has allowed the health service to further improve the quality and consistency of our approach to campaigns on diverse topics, and make decisions to increase or decrease the investment, financial and personal, in our social marketing campaigns.

### Authors

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Seirbhís Sláinte  
 a Forbairt  
 Building a Better Health Service

# How can social marketing help to change the behaviour of young people in the UK regarding safe sex



M. Bilal Akbar (PhD Candidate), Email: [b.akbar@derby.ac.uk](mailto:b.akbar@derby.ac.uk), LinkedIn: Bilal Akbar

### Background

- In 2013 estimated 145,000 unintended pregnancies in the UK were noted
- This accounts for 16.7% of total number of pregnancies in the country
- Including a large number of teenage pregnancies
- In 2016 the numbers fall in the conception rate among females aged 15-19, but the conception rate among teenage girls in the UK is still higher than many European countries
- A number of reasons are noted for this issue such as education, marketing strategies of businesses, taboo nature of condoms, embarrassment factor etc.
- Impact on individuals, society and economy is enormous

### Aim & Objectives

- To critically review the theoretical development of social marketing
- To critically review the role of social marketing in design social campaigns on contraception
- To critical review the existing social marketing planning approaches in order to design a successful social campaign
- To recommend a new social marketing planning framework to understand consumer behaviour at deeper level

### Overview

- Section 1:** Critical review on theoretical development of social marketing
- Section 2:** Systematic review on existing social marketing planning approaches in order to design a successful social marketing campaign
- Section 3:** Systematic review on social marketing campaign on contraction in the UK and the USA
- Section 4:** Delphi study to gain consensus on a new social marketing framework

### Method Used

- Delphi method used for a new social marketing framework
- Social marketing experts (academics or practitioners) took part in the study
- Delphi method seeks to obtain consensus on the opinions of experts through a three-round of data collection
- It operated on three rounds, respondents are feedback after each round who were then given an opportunity to respond again to the emerging data.

### Target Audience

- Social marketing experts (academics and practitioners) were recruited from across the world.

### Time Frame of the Project

- PhD research
- April 2016 – August 2019

### Delphi study procedure

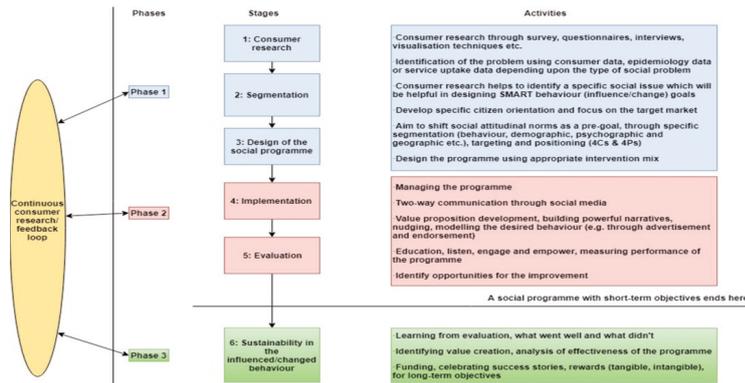
**1: Development and Verification:** Two rounds have been conducted which helped to achieved consensus on a new social marketing framework

**2: Validation:** 10 Semi-structured interviews were conducted with social marketing experts on the implementation of new social marketing model in order to design an effective social campaign on condom promotion in order to spread awareness among teenagers about sexual health and safe sex.

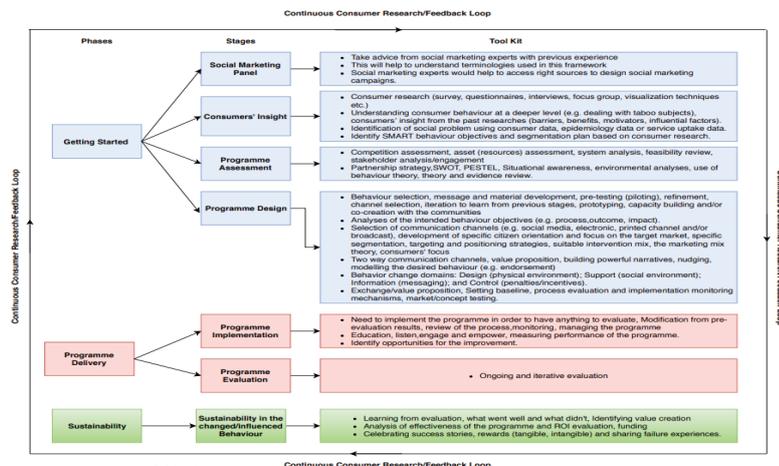
### Findings

- Social marketing provides evidence of the development of various social marketing models (theoretical and planning) with the aim to enhance the feasibility and outcomes of social marketing practice.
- Many current planning models are complex as they seek to encapsulate learning about what actions increase a programmes chances of success.
- However, this expansive list of planning elements can make the planning models difficult to use in practice with the consequence that many are not used or used as intended.
- This identifies an urgent need to develop new social marketing planning models that reflect what we know works but are simple enough to be practically useful.

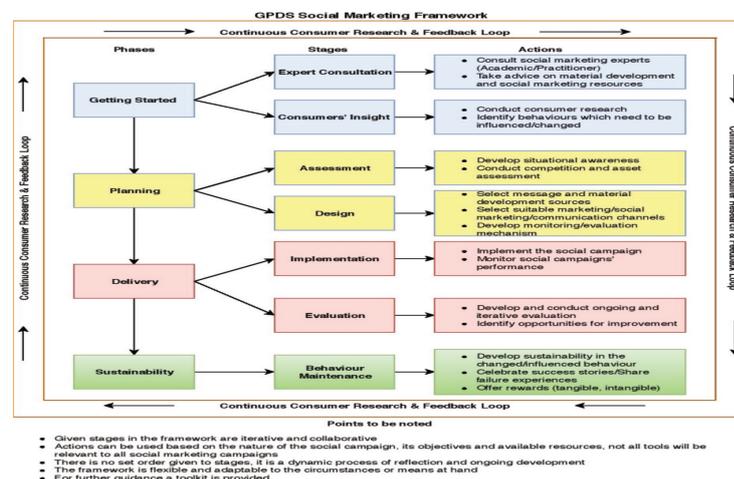
### Conceptual framework



### Framework after 1<sup>st</sup> round of the Delphi method



### Framework after 2<sup>nd</sup> round of the Delphi method



- Points to be noted**
- Given stages in the framework are iterative and collaborative
  - Actions can be used based on the nature of the social campaign, its objectives and available resources, not all tools will be relevant to all social marketing campaigns
  - There is no set order given to stages. It is a dynamic process of reflection and ongoing development
  - The framework is flexible and adaptable to the circumstances or means at hand
  - For further guidance a toolkit is provided.



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**SOCIAL MARKETING  
 AND  
 ENVIRONMENT:  
 PLOGGING  
 FOR STUDENTS OF UNIVERSITY OF  
 BOLOGNA**



The **UniPlogging** project has been created at the social Marketing course of *Alma Mater Studiorum-University of Bologna* (Italy).

The term **PLOGGING** derives from the combination of the English word *Jogging* and the Swedish *Plocka up* (cleaning up) and it means: *“performing a sport activity by collecting abandoned waste”*.

The **Aim** is to change the behavior of social and *physical indifference* and **in-activism** of **young** people, increasing the **CIVIC DUTY** and considerably improving the **Urban Environment**.

Plogging is a **multi-potential product**:

it's a pro-environment activity;

it promote a healthy lifestyle;

it's an answer to our new human condition as a solipsistic individual: we're considered now only as “consumer”, we feel as an alone animal who have to make all by itself.

But we are *social animals*, we need of our collective dimension, we need of other people. The Plogging can be a solution in this direction, too.

Improving your own **HEALTH** that of your own **CITY**

**ENVIRONMENT**

**SUSTAINABLE**

**RUN & CLEAN**

**SOCIAL**

**SPORT**



<https://ploggingbologna.wordpress.com/>

# Social Marketing and Social Change: The role of social mechanisms in a Facebook context

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## Introduction

This research takes a systems social marketing perspective which emphasises dynamic top-down, bottom-up connections and relational components among all participants within the defined micro, meso and macro system. To explain the linkages between individual or micro actions and meso or macro level phenomenon that incorporate all in the system this research looks at Layton's (2015) MAS Theory. Central to Layton's MAS theory are social mechanisms which seek to explain why individuals "acting the way they do, bring about the social outcomes they do" (Hedström 2005, p. 14). In order to explain, the system being examined (Facebook), this research focuses on the social mechanisms of Layton's (2015) MAS Theory that are needed for value creation in a social marketing system.

## Research Question

What is the social marketing role of Facebook for MAS social mechanisms in the context of obesity and healthy lifestyles in Ireland?

Figure 1: Research Gaps

Research Gaps	Research Objectives
Lack of research on social mechanisms and their role in explaining how and why changes have emerged as a consequence of the humanity of the system (Layton, 2015; Duffy, 2016).	RO: To identify and explore the primary social mechanisms at work, or not for OT Facebook audiences.
Lack of research on social mechanisms and their role in explaining how and why changes have emerged as a consequence of the humanity of the system (Layton, 2015; Duffy, 2016).	RO: To examine differences in primary and secondary mechanisms at work across OT Facebook audiences.
The MAS Theory is in its early stages theoretically and thus there is a lack of research which investigates its role in explaining the formation, growth and adaptive change within marketing systems (Layton, 2015).	RO: To explore MAS social mechanism interactions for OT Facebook audiences.
Lack of research on social mechanisms and their role in explaining how and why changes have emerged as a consequence of the humanity of the system (Venturini, 2015; Brennan et al., 2014).	RO: To identify and explore the secondary social mechanisms at work, or not for OT Facebook audiences.
Lack of research on digital technologies use for behavioural change outside of its communication function (Kubacki et al., 2015).	RO: To investigate the use of digital channels for engagement within social marketing interventions

## Context: Operation Transformation Case Study

The context of this study emanates from Operation Transformation (OT), a healthy lifestyle reality programme, designed to fight against the growing obesity rates in Ireland (COSI, 2017). OT, now in its 11<sup>th</sup> season, first aired in 2008 in response to the WHO's forecast that Ireland will be the most obese country in Europe by 2030 (WHO, 2015). Since it first aired, OT has grown from strength to strength and has created and sustained a national debate about the nation's weight. The programme has expanded from a lifestyle programme to an interactive platform for obesity change encouraging the public to pick a leader, follow their plan and get involved.

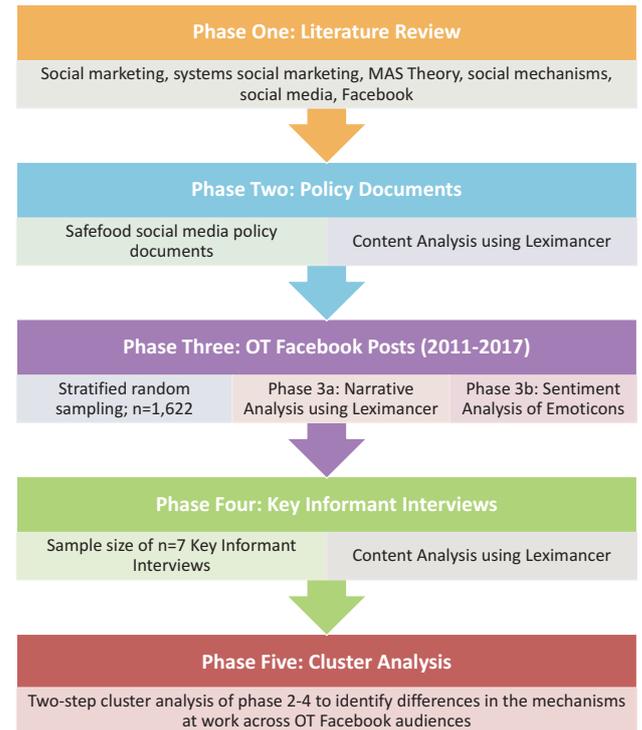
## Acknowledgements

This research is being funded by safefood under its Research Fellowship Programme 2014-2017.

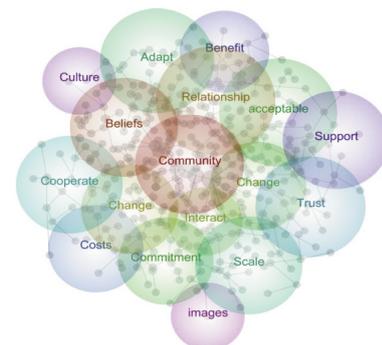


## Methodology: Longitudinal Case Study

Figure 2: Methodology Phases



## Sample of Leximancer Analysis



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### 1. What is the problem?

In Nepal, human-tiger and human-leopard incidences with humans and livestock is a threat to these endangered species and a daily concern for local marginalized communities. By identifying that human behaviours are a leading factor in risk of conflict, we developed a social marketing campaign to address these behaviours.

Human behaviour change is a key driver of many threats to biodiversity and improving human life. Using social marketing to create human behaviour change to benefit humans and wildlife in a human-wildlife conflict situation is a novel approach and one which the Living with Tigers project adopted.

The aims of the social marketing campaign are:

- To reduce behaviours that leads to risk of human-felid conflict
- Change behaviour of natural resource collection
- Change behaviour of bad practice livestock husbandry



### 3. Indicators of success

- Questionnaires and focus groups measured qualitative and quantitative data on economics and social drivers of natural resource use behaviours and likelihood of behaviour change.
- Situation-specific and culturally relevant social marketing campaign for target behaviours.
- Experimental design: Matched design, number of villages (n=8, control (4) and treatment (4)), analysis variables, such as socio-demographics and experiences like incidence of conflict with tigers, perceptions of conflict.

### 4. Campaign

The social marketing campaign involved two strategies, both designed based on project research with different messages for the two national parks with different conflict issues:



- **Bardia SM message:** Improved livestock husbandry for better alternative livelihood by improving livestock sheds and improving livestock grazing.
- **Chitwan SM message:** Reducing natural resource collect behaviours that increases the risk of possible human felid conflict.
- Street dramas and the radio programme were used to disseminate both messages.
- **Street dramas:** April 2018, 1200 people attended.
- **Radio programme:** April 2018 broadcast.

### 2. Research for an evidenced-based approach

- 861 household surveys in 2016 (n=435 Bardia NP/n=426 Chitwan NP) to understand behaviours, attitudes and demographics to identify target audiences most at risk
- Attitudes: 80% and 79% of participants agreed that tigers and leopards should be protected in Bardia and 86% and 84.5% in Chitwan.
- Based on a literature review and household survey results we identified the NPs had different main conflict issues, however, all people collecting natural resources are at risk, where 99% collected resources in Bardia and 72% in Chitwan.

The main conflict issues and target audiences in each National Park:

- **Bardia** = livestock predation with 19% of households affected
- **Chitwan** = human-felid incidences where on average four people are killed a year during human-tiger incidences.
- **Bardia target audience:** natural resource collection for livestock feed, livestock grazing near or in forest, no or poor quality livestock shed.
- **Chitwan target audience:** collecting natural resources and fishing near or in forests during peak felid activity, particularly male groups.

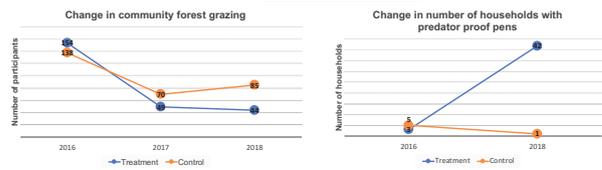


### 5. Campaign results and impact

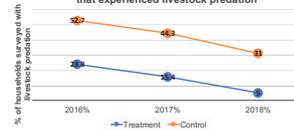
#### Campaign Outputs



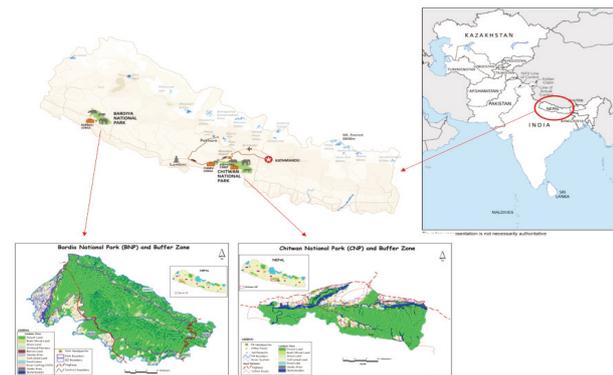
#### Bardia National Park



#### Change in percentage of surveyed households that experienced livestock predation



#### Chitwan National Park



## An Evaluation of Existing Social Marketing Planning Approaches

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### Background

Whilst there are several systematic reviews on various aspects of social marketing, there is no systematic review on social marketing planning available to date which creates a critical gap in our understanding.

### Aim

This poster presents an analysis of past and current social marketing planning approaches published in Social Marketing Quarterly and Journal of Social Marketing between 2003 and 2017.

### Evaluation Criteria

Through a systematic review method this poster aims to fill this gap and critique existing social marketing planning approaches using the following evaluation criteria:

1. What are the main strengths of these planning approaches?
2. What are the main limitations of these planning approaches?
3. What are the main critical success factors of these planning approaches?
4. What is the nature/features of these planning approaches?

### Method & Inclusion Criteria

A systematic literature review method was adopted. For further screening of the articles and selection of social marketing planning approaches four criteria were developed.

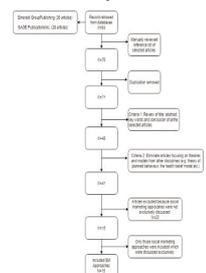
• **Criteria 1:** Review of title, abstract, key words and conclusion of all the selected articles.

• **Criteria 2:** Eliminate articles focusing on theories, models and approaches from other disciplines (e.g. theory of planned behaviour, the health belief model, etc.).

• **Criteria 3:** Manually review and exclude articles which do not exclusively include/discuss social marketing planning approaches.

• **Criteria 4:** Manually review all the selected articles at this stage and include social marketing planning approaches which are exclusively discussed in the selected articles.

### Flowchart of the literature search process



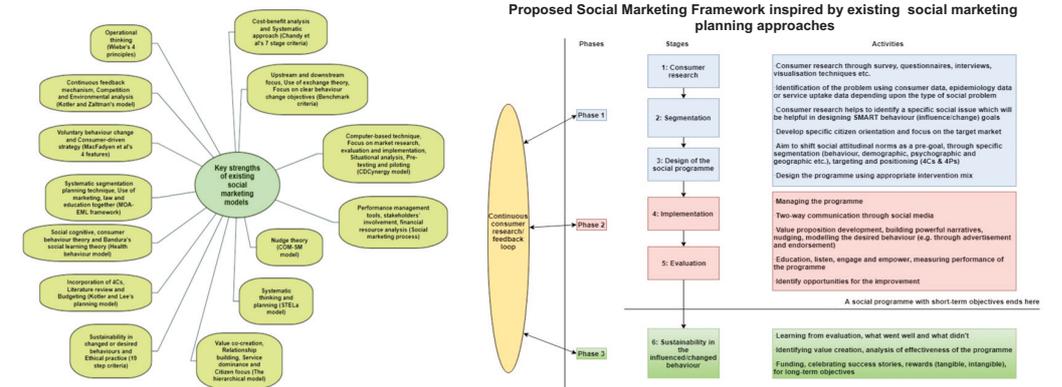
### Acknowledgement

A special thanks to Prof. Jeff French and Dr Alison Lawson for their support.

### Main strengths and weaknesses of existing social marketing planning approaches

Planning approaches	Critical success factors	Limitations
<b>Wiebe (1952)</b> <b>Five principles of successful social marketing</b>	These principles set the foundation for other academics to explore the deeper layers of social marketing by introducing new ideas, such as social mechanism, adequacy, compatibility and the need to set clear behavioural goals	Generic in nature and do not offer detailed guidance on how to implement these principles. No empirical evidence.
<b>Chandy et al.'s (1965) seven stage criteria</b>	Addition of branding and cost-benefit analysis.	Do not offer explanatory commentary for each of the steps/processes for implementation and have not been widely taken up.
<b>Kotler and Zaltman (1971)</b> <b>The social marketing planning model</b>	Research and feedback mechanism based	Complex in nature and similar to commercial marketing planning technique, also lacks explanatory information on the implementation process.
<b>MacFadyen et al., (1999)</b> <b>Four features of social marketing</b>	Clear benefits for the target audience and considered as an opposing method to a purely push marketing communication strategy	Lack details on guidance to social change practitioners with negligible empirical evidence of practice.
<b>Rothschild (1999) MOA-EML framework</b>	A systematic segmentation planning technique	Lack of clarity on which strategies are related to marketing, education and law and which sequence or combination should be used to achieve the desired behavioural outcomes
<b>Andreasen (2002) Benchmark criteria</b>	Very focused on social marketing applications and the idea of exchange theory. Easy to understand the way to establish a useful baseline about how to measure programmes' planning strengths	Lacks clarity regarding whether any of the criteria are mandatory for social marketing interventions.
<b>Hastings (2007) Health behaviour model [MacFadyen et al., (1999)]</b>	The inspiration for social cognitive and Bandura's social learning theory in social marketing setting.	Does not offer any details on promotion, segmentation, marketing communication, and implementation and evaluation side of the social programme and it also lacks empirical evidence.
<b>Weinreich (1992, 2010) social marketing process</b>	Uses strategic planning and performance management tools and the idea of including wider stakeholders in social marketing campaigns.	The hierarchy of the stages is not clear and extra 4Ps for social marketing still remain organisational driven.
<b>Kotler and Lee (2011) The social marketing planning model</b>	The idea of using 4Cs of marketing, detail guidance on the overall implementation process. Also offers implementation commentary and an insight into cost of various activities and overall budget of the social programme which can be useful for practitioners to design a social campaign.	Addition of 4Ps and 4Cs complicates the overall process. This planning guidance requires an expert consultation to understand the overall process.
<b>Tapp and Spotswood (2013) COM-SM model</b>	Inspiration from nudge theory	Lacks evidence of practicality and needs further development and empirical research
<b>CDCynergy planning model and STELa planning model</b>	CDCynergy and \ STELa models are comprehensive in nature and offer detailed explanation and resources material for each stage for practitioners.	Both models are complex in nature and require a considerable investment in time for the scoping stage of the process, which some practitioners may find difficult due to time and resource factors or may be lack of understanding of the term used in these models.
<b>Robinson-Maynard et al. (2013) 19 step criteria</b>	Equal focus on both upstream and downstream and sustainability among changed or desired behaviours	A long list of steps which is similar to some of the previous models. This list requires explanatory commentary to understand the sequence of social marketing activities.
<b>French and Russell-Bennett (2015) The hierarchical model of social marketing</b>	Value focus, value co-creation and relationship building for sustainability	Complicated and required additional details on implementation.

### Proposed Social Marketing Framework inspired by existing social marketing planning approaches



### Contribution

This poster contributes to the theory of social marketing highlighting the idea that better social marketing planning approaches are required, which should be as simple as possible to aid application, but also robust in that they are based on evidence and theory-supported practice and learning from previous approaches. Such approaches should be developed to be equally useful both for practitioners, policy makers and academics and also flexible enough to be useful in various social marketing settings.

### Conclusion

The review of the literature highlights the growing connection between social marketing planning approaches and theories from other disciplines. Moreover, existing social marketing planning approaches have moved on from older product-driven models towards a more customer/citizen-oriented, stakeholder engagement and value creation narrative. This recognises that a simple push marketing strategy, which was the working principle of many early social marketing planning approaches, is not always effective for contemporary social marketing practice, which requires a greater emphasis on understanding consumer/citizen behaviour. This highlights a need for more comprehensive social marketing planning approaches with a better understanding of consumer perspective at a deeper level.

# Two methods for integrating social and critical perspectives into marketing management classes

## Problem

The majority of students taking marketing classes do so as part of a business studies curriculum. As such, the key focus of such classes is marketing management for profit-oriented enterprises. Marketing, however, is much broader in scope and has more to offer than only the business perspective. Ideally, marketing management classes should encourage students to take a more differentiated look at marketing practices, in particular with respect to socio-economic issues and marketing implications for the greater good (Hastings & Saren, 2003). Marketing management instructors should be asking the following question:

## How to include social and critical perspectives in marketing management classes?

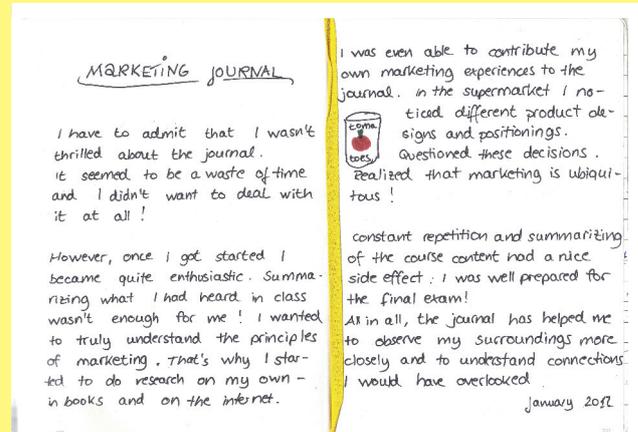
**forensic method**

You have to find out why the company decided to air this commercial and write a case study based on your insights. Watch the following video:  
<https://www.youtube.com/watch?v=5DUPEH7pWCK>

Try to gather as much information as possible to reconstruct context. Who was responsible for the commercial? Where was it broadcast? How does it compare to other commercials at that time? Who is displayed? Who isn't? What was going on in society and the economy at that time? Add your own questions and talk to your fellow investigators.

## Objectives

- o To present two methods for including social and critical perspectives in business-oriented marketing management classes
- o To spur debate on good teaching practices that empower students to assess and use marketing management tools not only with respect to profit, but also the social good.



1st year bachelor student's final marketing journal entry, 2016/17

## Findings

Students expect to cover business-related topics in marketing management class, but they are also open to social and critical perspectives (Albers-Miller, Prenshaw, & Straughan, 2004), especially if labelled fethicalgor fustainableg in addition to historical or social marketing case studies, methods that critically reflect upon marketing management practices are

- o the forensic method, in which students research certain marketing management practices and how these came to be in a particular time and social setting (Bussière, 2005; Nevett, 1989; Peterson 1987; Tadajewski, 2012), and

- o journals, in which students reflect upon marketing management practicesgimpacts on themselves and other people.

## Conclusions

The potential for integrating critical approaches in marketing management class is largely untapped. Although it is time-consuming to take a non-textbook approach to marketing management classes, it is worth it. Many students find it rewarding to apply their moral judgement to business practices as well as to learn how business practices are influenced by society and its zeitgeist and vice versa. By giving students the means to critically assess the socio-economic implications of marketing management practices, we can better enable future business-leaders to create more sustainable and socially-oriented enterprises.

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# PRACTICUM:



## COMMUNICATIONS FOR SOCIAL CHANGE COURSE

### CONFERENCE TRACK

Interdisciplinary and cross sector action to influence behaviour for social good



### OBJECTIVES

- Capacity building of new generation of communications professionals
- Affordable communications services for non-profit sector

### TARGET GROUP

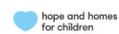
Emerging professionals who would like to work in the non-profit communications field



### PROJECT

Practicum is a two-months course which aim is to provide skills, best practices and training in communications for social change. The course was developed in partnership with the Ukrainian Catholic University and leading nonprofit organisations, including UNICEF, UNFPA, WWF, Transparency International, Internews Ukraine, Hopes and Homes for Children.

During the course, participants developed the communications campaigns connected with issues of corruption, gender inequality, bullying, ecological problems, EU integration and vaccination.



The course consists of 20% of theory and 80% of practice where experienced practitioners from international nonprofit organisations shared their knowledge focusing mainly on developing practical skills and offering a wide range of readymade tools. The students were able to work on real projects. The participants have received new career opportunities and skills to use in their work, while nonprofit initiatives received PR support for addressing their communications needs.

### METHOD



### EVALUATION



- 2 courses have been conducted;
- 80 students have successfully graduated the course and some of them were already hired by the partner organisations;
- 68% of participants give the highest marks to the course;
- 54% of participants confirmed that they will use knowledge in their professional activities.

To spread the effective communications tools wider, we created an online course on communications for social change [practicum.space/learning](http://practicum.space/learning) focused on young activists and professionals.

### RECOMMENDATIONS

Practicum is a perfect case study of an efficient solution for an existing gap in the educational and professional training field. The partnerships with leading non-profit organisations, working on real cases and the certification from the university, made this programme successful.

- Practitioners and institutions should be more actively involved in sharing their experience with young professionals.
- The nonprofit sector can benefit from cooperation with universities and training centers.

[practicum.space/international](http://practicum.space/international)



# Is there Islamophobia in hiring practices?

## An experimental study as part of formative research in social marketing

Y. El Maohub, BA, N. Rangelov, PhD & L. S. Suggs, PhD

BeCHANGE Research Group, ICP, Università della Svizzera italiana, Lugano, Switzerland

### Islamophobia

“rejection of Islam, Muslim groups and Muslim individuals on the basis of prejudice and stereotypes. It may have emotional, cognitive, evaluative as well as action-oriented elements (e.g. discrimination, violence)”<sup>1</sup>

National referendum - 57.5% of Swiss voters agreed to ban the construction of the minarets in Switzerland (CH).

National referendum - 51.6% of Swiss voters agreed to not facilitate the procedures for naturalization of second and third generation immigrants.

Ticino Initiative - 65.4% of Ticino voters agreed to prohibit the dissimulation of facial traits in public places. Focus of the initiative: burqa and niqab.

2004

2009

2013

### THE PROBLEM

- Islamophobia is becoming widespread, especially in the European continent where the presence of Muslim people is growing and where several terrorist attacks in the name of Islam occurred that subsequently lead to a negative reaction against Muslims.
- According to the European Islamophobia Report, the phenomenon has become a threat to the democratic foundations of the European countries and “a main challenge to the social peace and to the coexistence of different cultures, religions and ethnicities in Europe”<sup>2</sup>.
- In Switzerland, the presence of Muslims increased, reaching, in 2017, 5.2% of the total population<sup>3</sup>. Debates about the presence of Muslims in CH increased after the terrorist attacks in France. In 2018, 29% of Swiss people were hostile expressing a negative opinion towards Islam and 14% towards Muslim individuals<sup>4</sup>.

### THE EXPERIMENT

- Step 1.** Participants (employees who live and work in Ticino, CH, recruited through snowball sampling) completed a **survey about demographic characteristics** (age, gender, religion, nationality, education, countries where they lived, how long in CH, and current work position).
- Step 2.** Participants were invited to play a role, where they were a grocery store manager, who wanted to hire two employees: one to work as **store cashier (scenario 1)**, and the second one to work as **store accountant (scenario 2)**. The first job implies direct contact with customers, while the second one typically does not. The hypothesis was that they might avoid Muslim candidates in case the job required direct contact with customers.
- Step 3.** Participants viewed **four resumes**, randomly chosen between 32, and were asked to evaluate them for the position of cashier (scenario 1) indicating whether they found them suitable for the position, whether they would have hired them, and whether they would have called them back for an interview. After viewing all of them, participants were asked to **choose one or more applicants and explain the reason for their choice**. After that, the same process was replicated for the position of accountant (scenario 2).

### DEVELOPMENT OF RESUMES

- Criteria considered:** the resumes needed to be realistic, and not show differences among applicant’s work experience, skills and languages. The curricula were developed so to maintain the individuality of each profile, but also similar in terms of suitability for the job, to reduce bias.
- Information provided on resume:** name, surname, date and place of birth, e-mail, picture, expertise, work experience, education, languages, and interests.
- Total number of resumes creates:** 32 for the cashier position + 32 for the accountant position
- Variables manipulated:** in relation to the “Muslim appearance”:
  - 1) **look/picture:** Muslim look for men: skin color, facial traits, beard  
Muslim look for women: skin color, facial traits, hijab
  - 2) **name:** the names chosen for the “Muslim” candidates sound Arabic (i.e. Jalal, Fatima)
  - 3) **skin color:** dark skin or non-dark skin

### FOCUS OF THE STUDY

- This study focuses on **decision making in hiring practices** where prejudice and discrimination are present. **Why?**
  - According to the Federal Statistical Office of CH, the working environment constitutes the most frequent situation in which discrimination happens: 50.2% of those who were subjected to discrimination in 2018 affirm that it happened in the working context<sup>5</sup>.
  - According to the International Labor Office<sup>6</sup>, Europe still suffers of discrimination at work based on gender, age, race, ethnic origin, and in particular **religion**. This primarily affects immigrants and minorities, among which Muslims. A survey conducted by the European Fundamental Rights Agency shows that 31% of 10’527 Muslim respondents have experienced discrimination in seeking work in the last five years<sup>7</sup>.

Male Candidate	Look Muslim	Look Non-muslim	Name Muslim	Name Non-muslim	Skin Dark	Skin Non-dark
1	X		X			
2	X		X		X	X
3		X		X		
4	X	X		X	X	X
5	X			X		X
6	X			X	X	X
7		X	X			X
8		X	X		X	X

On the sides, tables summarizing the different combinations of look, name and skin color.

Below, examples of resumes presented to the participants during the two scenarios.

Eight people were chosen, between family and friends, to represent the different options for both the cashier and the accountant position.

Can you find out who is muslim and who is not?

Female Candidate	Look Muslim	Look Non-muslim	Name Muslim	Name Non-muslim	Skin Dark	Skin Non-dark
9	X		X			X
10	X		X		X	X
11		X		X		X
12	X	X		X	X	X
13	X			X		X
14	X			X	X	X
15		X	X			X
16		X	X		X	X

### RESULTS AND CONCLUSION

- Sample:** 32 participants completed the experiment; 59.5% female; age range: 26-75; 46.96% high school as highest degree; 66% Christians, 9% Atheist, 6% Muslims, 19% other. 46.9% working in their position for more than 15 years; Work positions varied from office workers, bank and commercial clerks, HR department employees, general managers, teachers, nurses, responsible, and retired.
- Scenario 1:** characteristics that matter the most: appearance and work experience. Change in attitudes was observed for applicants that look Muslim (for women, who wore the hijab) and have an Arabic sounding name (for both genders). Gender and skin color did not seem to be a reason to not choose a candidate. The majority of applicants were seen in a positive way considering work experience and skills as being appropriate to the position. It was noted that personal perception (S/he does not inspire me confidence) was often the metrics for judgement.
- Scenario 2:** characteristics that matter the most: education and work experience. No change in attitudes were observed related to the different variables (look, name, skin). Only in two cases the final choice for the applicant was motivated by the nationality of the applicants (Italian and Tunisian applicants were not chosen).

Certainly, more research is needed with a representative sample to understand the extent to which Islamophobia impacts employment opportunities for Muslims in Europe. This study made no attempt to change Islamophobic behavior. However, the fact that the candidates perceived to be Muslim were not rejected from the back-office position, but they were from the front-line position suggests that a manager’s actions may not be related to their own level of Islamophobia but their perceptions of their customers. Further inquiry is warranted.

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# A Citizen Designed Program to Ban Smoking in Enclosed Public Spaces: The Trikala City Programme, Greece.

Leonidas Skerletopoulos MBA, Angela Makris MPH, College of Public Health, University of South Florida

## Background

Legislation in Greece bans smoking in enclosed public spaces, yet there is extensive tolerance across Greece by shop owners to allowing smoking indoors. This behaviour was influenced by their belief that to stop patrons smoking inside, would mean losing customers. The abovementioned belief, compounded by the lack of enforcement by municipal police, led to the law being largely ignored.

Guided by a socio-ecological model (SEM), the overall objective of this project was to enforce the ban on smoking indoors in the city of Trikala aimed at restaurant/café/bars owners, the largest group of non-compliant commercial locations in the city. The project aimed at involving business owners, the municipality and citizens to initiate change. The social goal of the program was to protect families and children from the effect of Second-Hand Smoking (SHS) in enclosed public spaces. The economic aim was to convince business owners that by enforcing the law there would not be a decrease in business and profits.

## Target group / focus

The objective of the project was to enforce the ban on smoking indoors in the city of Trikala aimed at restaurant/café/bars owners, the largest group of non-compliant commercial locations in the city. The economic aim was to convince business owners that by enforcing the law there would not be a decrease in business and profits and politically, the Mayor's strength with his constituents would not weaken.

## Methods / Approach

Greeks demonstrate strong characteristics of a high context culture especially in the domains of temporality and learning, which illuminates the strategic role of existing norms to the delivery and response to a message. It guided the type of interventions that had to be created to get buy-in from both the café owners and the municipal police.

- Program design involved both primary and secondary data collection and review.
- Primary data was collected through a series of open meetings, stakeholder closed-group meetings, surveys and co-creation exercises by the project development group.
- The design process included meetings with restaurant and cafe association members, health professional stakeholders, the community and city council members.
- The stakeholders of the program were, Trikala Municipal Police, commercial and business associations, the Smoking Unit of Trikala General Hospital, Thessaly University, School of Physical Health and Sports Science, Trikala Social Intervention Centre and the Trikala Volunteers Network.
- The overarching framing for the planning of the intervention was the social ecological model.

## Results

The intervention mix of activities is presented below and is based on the De-CIDEDS framework (French, 2011).

Inform	<ol style="list-style-type: none"> <li>1. Three (3) open stakeholder meetings. Three open consultation meetings were organized inviting stakeholders and community to discuss the implementation.</li> <li>2. One (1) Open Public meeting</li> <li>3. Flyers: were placed in the restaurant and bar tables</li> <li>4. Social Media campaigns: Extensive use of Social Media to raise awareness</li> <li>5. Campaign logo was placed in the door of each participating store</li> <li>6. Extensive media coverage to raise pride in locals being the first city in Greece, that complies with the law.</li> <li>7. Sports Teams associated with the initiative. Placed a logo on their communication and clothes demonstrating their support to Smoke Free Trikala Initiative.</li> </ol>
Educate	<ol style="list-style-type: none"> <li>1. Awareness campaigns to primary and secondary school students. Awareness campaigns and material with messages, "I learn not to smoke" and "I learn to be Smoke Free" was delivered.</li> <li>2. Sports associations were educating their members towards a smoke free attitude.</li> <li>3. Events to inform on health issues were held in all seven (7) municipalities around Trikala. Participation of doctors and scientists who, after presenting the facts in keynotes, initiated open discussion with the audience answering questions to support the evidence and raise awareness.</li> </ol>
Design	<ol style="list-style-type: none"> <li>1. Opinion leaders, doctors, professors, teachers, police officers, city councillors were approached, to act as role models and not smoke in enclosed public spaces to help change social norms.</li> <li>2. Dedicated Website with the complying stores, promoted the social proof.</li> <li>3. Positioning "Trikala Quit Smoking", was selected to appeal to emotions. The slogan was "It's not a matter of legislation, its fundamentally a matter of civilization"</li> <li>4. The project team formed an intervention scheme in which participants were citizens, store owners, association reps, officials, experts.</li> </ol>
Support	<ol style="list-style-type: none"> <li>1. All stores had a period to comply, from announcement day to the actual day of enforcement.</li> <li>2. Motives for owners. Shop owners who participated in the program were offered free public space outside their store, to use and decorate for their smoking clients.</li> <li>3. Smoking Cessation Unit offered call center support and advise on smoking cessation.</li> </ol>
Control	<ol style="list-style-type: none"> <li>1. Intensive inspections followed the enforcement of the law.</li> <li>2. Fines were issued even to employees of the Municipality that refused to comply, communicating the commitment.</li> </ol>

- The program was successful and delivered important findings that shed light on challenges associated with implementing such a programme.
- Before the initiation of the city-wide programme, less than 5% of businesses, approximately five of them, were compliant with the law. A year after the programme implementation, 90% of them were compliant, more than 60 businesses.
- A significant learning was that the program had little effect in smaller communities, and villages around Trikala city as the program was mainly focused on businesses in the urban area.
- The inhabitants of the smaller communities resisted strongly, program implementation had poor uptake as local people and businesses felt strongly that they should have control of their space. This lack of uptake was further exacerbated because of the limited number of municipal police engaged to enforce the ban. This was a direct result of the lack of attention and inclusion of the suburban and rural areas of the municipality in the program.



## Conclusion

The success of the program highlighted the weakness of the main argument against implementing the law i.e. that it discouraged most Mayors from the rigorous enforcement of the legislation, because of the fear of the potential political cost. The Trikala program showed that when the law is properly and fairly enforced there is no threat to revenue for business owners. The Trikala city program and design can be easily transferred and applied at other Municipalities across Greece. This is because the social and behavioural norms which served as barriers in Trikala are the same across all of Greece.

It is recommended that a survey be conducted followed by a public health campaign in the regional communities surrounding Trikala city on the health impact of passive smoking based on the findings of the survey, aimed at both the community and the café/shop owners to increase understanding of the importance of applying the no smoking law.

euractiv.com. (2018). *Greek smoking ban ineffective*. [online] Available at: <https://www.euractiv.com/section/health-consumers/news/smoking-ban-law-in-greece-still-on-the-shelf/> [Accessed 14 Oct. 2018]. <https://trikalacity.gr/akapnos/>



COLLEGE OF PUBLIC HEALTH  
UNIVERSITY OF SOUTH FLORIDA

Our Practice Is Our Passion

## Case study: Using online focus groups to generate fresh insight into A&E attendance in Devon

Ruth Dale, Social Insight Marketing  
Nicola Bonas, NHS Devon Clinical Commissioning Group



### Introduction

The increasing trend to attend Accident & Emergency (A&E) for non-life threatening illnesses continues to climb not just through winter months but the whole year round.

In Devon, the data showed that, despite efforts, people living within a short geographical radius of an A&E department continued to be more likely to attend than those living further away.

To engage the target audience and offer fresh insight to potential solutions, a deep-dive approach was needed.

### Method

Online discussions were chosen as the research tool as part of a wider project that adopted the **Double Diamond** process.

Originally designed by the Design Council, this diverge and converge approach opened the space to innovate, generate confidence to be creative and reignite solutions toward a complex challenge.

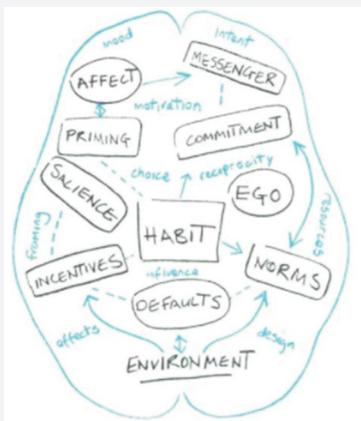
Pressure on NHS services, accessibility and demand considerations are not new subjects; the Double Diamond allows a fluid and organic approach that keeps the audience at the centre. The online discussion groups formed the Define section of the work.



Online discussion groups were considered excellent opportunities to:

- Take an in-depth approach to explore people's default position when accessing urgent care services.
- Explore attitudes toward accessing services in an emergency and what has influenced them of this default
- Explore the knowledge of services and the likelihood of acting on that knowledge
- Explore influencers, digital and in person

The data collection process used a semi-structured interview framework to ensure consistency and ease of analysis. It was either then videoed or recorded allowing for a thematic analysis using the MINDSPACE lens and triangulation of themes.



### Recruitment

The two target audiences were recruited via Facebook advertising and social media, were from the two agreed segments and lived near to Accident & Emergency Departments. Based on desk research and a MOSAIC analysis two personas were used:

#### 1) Digital by default:

- Single, 18-35 years old
- Renting
- Can include students but mostly working
- Time poor

**Ben**  
Early digital adopter. High tech. Rents with house mate. Work place. Tales of Time poor. Urgent memories, social.

**About Ben:**

- Aged 33 years old
- Renting a room in a house
- Ambitious, graduated from Exeter University
- Relationships based through work

**Relationship with health services:**

- Infancy, based on childhood, other people's experiences or accidents
- Doesn't know what the difference between MIU, Walk-in

#### 2) Family first:

- Families with children
- Aged 25 – 40 years old
- Rent from social landlord or home ownership

**Sophie (family first)**  
Mobile first, data is an issue, second, TV viewer. Life is centred round the family, school, social norms stem from community & friends. Not experienced in self-care, to diagnose & treat, time poor convenience.

**About Sophie:**

- 29 years old
- Two children under seven, one child suffers with an allergy
- Limited income

**Relationship with health services:**

- Begins with maternity care
- Children's health professional
- Long-term conditions management
- May not know what and

### Results

In total **seven groups/interviews** were conducted with a total of **15** participants, approximately five hours of rich data.

Seven participants conducted **online video interviews (google hang-outs)**, ranging from 45 minutes to an hour. This included one paired interview (two people), two individual interviews (one person per interview) and one trio (one interview with three people). Five of these participants met the **Digital First Profile**. It included three males and two females.

Eight participants conducted **chat-room based interviews**, via a closed group on **Facebook**. This was made of up three groups with two participants and supplemented with two interviews with two solo participants.

Seven of these eight met the Family First Profile and one of which met the Digital First Profile. Seven were female and one was male.

### Insights

- **Messaging about future health concerns is ineffective.** Messaging in context of everyday lives today resonates. Make the emotional connection. This stretches across age, life stage and geography

"I'm so bad for eating rubbish, but I would deffo sat my children are my motivation as I want them to be healthy and our family. (Family first participant)

- **Childhood experience of attending A&E is a trigger for returning**

"When I was a kid I had numerous broken bones and so when their with my mum I was probably a frequent user" (Digital first participant)

- **The word urgent care does not resonate with audiences**

"You don't want to make a call about the level of emergency and then turn out to be wrong" (Digital First)

- **Time is not a determining barrier access to medical equipment is**

Time is often the key barrier tackled in communications planning and there is much emphasis on choosing a service based on waiting times. Participants demonstrated a familiarisation with this concept in their word association and their perceptions of the services.

However, this alone will not shift behaviour if their driver is access to medical facilities, such as an X-ray, and especially if they do not understand what the other options mean.

When discussing access to health services and health information online, there was no mention of seeking waiting times as a factor by participants.

### Conclusion

The digital approach was highly effective, bringing fresh insight and reenergising a complex health challenge. The findings themselves opened up new ways of thinking for NHS social marketing.

As we seek to influence behaviour change, we must understand our target audience's relationship to their digital environment, what triggers there are and what motivates them.

Facebook and Google Hangouts proved to be an effective tool for recruiting and collecting data. They both brought unexpected dimensions to the insight development which provided great added value.

Initial concerns about building trust, rapport, and observing body language were dispelled as side-chats quickly grew up amongst participants.

The main challenge to be considered when planning to adopt this approach was how quickly the conversations can shift off-subject on multiple threads.

Clear behavioural rules are recommended, as they would be in a face-to-face interaction to support participants interacting on one thread.

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# UTILISING DIGITAL SOCIAL MARKETING TO REDUCE IMPACT OF ALCOHOL MISUSE AT CHRISTMAS IN IRELAND

## DRINKAWARE

Web: [drinkaware.ie](http://drinkaware.ie) Email: [info@drinkaware.ie](mailto:info@drinkaware.ie)

### INTRODUCTION

Drinkaware is the most recognised source of trusted alcohol information in Ireland.<sup>1</sup> Christmas in Ireland is typically a time with more social occasions and hence, more opportunities to drink more alcohol than usual. Working alongside our digital agency, we were able to use insights from the previous year's digital marketing and research findings from the Drinkaware Index to build a campaign to encourage Irish adults to be proactive ahead of the festive season and to plan ahead for such occasions to reduce negative impacts of alcohol. This month-long digital campaign focused on tailored messaging to targeted demographics to reduce the misuse of alcohol and its impact on society as a whole.

### PROJECT RESEARCH

The Drinkaware Index research is a nationally-representative survey, which uses seven internationally-recognised standardised models to provide a wide-ranging overview of Irish adults' behaviour, attitudes and motivations towards drinking alcohol.<sup>2</sup>

#### Key findings include

- 44% of the population drink alcohol on a weekly basis.
- Just 2% of the Irish population know the low-risk alcohol guidelines.
- 61% of weekly drinkers consume alcohol at home.
- 24% of Irish adults consider it 'likely' that they will have increased health problems in the future if they continue to drink at their current level.
- 74% believe that drinking to excess is 'just part of Irish culture'.

### AIMS

- To utilise a wide range of digital platforms and tactics to reduce alcohol misuse at Christmas
- To promote proactive use of online tools and resources to facilitate positive changes to drinking habits
- To provide nudges and prompts at relevant times to key demographics to reduce impacts of alcohol use

### TARGET AUDIENCE

- General public (split into custom-built sub-groups by age/interests)
- Parents aged 35-44 years

More details on audiences can be found in Method however, please note that many of the audiences we use to target social marketing posts and ads are custom-built based on performance insights gathered over time.

### METHOD

To ensure the best results at a crowded time of year, we decided to trial new digital channels. This expanded our platforms to include Facebook, Instagram, YouTube, LinkedIn, PPC and Display. A brief outline of the approach is in the table below.

CHANNEL	TACTIC	TARGET AUDIENCE (CUSTOM BUILT)	THEME
Facebook	Paid ads Newsfeed	Parents – cooking/baking interests	Role modelling
		M+F – fitness/health interests	Calorie/sugar content Low-risk guidelines Drinking at home Mocktail recipes
Instagram	Paid ads	Parents	Role modelling
YouTube	Video ads	People querying 'parenting tips'	Role modelling
PPC	Search ads (text)	Keywords including 'drinks calculator' and 'drink driving'	Drinkaware brand New drink driving laws Drinks Calculator
Display	Banners	M+F – fitness/health interest	Role modelling
		Parents People querying 'new drink driving laws' and 'alcohol processing times'	New drink driving laws Drinks/Calorie Calculator
LinkedIn	Sponsored ad	35-44-year-olds	Role modelling

### KEY CONTENT INCLUDED:

- Advice for parents as role models
- Christmas party tips to drink less
- Order a measure cup (to track home drinking)
- Calories and sugar calculator (impact of alcohol)
- New drink driving penalties

### GOAL CONVERSIONS:

- Website visits (overall and to key landing pages)
- Page views
- Drinks Calculator uses
- Resource orders

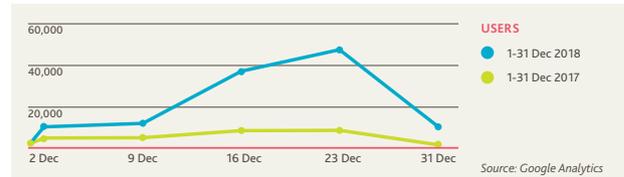
### RESULTS

We achieved the following results (compared to December 2017):

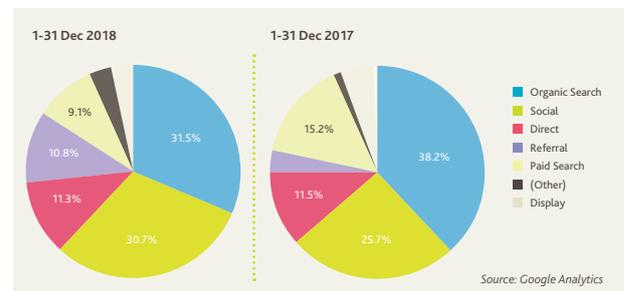
- 300% increase in website visits
- 936% rise in number of people using online Drinks Calculator
- 490% increase in page views
- 42% in bounce rate
- 34% rise in number of pages viewed per session
- 1.85% LinkedIn CTR (vs average 0.35-0.45% CTR)

KEY RESULTS	Dec 2018		% change YoY
	Value	% change YoY	
Unique website visits	110,542	+300%	
Page views	482,048	+490%	
Drink calculator uses	89,248	+936%	
Resource orders	689	+5%	

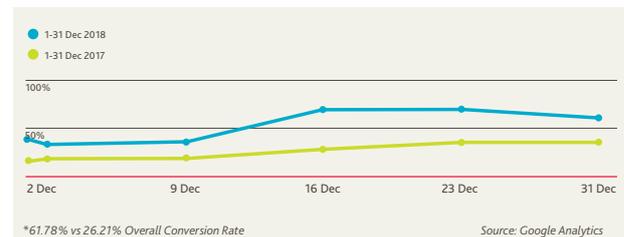
### WEBSITE VISITS



### WEBSITE REFERRALS



### DRINKS CALCULATOR CONVERSION RATE\*



### CONCLUSIONS AND RECOMMENDATIONS

As the leading source for trusted alcohol information in Ireland, our website user statistics indicate that Drinkaware has a crucial role to support the growing movement for drinking in a less harmful way. Irish adults are becoming more mindful about the way they consume alcohol and we have reason to believe this will continue, with our own Drinkaware Index research findings clearly highlighting a willingness and appetite to change consumption levels.

The significant jump in Drinks Calculator uses indicates a rise in interest among people who are proactively seeking information about alcohol, its impact and ways to drink less to improve health and wellbeing. The threefold increase in the number of people taking the time to visit the Drinkaware website is a signal that attitudes and behaviours in Ireland are shifting. People in Ireland are now actively looking for information, tools and tips to understand and change their drinking habits to improve future health and wellbeing.

These major increases indicate that the trend for taking proactive steps to improve personal health and wellbeing among adults in Ireland is still growing. The Drinkaware Index research found that physical health (61%) and fitness (43%) are the top two motivations for Irish adults to drink less.

Drinkaware will build on the success of this Christmas campaign to continue to provide people with evidence-based information and practical strategies to reduce their alcohol consumption and improve overall health and wellbeing. In 2019, the below are among the areas we will work on to ensure we are consistently providing the most useful information, CTAs and actionable next steps to facilitate and encourage behaviour change across our digital audiences:

- After looking deeper into the audience statistics and breakdown, we found that the majority of the audience are Millennials, who have different attitudes toward drinking than their parents and grandparents. However, the majority of engaged users are older than 45. To engage this Millennial audience, we should think about creating content and audiences geared towards this demographic and research their drinking attitudes further.
- Our Male Engagement is notably lower than female. We will consider two approaches: 1) capitalising on our high Female Engagement rate and focus our budget and content on these audiences or 2) a push to engage more men with men's health topics and male-centred content.
- Parents represent over half (52%) of video conversions. We will explore the benefits of growing our video content for parents vs trialling video to engage and convert additional audiences.

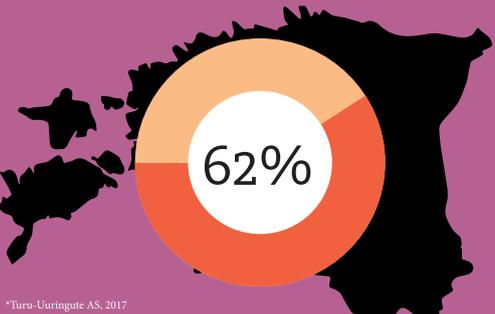
### REFERENCES

- The Drinkaware Index 2019: Analysing Hazardous Drinking in Ireland. Dublin: Drinkaware. [available at [drinkaware.ie](http://drinkaware.ie)]
- Drinkaware Barometer 2019: National Attitudes Towards Alcohol, Health & Wellbeing. Dublin: Drinkaware. [available at [drinkaware.ie](http://drinkaware.ie)]

# Campaign to reduce alcohol drinking in Estonia – acknowledging problems and seeking for help.

Helen Noormets, Karin Kilp, Esta Kaal, Triin Ülesoo  
National Institute for Health Development, Estonia

 **Tervise Arengu Instituut**  
National Institute for Health Development

BACKGROUND	OBJECTIVES	SOLUTION						
<p>In Estonia, <b>about 30%</b> of the adult population (15–64 years) is estimated to drink alcohol at the <b>high-risk level</b>, including 5% with alcohol dependence and the rest drinking at hazardous or harmful levels.</p> <ol style="list-style-type: none"> <li>Alcohol is an integral part of everyday life in Estonia and <b>social norms favor alcohol consumption in large quantities</b>.</li> <li>People generally don't have a realistic idea how much alcohol they actually drink and they <b>underestimate their drinking</b>. It is a widespread belief to regard alcohol consumption as moderate as long as the person is able to control his/her life.</li> <li>People with alcohol addiction are <b>stigmatized</b>.</li> </ol>	<p>To help people with risky and hazardous alcohol consumption to <b>identify</b> their alcohol problem at an early stage, <b>motivate</b> them to take steps to reduce their alcohol consumption and thereby <b>prevent/avoid</b> harmful consequences of their drinking patterns.</p> <ol style="list-style-type: none"> <li><b>Raise awareness</b> of one's drinking levels.</li> <li><b>Introduce</b> a method of self-assessment (<b>AUDIT test</b>) and in case of risky drinking motivate to take steps to reduce alcohol consumption.</li> <li><b>Reduce stigmatization</b> of risky drinkers in the society to create an understanding that this can be any person with no obviously visible features that could refer to the problem.</li> </ol>	<p><b>Campaign message directed people to check their drinking behavior by conducting the AUDIT test</b> on the campaign webpage <a href="http://alkoinfo.ee">alkoinfo.ee</a>. Depending on the test score the respondent was <b>provided with recommendations</b> and links to further reading. Respondents with high scores were provided links to information about <b>professional help</b>.</p> <p><b>Media Mix</b> Campaign website <a href="http://alkoinfo.ee">alkoinfo.ee</a>, <b>TV media, outdoor media, internet banners, below the line media</b> in the shops, <b>print media, PR</b>.</p> <p><b>Timing</b> Communication carried out in <b>two waves</b>, both 3 weeks long with a 5-months break between two waves.</p> <p><b>Theories</b> used to design the programme and campaign: Stages of Change Model (Prochaska J.O., DiClemente C.C., 1983) and Cognitive Dissonance Theory (Festinger, 1957).</p> 						
<h3>RESULTS</h3>		<h3>CONCLUSIONS</h3>						
<p>1 Campaign awareness among target audience</p>  <p>*Turu-Uuringute AS, 2017</p>		<p>3 According to the pre and postcampaign researches <b>attitudes towards frequent consumption of alcohol in half a year became somewhat more critical</b>.</p> <p>"Excessive alcohol consumption is not a problem as long as one can handle his family and work relationships".</p> <table border="1"> <thead> <tr> <th>AGREE</th> <th>DISAGREE</th> </tr> </thead> <tbody> <tr> <td>50%</td> <td>40%</td> </tr> <tr> <td>CHANGE -7%</td> <td>CHANGE +4%</td> </tr> </tbody> </table>	AGREE	DISAGREE	50%	40%	CHANGE -7%	CHANGE +4%
AGREE	DISAGREE							
50%	40%							
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<p>2 During the campaign 70 324 visitors visited website <a href="http://alkoinfo.ee">alkoinfo.ee</a></p>  <p>of Estonian population was activated</p>		<p>AUDIT test page screenshot.</p>  <p>4 During the campaign year (2017) 60 842 people <b>completed AUDIT test</b> on campaign website <a href="http://alkoinfo.ee">alkoinfo.ee</a>.</p> <p><b>4,5% of Estonian population completed AUDIT test.</b></p>						

Implemented within the programme "Soberer and Healthier Estonia", funded by European Social Fund (2015–2020).



# The surprising cost of flooding

## How an unexpected message can drive information-seeking behaviour

Destiny Aman, Allison Gurnitz, Ben Hawkins, Christian Howieson, Butch Kinerney, Mat Mampara, Andrew Maxfield, Morgan Rote & Shari Willis

### Project / Research focus

Our interdisciplinary team helps the United States government with social marketing around flood insurance, a social good that provides significant protection against flood-related loss. Risk communication alone does not drive behaviour change when it comes to flood risk and resilience. However, social marketing around risk and the actions that build resilience can spur information seeking, an early step in the customer experience journey. The purpose of this specific campaign was to test different types of messaging to determine which was most effective in persuading our audience to click on a digital ad about flood insurance.

### Aims and objectives

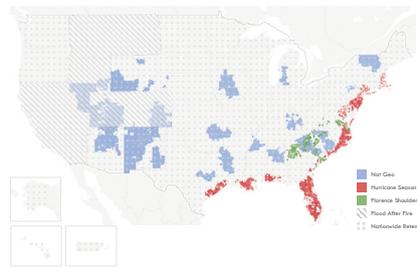
Our primary aim is to use social marketing to help increase the use of flood insurance as a critical tool in building disaster resilience.

#### Key objectives:

- To drive information-seeking behaviour among potential flood-insurance customers as a first step in protecting against flood-related loss
- To determine which messages were more effective in driving information-seeking behaviour, and why

### Target group / focus

The audience for this campaign was homeowners and business owners in the United States who do not have flood insurance.



### Method

- Conducted an online panel survey to test various types of messaging in five target markets
- Identified the most persuasive messaging and confirmed findings through focus groups
- Deployed dynamic ads using this messaging across a range of message channels, along with messaging based on other themes
- Measured ad performance and compared to benchmarks
- Formulated a theory around the efficacy of this type of messaging to inform future campaigns

### Findings

Messaging around the cost of flooding was rated more persuasive than other types of messaging amongst online panel survey participants, and performed better than benchmarks in our marketing campaigns.



Cost-of-flooding messages were rated more persuasive than other types of messaging.

Cost messaging with hard numbers was particularly effective: focus group findings suggested that facts and numbers add credibility to messages.

"I think having an actual number tied to it makes it more real...every day you deal with the numbers in your checking account. Numbers mean something."  
—Focus group participant

A dynamic ad with a cost message that included hard numbers had a click-through rate (CTR) of .33%, compared to .21% for non-cost-themed messaging.

A dynamic ad that showed how the cost of flooding mounts as flood waters rise was even more effective, with a CTR of .54%.



The "1 inch of water" message introduced the element of surprise.



This animated ad was particularly effective.

### Conclusions and recommendations

- Cost-of-flooding messages performed well in most markets and in most circumstances, suggesting this is a broadly resonant message theme for our audience.
- Quantitative and qualitative data indicated that our audience was surprised by both the costs of flooding and the relatively low cost of preferred-risk flood insurance.
- In this application we theorize that the affective tactic of surprise – in this case around costs – may create a window of opportunity by forcing people to re-evaluate their assumptions and beliefs about flood insurance.
- An animation of escalating costs tied to higher flood levels had the highest CTR, suggesting that repeated surprises in the form of cost facts within an animation was particularly strong in driving audiences to seek information.
- Blending the element of surprise with a resonant theme, especially one that lends itself to quantitative facts, is a strategy worth exploring for other applications. We recommend that social marketers seeking to challenge beliefs in various domains consider designing "unexpected message" campaigns that use credible numeric facts to surprise their audiences and spur information-seeking.

To learn more, visit [FloodSmart.gov](https://FloodSmart.gov)



We Are C3  
<https://C3.partners>

# Measuring for Change: Air Quality Feedback to Reduce Second-hand Smoke (SHS) Exposure in the Home

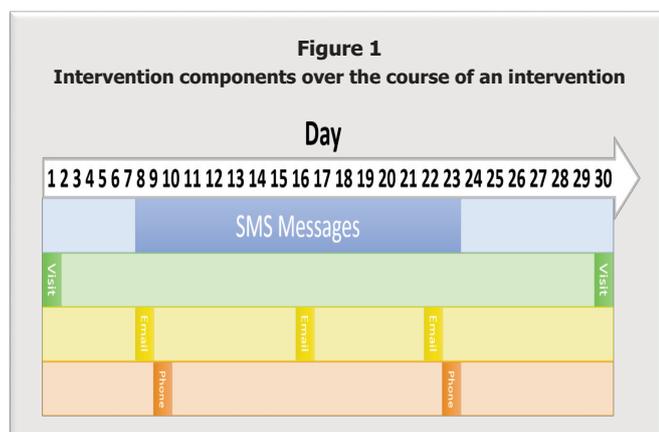
Rachel O'Donnell<sup>1</sup>, Ruairaidh Dobson<sup>1</sup>, Sean Semple<sup>1</sup> and the TackSHS Project Investigators  
<sup>1</sup>Institute for Social Marketing, University of Stirling

## Introduction

Estimates suggest 830 children in the UK visit primary care each day due to illness related to second-hand smoke and more than 20 are admitted to hospital for the same reason. [1] The Scottish Government [2] set its target of reducing SHS exposure among children by half between 2012 and 2020, and the American Heart Association has called for policies that take a zero-tolerance approach to children's SHS exposure. [3] Research suggests that air quality feedback can be successful in encouraging parents to reduce smoking in the home [4, 5]. This study aimed to enable parents to create a smoke-free home environment using new internet connected air quality monitors to record and upload personalised air quality information, as part of an educational smoke-free homes intervention.

## Method / Approach

The study was carried out in smokers' homes in areas of multiple deprivation in areas of Greece, Italy (Florence and Milan), Catalonia and Scotland. Indoor air quality (as fine particle (PM<sub>2.5</sub>) concentrations) was monitored in participants' homes over one month. The intervention was conducted over the second and third weeks of the monitoring period to allow a week to measure baseline levels and a week after the intervention to estimate the changes in each participant home. During the intervention period participants were sent daily SMS messages and weekly emails with visualisations of air quality data, providing them with up-to-date information on the effect of smoking on their home's air quality (see Figure 1).

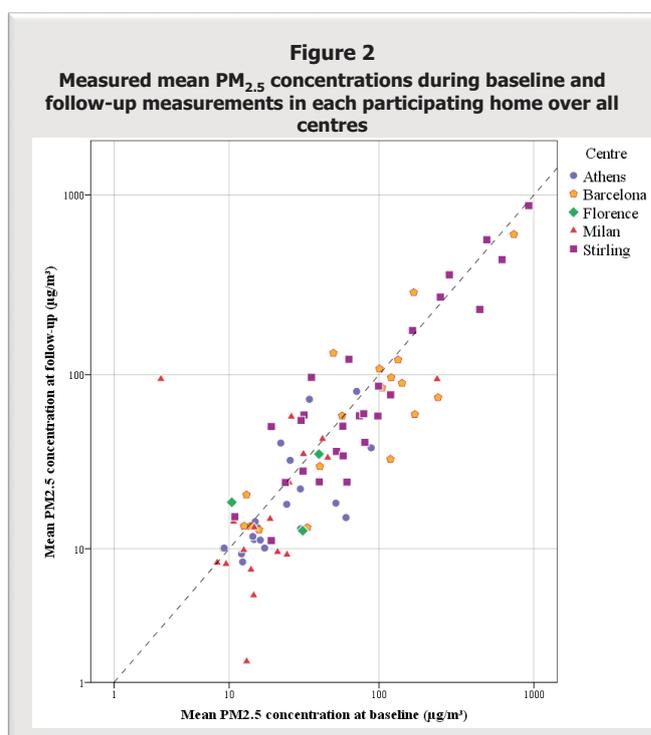


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- Royal College of Physicians Tobacco Advisory Group (2010). *Passive Smoking and Children*. London, UK: Royal College of Physicians.
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- Raghuveer G, White DA, Hayman LL, et al (2016). Cardiovascular Consequences of Childhood Secondhand Tobacco Smoke Exposure: Prevailing Evidence, Burden, and Racial and Socioeconomic Disparities: A Scientific Statement From the American Heart Association. *Circulation*, **134**(16): e336-e359.
- Wilson I, Semple S, Mills LM, Ritchie D, Shaw A, O'Donnell R, Bonella P, Turner S, Amos A (2013). REFRESH--reducing families' exposure to secondhand smoke in the home: a feasibility study. *Tab Control*, **22**(5): e8.
- Kleppeis NE, Hughes SC, Edwards RD, et al (2013). Promoting smoke-free homes: a novel behavioral intervention using real-time audio-visual feedback on airborne particle levels. *PLoS One*, **8**: e73251.

## Results

In results from five centres in Scotland, Italy, Catalonia and Greece (86 households), the intervention was shown to lead to a small but significant median decline of 18% (4.1µg/m<sup>3</sup>) in measured PM<sub>2.5</sub> between baseline and follow-up measurement periods (p=0.008), and to a median 3.2% fall in the amount of time that intervention homes had PM<sub>2.5</sub> concentrations higher than the WHO guideline level. 57 households (66%) experienced declines in PM<sub>2.5</sub> concentrations (Figure 2).



Results to the lower right of the 1:1 line represent households that achieved reductions in PM<sub>2.5</sub> concentrations after the intervention

## Conclusion

Air quality feedback can be an effective tool to reduce SHS in participants' homes. Future interventions to reduce SHS exposure at home should consider the use of air quality feedback techniques together with the advantages of internet-based monitoring to provide up-to-date feedback to participants.

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 681040. This presentation reflects only the authors' views and the European Commission is not responsible for any use that may be made of the information it contains.

# Developing a harm reduction approach to protect disadvantaged children from second-hand smoke: A qualitative study with parents and practitioners

Authors: O'Donnell, R; Rowa-Dewar, N; Lumsdaine, C; Di Tano, G; Amos, G; Swanston, L and Lewis, G. NHSL and the Usher Institute.  
Funded by NHS Lothian and the Scottish Government.



## Background

Children living in disadvantaged homes in Scotland are 12 times more likely to be exposed to second-hand smoke (SHS) in the home compared to children living in more affluent areas<sup>1</sup>. Disadvantaged parents face specific challenges in smoking only outside,<sup>2</sup> most notably when sole caring for young children in accommodation with limited or no access to suitable outdoor space<sup>3</sup>. SHS is a significant risk to child health, and innovative, empowering approaches are needed to address this inequality and better support parents to create and maintain smoke-free homes. New NICE harm reduction guidelines have identified using nicotine replacement therapy (NRT) as an important new approach in reducing smoking, while still encouraging quitting. This study explores whether NRT provision for intermittent use in the home has the potential to support parents to better protect children from second-hand smoke in socioeconomically disadvantaged households.

## Method

Twenty-five parents who smoked in their home with young children present were recruited from Edinburgh and the Lothians, supported by Early Years Centres and the Family Nurse Partnership. An NHS smoking cessation advisor discussed NRT options suitable for temporary abstinence from smoking in the home with them. NRT was then provided for up to 12 weeks by local participating pharmacies, with ongoing expert advice available from pharmacy staff. Qualitative interviews with parents explored the feasibility, cost and impacts of using NRT in the home to protect children from SHS exposure. Data collection and analysis took place concurrently, informed by thematic analysis, with further in-depth analyses undertaken after data collection was completed.

## Results

Parents often exceeded their own expectations regarding changes in their smoking behaviour as a result of using NRT intermittently in the home; many reduced their cigarette consumption by up to 50%, and some created a smoke-free home as a result of this. A minority of parents quit smoking completely as a result of taking part in the study, even though this was not their aim at the outset. There were challenges associated with collecting NRT prescriptions from pharmacies, including the impracticalities and inconvenience associated with long waiting times, alongside poor existing relationships between participants and pharmacy staff, which sometimes hindered successful access to NRT.

## Conclusion

Using NRT as means of reducing SHS risks to children whose parents cannot smoke outside may be an effective way to address inequalities and an unmet need in protecting the health of Scotland's most disadvantaged children. However, the process used for parents to access NRT needs refining in the future to maximise engagement with this promising approach.

## References

1. Scottish Government. The Scottish Health Survey 2015: Volume 1: Main Report. (2016). Available from: <http://www.gov.scot/Publications/2016/09/2764>
2. Passey, M.E., Longman, J.M., Robinson, J. et al. (2016), "Smoke-free homes: what are the barriers, motivators and enablers? A qualitative systematic review and thematic synthesis", *BMJ Open*, Vol 6, p.3.
3. Rowa-Dewar, N., Lumsdaine, C., and Amos, A.(2015), "Protecting children from smoke exposure in disadvantaged homes", *Nicotine and Tobacco Research*, Vol 17, pp. 496-501.
4. Rowa-Dewar, N., Amos, A. (2016), "Disadvantaged Parents' Engagement with a National Secondhand Smoke in the Home Mass Media Campaign: A Qualitative Study", *International Journal of Environmental Research and Public Health*, Vol 13; p.901.

# IMPROVING PUBLIC HEALTH AT SCALE BY MAKING EVERY CONTACT COUNT

## AIMS AND OBJECTIVES

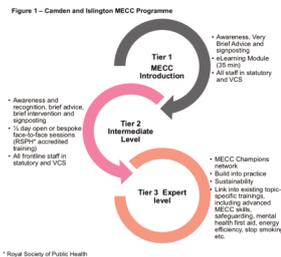
To strengthen self-care and improve access to lifestyle improvement services for citizens, including more disadvantaged and vulnerable people.

## TARGET GROUP / FOCUS

Residents of Camden and Islington in London.

## PROJECT / RESEARCH FOCUS

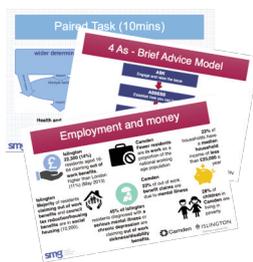
Development and delivery of a training programme to improve the **behaviour change intervention skills** and communication confidence skills of frontline staff and volunteers who have routine and daily contact with residents. The programme focusses on empowering frontline staff and volunteers to be more effective in **delivering very brief and brief interventions** that help people stay well.



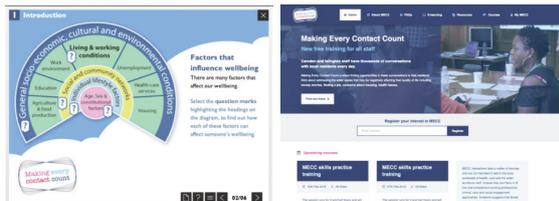
## METHOD / APPROACH

The programme encourages participants to use the many thousands of day-to-day interactions that frontline staff and volunteers have with service users, clients and patients to support them to make changes that support their physical and mental health and wellbeing.

The training provided equips participants with the knowledge and skills to undertake **'healthy conversations'** and deliver very brief and brief interventions covering health related issues such as: smoking cessation, alcohol use, physical activity, healthy diet and weight, and mental wellbeing; plus wider issues such as money/debt advice, housing and employment support.



MECC-style brief interventions operate by increasing an individual's understanding of the risks of certain lifestyle behaviours, building awareness of where they can access help, and can also help **increase their motivation to change**. The programme involves **e-learning, accredited face-to-face training** and a **network of MECC champions** to encourage and support active delivery of MECC in staff's daily working contact with the public. To increase participation in MECC all services commissioned by both councils have the requirement to participate in MECC in their contracts.



## FINDINGS / EVALUATION

The programme has involved delivering training and support to over **1,500 public staff** and **volunteers** across Camden & Islington in London. **Over 400 organisations** have participated in the programme.

Where teams have the facility to log MECC driven activity, this has shown that the programme is having a significant impact. In a 15-month period covering 2017 and 2018, Camden's WISH Plus service (a referral hub for residents to get access to a range of warmth, income, safety and health services) plus Islington's Customer Contact Centre have made **over 850 MECC related interventions** and subsequent referrals to specific support. Although it has not been possible to quantify the subsequent **level** of impact on local residents, there have been many examples of the real and positive effect it has had on people's health and wellbeing.



MECC helps get staff more engaged with residents, the importance of customer service and helps improve associated relationships. It also generates exciting opportunities to get teams better engaged with other services and organisations.

## CONCLUSIONS AND RECOMMENDATIONS

The Making Every Contact Count approach draws on **COM-B theory** to support behaviour change by helping to increase an individual's psychological capability to undertake behaviour change. The programme has shown that large scale engagement of public-facing workforces and the delivery of brief advice and signposting can help influence and change working cultures and practice to deliver better health and wellbeing outcomes for citizens, particularly those in most need of support.



**"I had gone to visit a young mum who I'd recently placed in temporary accommodation. She told me how she felt powerless to get a job because of having young children and no qualifications. I told her about Camden's Employment team and gave her their contact details. The next time I visited she had received information about a local college and the on-site facilities available which led to her enrolling on a course."**

**"A tenant came into the office complaining they were fed up and unemployed. I advised them of a project being held at St John's Community Centre for people who wish to get back into a working environment. I gave them the information they needed to apply and they came back a few weeks later to confirm how useful the course was for them and they seemed a lot more positive."**

**A social worker referred a house bound, vulnerable 90 year old suffering from cardiovascular and respiratory conditions into SHVIC. This led to an environmental health officer visiting and assessing the premises, classifying it as a high risk hazard for excess cold and serving a legal notice requiring thermal insulation. The landlord installed internal thermal insulation to reduce significant heat loss through the walls and floors.**

## LINKS FOR FURTHER INFORMATION

- [www.islingtonmecc.org.uk](http://www.islingtonmecc.org.uk)
- [www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources](http://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources)
- [www.smglearning.com/workforce-training](http://www.smglearning.com/workforce-training)

# ENCOURAGING CHLAMYDIA SCREENING UPTAKE IN EAST SUSSEX

## AIMS AND OBJECTIVES

To increase chlamydia screening levels amongst the target audience.

## TARGET GROUP / FOCUS

Men aged 15-24 years living in East Sussex, particularly in rural areas.

## PROJECT / RESEARCH FOCUS

Screening rates for young men in East Sussex, particularly those living in rural areas, are low in comparison to girls. This project's aim was to gather the required insight to develop an appropriate **social marketing campaign** to educate and encourage action (getting screened) by the target male group.

## METHOD / APPROACH

**Mixed-methods research**, conducting quantitative surveys and qualitative depth interviews and involving both the target audience and stakeholders (including schools and colleges, GPs, pharmacists and other local health professionals, employers, sports clubs and other community-based organisations, and the online screening provider). We also undertook mystery shopping to map and test the customer experience/ journey of getting screened and receiving the results.

The **COM-B model** was used to review the findings and shape the subsequent intervention strategy/tactics.

## FINDINGS / EVALUATION

Key barriers to getting tested were:

- Embarrassment and fear of being judged.
- Lack of information/knowledge about chlamydia and the test.
- No symptoms and not thinking it's serious.
- Simply not having thought about it.

Key motivating factors for getting tested included:

- Staying safe and healthy and knowing it's important.
- Being asked by a sexual partner to get tested.
- Finding out a sexual partner has chlamydia, worrying that they might have it or noticing symptoms personally.

Other considerations:

- Proactive approaches where young males are automatically offered/sent tests tended to be preferred; as well as more information about why to get tested; greater access to test kits; and reassurance about confidentiality.
- GPs were most commonly mentioned as the preferred information source, but this may be based on expectations.
- Having both on- and offline information sources was seen as important.

Campaign outputs:

The campaign ran over a 10 week period from August to November 2017.

- 11 pieces of media coverage including print, online and radio e.g. a radio interview with a total circulation of 316,363 people.



- Facebook advertising was seen 362,719 times by 153,948 people generating 4,481 click throughs (a 3% CTR) to the test kit order form.
- A scheduled range of social media posts reached 28,942 people.

Campaign outcomes:

- Tests requested totalled 1,435; an average of ~144 per week.
- This represented a **15% increase in the average weekly response** in the 10 weeks prior to the campaign and a **20% increase on the average weekly rate** for the period from the start of the year to the start of the campaign.



## CONCLUSIONS AND RECOMMENDATIONS

Like many health issues, there are a whole host of factors that prevent and encourage people to follow the right actions and path in relation to chlamydia testing. However, having the right capability, opportunity and motivation at the right the time are key factors that drive positive engagement and action – behaviour – over and above the many barriers/excuses that can arise. In the case of encouraging young men to get tested for chlamydia, this means making sure that they:

- Have the necessary knowledge, skills and capacity to get tested (**Capability**).
- Have sufficient opportunities to get tested – easy and convenient access to testing; encouragement and support and/or sufficient triggers/prompts to do so (**Opportunity**).
- Recognise that it is relevant to them and believe that is an important thing to do (**Motivation**).

Research highlighted a lack of actual awareness and knowledge of chlamydia and the testing process, an associated concern about doing the test through fear of embarrassment or being found out, but acknowledging that there were good and motivating reasons to get tested i.e. to stay healthy, have peace of mind etc.



The key thing that stood out was that once they had the relevant/necessary information or had experienced the process, it was clear how easy that process was even when living in a rural environment – and it is much easier than they had imagined. This was based on the realisation that the test itself was very simple (giving a urine sample) and that there are plenty of ways/ places to access/get the test done locally and in a discreet way if necessary.



The overall strategy to influence the target audience's behaviour was built on:

- **Empowering/equipping providers and employers** – via outreach – to promote and encourage uptake.
- **Direct engagement of the target audience** using communications.

## LINKS FOR FURTHER INFORMATION

[www.eastsussexsexualhealth.co.uk](http://www.eastsussexsexualhealth.co.uk)

[www.freetest.me/order/](http://www.freetest.me/order/)

[www.socialmarketinggateway.co.uk](http://www.socialmarketinggateway.co.uk)

@SMGgateway

**smg** social marketing gateway

The behaviour change people.



# JUST TALK

# BOYS' MENTAL HEALTH CAMPAIGN

## OBJECTIVES

- RAISE AWARENESS OF CHILDREN'S MENTAL HEALTH
- REDUCE STIGMA TALKING ABOUT MENTAL HEALTH/ILLNESS
- RAISE AWARENESS OF SELF-HELP TECHNIQUES FOR STAKEHOLDERS
- INCREASE CONSISTENCY ACROSS PARTNERS WHEN TALKING ABOUT MENTAL HEALTH

### BACKGROUND

- > 1 in 8 children and young people have diagnosable mental health problems
- > Half of mental health issues are established by age 14
- > Promoting wellbeing to a single school year group = potential £24 billion of benefit nationally (England)
- > Boys are three times more likely to take their own lives
- > In Hertfordshire, 24,000 3-19 year olds were diagnosed with a mental health illness in 2014

### BEHAVIOUR QUESTIONNAIRE

Hertfordshire runs a Health Related Behaviour Questionnaire every two years. An additional mental health survey was conducted to gain more in-depth insight. This was completed by 1,017 local young people, of which 641 were boys. The results revealed that the most common coping strategies for 12-15 year old boys were as follows:

- > 40% listened to music;
- > 33% mullied over problems alone;
- > 21% had no coping strategies at all (9% in girls); and
- > 13% said they would do nothing.

Boys said they would like to talk more about mental health but were afraid of judgment and not being taken seriously. Half were embarrassed to talk to their dads about mental health.

One third said their dad either didn't talk about emotions or they would not want to burden him.

### PHASE 1 (2017-18)

**Audience:** Males living in Hertfordshire (England) aged 11-18.

**Focus groups:** Informed creative direction, logo, campaign assets and stakeholder toolkit.

**Brand:** Themes to cover: Strength; Trust; Conversation; Support.

**Literature:** Tailored for audience and support parents and carers.

**Messages:** Talking shows strength; We all have mental health; Don't keep it to yourself; It's okay not to be okay; Don't let your friends suffer in silence.

#### Social media:

- > Role models, including footballer Jack Wilshere, got behind the campaign, tweeting support
- > 1,430 unique tweets
- > 1,200 swipe-ups on Snapchat
- > 5,704 reached on Facebook & Instagram

**Results:** Between pre-campaign baseline in 2016 and end phase 1 post-campaign in 2018, the campaign saw:

- > a reduction in the number of boys that keep worries about mental health to themselves (shift from 24% to 20%);
- > a slight increase in boys more likely to talk to others about their worries (increase of 1%);
- > 20 partner agencies working together to meet JustTalk objectives; and
- > social media channels reach over 55,000 individuals.

### PHASE 2 (2018-19)

**Audience:** Widened to all young people aged 8-25 living in Hertfordshire (England).

**Insight:** Ongoing engagement and input from partners and stakeholders.

**Additional assets:** Two new JustTalk short films; new website; suite of toolkits for schools, out-of-school agencies and young people.

#### Social media:

- > 6,821,700 potential impressions on Twitter
- > 927,520 Twitter accounts reached
- > 997 tweets from 532 contributors
- > Engagement: 56% male, 44% female
- > 109,471 Facebook impressions
- > 132,066 Instagram impressions
- > 567,833 Snapchat impressions

**Media activity:** Substantial national, regional and local coverage.

**School and college engagement:** 31 secondary schools; 2 colleges; 43 primary schools... using assemblies, running activities and lessons, and hosting parent engagement sessions.

**Results:** (Due to rerun baseline survey)

Other early highlights include:

- > Partners feeling more confident in delivering elements of the programme themselves, reinforcing its sustainability;
- > ITV's Good Morning Britain, with 700,000 viewers, described the campaign as 'groundbreaking'; and
- > Areas outside Hertfordshire requesting information to inform their own local plans, which is scaling the impact.



**6,821,700**  
IMPRESSIONS ON TWITTER



**109,471** FACEBOOK IMPRESSIONS



**132,066** INSTAGRAM IMPRESSIONS



**567,833** SNAPCHAT IMPRESSIONS

**31 SECONDARY SCHOOLS**  
**43 PRIMARY SCHOOLS • 2 COLLEGES**  
**ASSEMBLIES • ACTIVITIES & LESSONS**  
**PARENT ENGAGEMENT SESSIONS**

**DESCRIBED ON ITV'S**  
**GOOD MORNING BRITAIN**  
**AS 'GROUNDBREAKING'**  
**(APPROX 700,000 VIEWERS)**



**"Hitch worked collaboratively with us and our target audience, to create a powerful campaign that has caught the imagination of the boys and professionals across Hertfordshire."**

Health Improvement Lead – Public Health, Hertfordshire County Council (UK)

Campaign designed by:



+44 (0)151 334 3486  
www.hitchmarketing.co.uk

On behalf of:



+44 (0)1438 843309  
www.justtalkherts.org



# Monitoring the Availability of Health Products in Afghanistan's Private Sector



Soumitra Ghosh<sup>1</sup>; Dr. Ebrahim M Heidar<sup>2</sup>; Dr. Homayoon Habibi<sup>2</sup>; Salarudin Jalal<sup>2</sup>  
<sup>1</sup>Abt Associates; <sup>2</sup>Afghanistan Social Marketing Organization (ASMO)

## Survey Objectives

### Distribution Coverage & Monitoring

- Conducted annually to design distribution and marketing plans
- Measures accessibility, availability, visibility, and price of six products, both product categories and ASMO brands: condoms, oral contraceptives (OC), injectable contraceptives (IC), oral rehydration salts (ORS), water treatment and iron and folic acid
- Round 1: Apr-Jun 2017; Round 2: Jul-Aug 2018



## Methodology

### Sampling:

- Lot quality assurance sampling
- Randomly sampled 19 enumeration areas (EAs) in each of ASMO's 6 supervision areas
- EAs: Within 200m radius of district market centers

### Data collection:

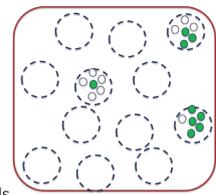
Retail audit of products in pharmacies and in grocery/general stores

**Limitation:** EAs were district market centers, not from all markets in each district



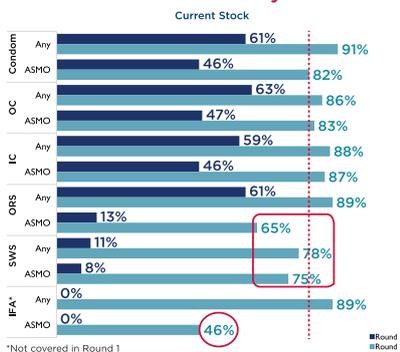
## Study Approach

- If availability standard for a product is "at least 3 in a market center"
  - Two market centers pass
  - One fails
- Target:** At least 80% of market centers pass
- Availability standards vary by product and urban/rural



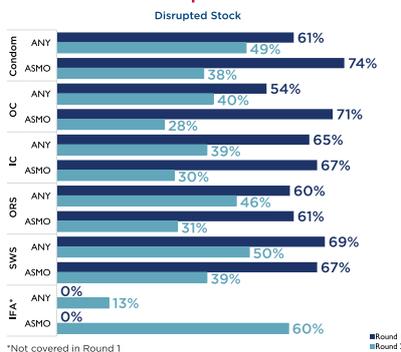
## Results

### Product Availability Trend



\*Not covered in Round 1  
 Significant improvement between Round 1 and 2 for all products led by ASMO brands; ASMO's MCH products yet to meet 80% target

### Stock Disruption Trends



\*Not covered in Round 1  
 Significant reduction in stock disruptions since Round 1

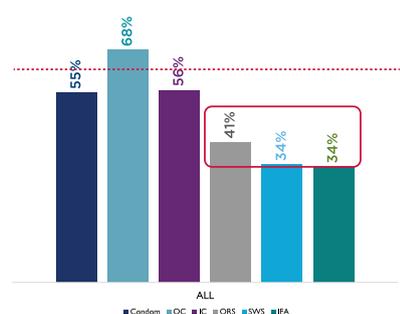
## Conclusions

- Improved availability of ASMO brands (Central, Nangahar and Kabul); all contraceptives meet benchmarks everywhere
- Despite improvement, availability of ASMO's MCH products fell short of coverage standards except in Kabul
- Coverage improved and supply disruptions were reduced; about 20-60% of outlets "usually" stocking ASMO brands; offers further scope for improvement
- Visibility of ASMO's brands is reasonably high, but very low for promotional materials
- All ASMO products sell at a higher price than recommended retail price (RRP) - more so for hormonal contraceptives and ORS

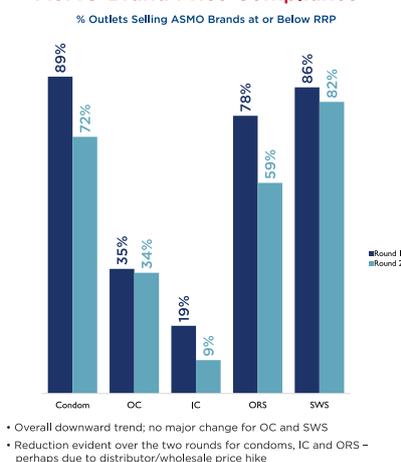


### ASMO Brand Visibility (Product Display)

- Overall Khoshi OC meets the 60% target with IC and condoms marginally short of it
- Low condom visibility in Kabul, Herat and Balkh
- Very low visibility of MCH brands
- Balkh fares poorly in terms of visibility of all brands



### ASMO Brand Price Compliance



\* Overall downward trend; no major change for OC, and SWS  
 \* Reduction evident over the two rounds for condoms, IC and ORS - perhaps due to distributor/wholesale price hike

## Recommendations

- Continued focus on inventory and reorder point management and reduction in procurement lead time
- Focus on assured re-supply at retail/wholesale levels
- Use 3rd party distributor for pharmacies; ASMO sales team to focus on non-traditional and new outlets and low coverage areas
- Target new outlets for MCH products especially SWS and IFA; target supermarkets/general stores for condoms and SWS
- Allocate more of the promotional agents' time to Kabul, Herat and Balkh
- Conduct close monitoring through sales and customer app
- Increase price of contraceptives and ORS supported by price sensitivity assessment and value addition

For more information, please visit [www.shopsplusproject.org](http://www.shopsplusproject.org) or contact: [Soumitra\\_Ghosh@abtassoc.com](mailto:Soumitra_Ghosh@abtassoc.com)

# DEFINING IRISH ALCOHOL CONSUMPTION BY BEHAVIOURS AND ATTITUDES AND PROFILING HAZARDOUS DRINKERS

**DRINKAWARE**

Web: [drinkaware.ie](http://drinkaware.ie) Email: [info@drinkaware.ie](mailto:info@drinkaware.ie)

## BACKGROUND

The negative impact of alcohol in Irish society is widely known, and both national data and international statistical comparisons are at this stage well cited and acknowledged. However, what is less comprehensive is published analysis on the motivational drivers, behaviours and attitudes of Irish society towards alcohol across different demographics and ages.

## RESEARCH AIMS

Our Drinkaware Barometers in 2016, 2017 and 2019 track Irish people's behaviour and attitudes towards alcohol. The 2019 Drinkaware Index's aim was to conduct a deeper dive to provide detailed and rigorous statistical profiles on Irish adult attitudes and behaviours relating to alcohol consumption.

## METHOD

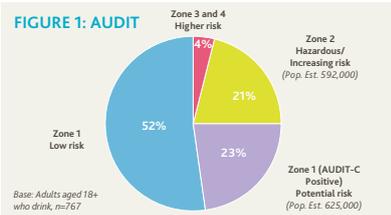
The Index was conducted by Behaviour and Attitudes on behalf of Drinkaware. A multi-stage quota controlled sampling procedure was utilised to deliver a strictly nationally representative sample of 1,000 adults aged 18+. Survey interviewing was conducted via face-to-face in home interviewing through CAPI (Computer Assisted Personal Interviewing) between April and May 2018.

The questionnaire design for our Index incorporated seven internationally recognised and standardised question models, including the Alcohol Use Disorder Identification Test (AUDIT). The AUDIT tool, developed by the World Health Organisation (WHO) is used to measure an individual's level of risk and/or harm in relation to their alcohol consumption patterns. The test consists of 10 questions, and the resulting analysis categorises respondents into four graduated categories of alcohol related risk and/or harm: low risk; hazardous risk; harmful/higher risk possible dependence. Crucially the use of such validated measures means that it is possible for us to now both corroborate and cross-analyse our findings with international research.

- Alcohol Use Disorder Identification Test (AUDIT)
- The Drinking Motive Questionnaire: Revised Short Form (DMQ-R SF)
- The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)
- Drinking occasions
- Monetary Choice Questionnaire
- Readiness to Change Questionnaire (RCQ)
- Overall Combined Risk Index

## RESULTS/ FINDINGS

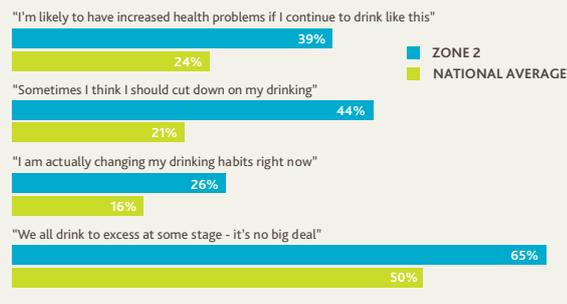
In this ground-breaking, risk-based configuration of the Irish drinking population, the Drinkaware Index has, for the first time, mapped two key groups within the drinking population that deepens our understanding of alcohol consumption in Ireland today as seen in Figure 1.



- We identified 592,000 hazardous and of increasing risk of dependency drinkers making up 21% of the drinking population. Hazardous drinking is defined as when a person drinks over the recommended HSE weekly low risk guidelines (17 standard drinks for men (170g pure alcohol) and 11 standard drinks for women (110g pure alcohol)). It is also possible to drink dangerously by binge drinking (six or more standard drinks in one sitting), even if the guidelines are adhered to. In this research, we found that these were predominantly male and under 34 years of age. In addition, 64% of adults that score high on the Mental Wellbeing Scale, indicating low mental wellbeing, were also within Zone 2 highlighting the influencing factor of mental health wellbeing and hazardous/increasing risk drinking behaviour.
- The Index also reveals a larger cohort of 23% of drinkers overall, 625,000 in number, whose behaviours and attitudes make them border-line hazardous drinkers, though they currently sit in the low risk category, meaning that they are also at potential risk of becoming hazardous drinkers. And the majority here are age- and gender-neutral. The highlighting of this potential risk group, in effect, offers an early warning system that signals characteristics among low-risk drinkers that may lead to increasing risk.

The classification of these two groups is a major advance in the understanding of alcohol consumption in Ireland. We also found that the Zone 2 drinker is attitudinally distinct, exhibits an openness to modifying their alcohol behaviour, and is open to messages around their drinking behaviour when compared with the national average.

### FIGURE 2: AUDIT ZONE 2: ATTITUDINAL PROFILE



## THREE KEY DRIVERS OF ALCOHOL CONSUMPTION

Our research findings indicate that levels of alcohol consumption in Ireland are driven by a combination of the frequency of drinking occasions, the excessive quantities considered and a culture of acceptance:

- Frequency of drinking occasions** – Weekly alcohol intake is habitual for more than two out of five Irish adults, with 44% of all those surveyed reporting that they drink alcohol at least once a week. Within the drinking population specifically, the weekly drinker is in the majority (at 57%).
- Excessive quantities consumed per occasion** - close to 20% of Irish drinkers admit consumption of seven or more standard drinks on a typical day of drinking, i.e. exceeding binge drinking levels. The WHO defines heavy episodic drinking (HED) as drinking at least 60 grams or more of pure alcohol. In Ireland, one standard drink contains 10 grams of pure alcohol, therefore six or more is equal to 60 grams+. Hence, six standard drinks constitutes binge drinking as defined by the WHO and recognised in Ireland by the Health Service Executive (HSE), the Health Research Board and the Department of Health
- Culture of acceptance** - most Irish drinkers were also found to be complacent about their alcohol consumption levels with 84% stating that they do not think they drink to excess, while 46% strongly disagree that they should cut down on their drinking. They also appear relatively comfortable with the notion of sometimes drinking to excess. A large percentage (70%) agree, to a greater or lesser extent, with the idea that drinking to excess is a 'part of Irish culture', while half believe that drinking to excess at some stage is 'no big deal'.

FIGURE 3: CRITICALLY LOW AWARENESS OF HSE LOW RISK ALCOHOL GUIDELINES AMONG IRISH ADULTS

2%



CAN IDENTIFY THE HSE LOW RISK ALCOHOL GUIDELINES

The Index also provides data to support claims about the new norm of home drinking in Ireland:

- For instance, for weekly drinkers, when the home based drinking occasions were analysed together, we established that 61% of weekly drinkers do so at home.
- This suggests a cultural acceptance and social norming of alcohol consumption in a home setting, a departure from long-held assumptions of Ireland's social reliance and intrinsic association with licensed premises.
- Worryingly without knowledge of standard drinks and low risk drinking levels as Figure 3 above outlines, individuals may be unintentionally drinking more alcohol than they had planned while at home and ultimately, unaware of how at risk they might be.

Our research also reveals particularly worrying trends in alcohol consumption in the under-25 age group as shown in Figure 4 below:

FIGURE 4: EXCESSIVE CONSUMPTION AMONG UNDER 25S

	UNDER 25S	NATIONAL AVERAGE
6+ standard drinks on weekly basis	34%	18%
Age of first drink	14.3 years	15.5 years
Drink to cope or cheer themselves up	64%	50%
Acknowledge current drinking levels may cause future health problems	27%	24%
Do not consume alcohol at all	23%	23%

## CONCLUSION AND RECOMMENDATIONS

- The 2019 Drinkaware Index is a vital evidence-informed resource that now allows us to open up new directions for future national research and deeper investigation of drinking behaviours and attitudes.
- In undertaking this research, we have identified specific areas to consider in directing our work based on the insights gathered – namely a focus on young drinkers, men and drinking at home, as well as those that do not drink.
- Ultimately, this resource provides crucial evidence to support the development of future national campaigns and initiatives targeting these hazardous groupings that focus on supporting and enabling behaviour change
- The findings can be used to support both the work that we at Drinkaware and that of our stakeholders are doing, to motivate, educate and enable people to better understand alcohol harm.



## ANALYSIS OF THE MENTAL HEALTH POLICY IN BASIC CARE: a study carried out at the Basic Health Unit of Rio Grande do Norte

Ilânia Dantas Targino, IFRN  
 Severino Domingos da Silva Júnior, FGV – EAESP  
 Alan de Castro Silva, IFRN  
 Stephanie Ingrid Souza Barboza, MIS – UFPB  
 Joice dos Santos Alves, MIS – UFPB

### Introduction

The Mental Health Policy was modified according to the historical, political, economic and cultural context in force at each time. In this regard, we analyze the implementation of the mental health policy in the primary health care area, as well as discussing the National Primary Care Policy as the preferred entry point of the care network, contextualizing the articulation of mental health practice in primary care.

### Objective

The objective of this article is to analyze the implementation of the mental health policy in the scope of basic care in a Basic Health Unit of Rio Grande do Norte.

### Method

With the intention of guiding our discussion we counted on the field research that was carried out through semi-structured interviews carried out in the Basic Health Unit - UBS Dr. Edino Jales, Messias Targino / RN with eight professionals who work in Primary Care. A systematization and categorization of the information was performed, which were analyzed through the content analysis methodology.

### Results

The results obtained evidenced that the practice of mental health in primary care has provided the expansion of comprehensive health care, however, it depends on the effectiveness of basic care services to present sufficient conditions to support this demand for care.

### Conclusion

An important strategy for coping with the difficulties experienced by Primary Care professionals is lifelong education, which promotes changes in health practices and encourages the construction of more inclusive actions, preparing the professional to deal with and work with the burden of responsibility.

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## SOCIAL MARKETING APPLIED TO WOMEN'S HEALTH: CONDITIONING FACTORS OF BREAST CANCER PREVENTION

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Diego de Sousa Guerra, FGV  
Severino Domingos da Silva Júnior, FGV – EAESP

### Introduction

Breast cancer is one of the public health problems that most afflicts needy and less educated people, especially those from underdeveloped countries (Soares, 2012; National Cancer Institute, 2018). Although it is a serious disease, cancer has a cure, it is enough to have correct information on the behaviors and practices that should be adopted. For this, social marketing is pointed as the most appropriate tool to disseminate health information (Alak, 2010), emerging the following hypotheses:

- H1 - Health motivation positively influences the attitude towards prevention;
- H2 - Health awareness positively influences the attitude towards prevention;
- H3 - The reference group influences the attitude towards prevention;
- H4 - The reference group influences knowledge about the disease;
- H5 - The reference group influences access to disease prevention;
- H6 - Knowledge about the disease positively influences prevention;
- H7 - Access to prevention positively influences prevention;
- H8 - Attitude positively influences prevention.

### Objective

The objective of this research was to understand with behavioral factors influence women to adhere to the prevention of breast cancer.

### Methods

Research can be characterized as descriptive and causal. In relation to the measurement of the constructs, the translation and adaptation of the scales were carried out: motivation and health awareness (Avic, 2015), reference group (Welbourne, 2013), knowledge about breast cancer (Vahabi, 2005) and the scale of attitudes

were posed affirmations on the evaluation of the public with respect to the prevention of breast cancer. Data were collected through questionnaires, with a sample of 205 women living in Paraíba.

### Results

Of the seven hypotheses, three were confirmed. The influence of the reference group can explain about 35.4% of the variation in knowledge about the disease and the effect of this relationship is considered high, about 35.70%, confirming the H4. This means that the influence of social groups on the behavior of individuals in relation to positive health practices will bring significant gains in knowledge about the disease.

The positive influence of the reference group (H5,  $p < 0.024$ ) and knowledge about the disease (H6,  $p < 0.001$ ) in the predisposition for the interviewees' prevention were confirmed. In this case, it was observed that knowledge about the disease ( $f^2 = 3.50\%$ ) is a more relevant predictor for prevention than the reference group ( $f^2 = 10.20\%$ ). Finally, it was found that although individuals consider that the act of preventing breast cancer is a positive and necessary attitude, it does not influence the predisposition to prevent these individuals, rejecting H7.

### Conclusion

Overall, the majority of respondents report knowledge of major prevention screening, but only half of breast cancer practice or screening. Given this, it is necessary to use social marketing to export and import breast self-examination and to adopt positive practices to make women aware and aware of life.

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# Born to be wild: analysis of the prevention behavior of motorcyclists

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 Diego Sousa Guerra, FGV – EAESP  
 Severino Domingos da Silva Júnior, FGV – EAESP

## Introduction

Traffic accidents are recognized as one of the public health problems that have most aggravated in recent years. In 2010, approximately 1.24 million deaths occurred due to collisions on land (MAP OF VIOLENCE, 2013). To a large extent, such accidents are related to the rise of the motorcycle as a means of transportation (BASTOS; ANDRADE; SOARES, 2005). In recent years, this means of transport has stood out as one of the most used in Brazil, part of this is due to the ease of acquisition and maintenance of the vehicle.

## Objective

To analyze the factors that influence the adoption of traffic prevention behavior by motorcyclists. The research was carried out with motorcyclists from Brazilian cities.

## Method

In order to carry out the research objective, the following studies were selected: perceived risk (Ulleberg, 2002), predisposition to adopt safe behaviors in traffic and attitudes (Lindstrom-Forneri, Tuokko and Rhodes, 2007) and Ford, 2012), driver nervousness (Stephens, Hill and Sullman, 2016), reckless driving (McNally and Bradley, 2014), while the social group pressure scale was adopted the study of Bem-ari and Bem-ami 2012). A total of 202 questionnaires were collected, being part of the sample via Internet with groups of motorcyclists and, in person, with students who were driving or had already driven motorcycles.

## Results

We use the PLS Algorithm to estimate the measures of reliability, convergent validity and discriminant. The results indicate that there is enough evidence that the constructs measure what they should measure and differ accordingly.

Regarding the model, the results suggest that the feeling of control influences the driver's perceived risk ( $\beta = 0.325$ ,  $p < 0.001$ ,  $f^2 = 0.127$ ) and consequently the predisposition to adopt traffic prevention behaviors ( $\beta = 0.207$ ,  $p < 0.05$ ,  $f^2 = 0.049$ ). In addition, the pressure of the social group directly influences the consumer's nervousness ( $\beta = 0.167$ ,  $p < 0.05$ ,  $f^2 = 0.029$ ) and leads individuals to recklessly drive their vehicles ( $\beta = 0.539$ ,  $p < 0.001$ ,  $f^2 = 0.396$ ). Finally, we found that reckless driving negatively affects a driver's willingness to adopt traffic prevention behaviors.

## Conclusion

An alternative that emerges as a response to reduce and combat this traffic accident rate with motorcyclists is the correct use of social marketing strategies. In order to understand the motivations that lead the subjects to adhere to a behavior of prevention and care in the traffic, at the same time that the objectives of the State are met, it is necessary to understand what elements must be explored by the social marketing campaigns with the design of makes the most efficient in the behavioral change of motorcycle drivers.

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## THE POTENTIAL USE OF SOCIAL MARKETING APPROACHES FOR CONDUCTING ANTI-CORRUPTION CAMPAIGN IN INDONESIA (PART 1):

### Towards understanding people behaviour in everyday forms of corruption

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#### BACKGROUND

Many studies on corruption are related to value theory. According to the literature, values hold significant roles as inhibitory forces to corrupt behaviour. However, the behaviour cannot always be viewed as individual decision, since it is also influenced by the environment. Thus, it is necessary to investigate the interplay between values and other factors, such as social norms, to understand people behaviour towards everyday forms of corruption.

The main aim of the PhD study is to seek the possibility of using social marketing approaches for an anti-corruption campaign. This part-1 research serves as an initial learning to understand people behaviour in everyday forms of corruption.

#### OBJECTIVES

To better understand the corruption context in Indonesia, including identifying and describing 'everyday' forms of corruption.

To find early evidence whether values act as an inhibitor to corrupt acts and how it is interplay with the social norms.

To discuss how social marketing approaches can be used in an anti-corruption campaign.

#### METHODOLOGY

This is a Pilot study that serves as a first phase of a series of study in the PhD research.

It adopts a qualitative approach by conducting depth-interviews with 13 young adults (18-25 years) in Indonesia. The collected data is analysed using thematic data analysis.

#### The research context:

Corruption is "an improbity or decay in the decision-making process in which a decision maker (private corporation or public service) consents or demands to deviate from the criterion that should rule his decision-making, in exchange for a reward or the promise or expectation of a reward" (Van Dyne, 2001, p. 75).

The research focuses on young adults in Indonesia since the cohort is the future generation to replace the old generation. Thus, there has to be a regeneration that understands the importance and upholds the value of anti-corruption. It is also to support the vision of Indonesia to become "free from corruption" in 2045.

Everyday forms of corruption, also known as small-scale corrupt acts, refers to the type of corrupt behaviour that seems like everyday practices, but it is extremely contagious. E.g., small extortion taken by public officers in licence renewal, police misconduct on the street, etc. (Dwiputranti, 2009).

The CPI Index (the latest score) for Indonesia in 2018 is 38 (out of 100). Previously, the CPI Index in 2016 and 2017 was 37, and 36 in 2015 (out of 100) (Transparency International, 2018).

\*The CPI score ranges from 100 (free or very clean) to 0 (totally corrupt).

#### FINDINGS

##### Values act as inhibitor

"Start from ourselves. Firstly, from the small-practices around us, so if for example...from the examples that you (researcher) described previously, those are things that we can do at this time. If for example, we want to eradicate and catch the grand corruptor...who are we? I meant as part of ordinary Indonesian society, I am not a legal practitioner, so cannot do it either. Thus, at least our self-awareness, just try not to be involved in those practices or not to contribute to small-acts corruption" (006-F-24-NS-NJ).

##### Normality of the everyday forms of corruption

"In Indonesia, it is still very common, because I made my driving licence almost both of it didn't use the right way (do not only me, but a lot of people were also there. And even the parking attendant also offered me: 'have you already had an 'insider'? If NJ).

##### Culture matters

"Well maybe...it's difficult, isn't it? See...at the end the problem is we don't know whether he sincerely sent the package or not. So, was it because he wanted to thank him or just wanted to give him (and expect nothing) or was it because his son was in the recruitment process, or something else." (001-F-24-NS-J).

Some examples of everyday forms of corruption: activities related to traffic ticket (small bribery), recruitment of government official (bribery, nepotism), administration process of making/renewing identity card or other documents/licenses (bribery), employee recruitment process (bribery, nepotism, gratification), and in specific situation: academic cheating.

#### DISCUSSION

Using marketing techniques, such as segmentation, targeting, branding, and positioning, a campaigner can design support on behaviour change. Holden (2002) suggests the non-profit organisations, government agencies, and multilateral public sector institutions to utilise marketing concepts to reach beyond promotion.

Even though values are found to be hindering factor from corrupt behaviour, however, social influence such as norms also play a significant role. As the current anti-corruption campaign is heavily relied on the educational approach, social marketing can be proposed to complement this approach.

Promoting normality of non-corrupt behaviour or positive behaviour, can also be done with social marketing approaches. A campaign to change social norms by using influence and persuasive theory can be applied in this context.

A model of behavioural process in everyday forms of corruption has been found. It is the next phase of the PhD study to examine the model on its likelihood to predict the tendency to comply with everyday forms of corruption.



Proposed model of behavioural process in everyday forms of corruption

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## PUBLIC POLICIES TOWARDS FOR THE CONTROL OF BREAST CANCER IN BRAZIL

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### Introduction

Breast cancer still presents high mortality rates in Brazil. This is possibly due to the discovery in advanced stages of the disease (TEIXEIRA *et al.*, 2012).

In Brazil, the lack of investment and support in the health area are limiting aspects for that cancer control laws can be followed, as well as the provision of adequate assistance to cancer users breast (AGUIAR *et al.*, 2018).

### Objective

To analyze public research published between 2009 and 2018 on public health policies for breast cancer in Brazil, verifying the challenges related to public interventions of control of breast cancer in the country.

### Method

The study was an integrative review of the literature in the Scopus, PubMed and Virtual Health Library (VHL) databases, using the descriptors: Public Policy and Breast Neoplasms or Public Policy and Breast Cancer "and" Brazil ". The complete works available in Portuguese or English, published between the years of 2009-2018, were included.

### Results

Breast cancer is a known issue among women, but mammography still requires further clarification, especially as to its goals and recommendations (SANTOS; CHUBACI, 2011). For Tomazelli *et al.* (2017), the actions of breast cancer screening have happened in disagreement with what is recommended by the Ministry of Health, compromising the scope of what is objectively, and also raising the risks that women may be undergoing. It was also identified the greater delay of the access to the requisition of the screening exam for the women

who depend on SUS (SILVA *et al.*, 2017), as well as the need for faster and more effective diagnosis and treatment (FERREIRA *et al.*, 2017; VIEIRA; FORMENTON; BERTOLINI, 2017).

Socioeconomic, educational and cultural aspects impact on the processes of breast cancer control, (DA COSTA VIEIRA *et al.*, 2015; SADOVSKY *et al.*, 2015; ROCHA-BRISCHILIARI *et al.*, 2017; LOPES *et al.*, 2017; DOS SANTOS FIGUEIREDO *et al.*, 2018; DOS SANTOS FIGUEIREDO; ADAMI, 2018) and need to be taken into account in public actions (ROCHA-BRISCHILIARI *et al.*, 2017; LOPES *et al.*, 2017; DOS SANTOS FIGUEIREDO *et al.*, 2018)

### Conclusion

It is observed that in Brazil breast cancer mortality is still high, and it was contested that the socioeconomic factors of the population need to be taken into account in public interventions aimed at the care of breast cancer, since, evidence has brought connections of these factors as influencers in the effectiveness of public actions.

It is concluded that there is a need for constant improvement of public breast cancer control actions, with challenges that need to be overcome so that fewer women are diagnosed in advanced stages of the disease.

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# Promotion of declaration of intent for organ donation.

## A joint effort with local governments.

### - Behaviour change by maximizing leaflet utilization-

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### 1. Background

- Our organization (SYVP: Share Your Value Project) consists mainly of university undergraduates. We apply the Stages-of-Change Model (Prochaska & Velicer, 1997) to promote general concern about social problems and encourage students to engage in positive actions to society. We focus on the specific issue of **low rates of declaration of intent to donate organs in Japan**.
- We were asked by local governments to prepare **educational leaflets** on this issue. In the past, the use of educational leaflets has been restricted to settings such as hospitals, public health centres, ward offices, etc. For example, traditional municipalities typically distribute leaflets only at events related to those specific municipalities.
- In addition, the content of educational leaflets is not designed in a way that is conscious of behaviour change, and individuals who are not interested in the issue do not take the leaflets seriously.
- Furthermore, it is difficult to assess whether behaviour is actually influenced by educational leaflets.

### 2. Objectives

we aimed to achieve the following four points.

- Create leaflets that encourage people to change behaviour.
- Develop methods to provide opportunities for people who are not interested in reading the leaflet.
- Develop a method to assess behaviour changes due to intervention.
- Promote actual behaviour changes regarding declaration of intent for organ donation.

### 3. Target group / focus

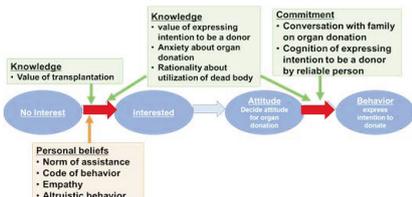
- Local residents

### 4. Project / Research focus

- Promoting behaviours to declare one's intent for organ donation or not

### 5. Method / approach

- In our previous studies examining the five stages of the Action Change model, it was clarified that there was a barrier in between stages: **'stage of interest'**, and the **'stage to decide attitude and move to action'**



- Because of the importance of intervention at this stage, the purpose of leaflet interventions was to engage people in different stages, and to help them form intention in the layer deciding attitudes.
- An important factor for human beings to take action is 'commitment' (Skumanich and Kintsfather, 1996). The degree of 'involvement' in an issue, that is, the time and energy spent on thinking about that issue, influences the possibility that people take action.
- We considered that it may be important to allow people to experience multiple leaflet proposals and to create time to think about their intention to provide organs from various viewpoints. As a concrete event, we thought that 'voting' was appropriate.
- Through 'voting', we created time to think engage people in the different stages by associating value with intention. By indicating this value from a new viewpoint, we thought we could promote change at the stage during which attitude is decided.

### Procedure

- We created 20 leaflets. Eight of them were selected as candidates.
- Citizens voted (while talking with family at summer vacation) through a website associated with the local government.
- At the time of voting, participants voted based on the **four perspectives**; 'The leaflet that I would like to pick up the most,' 'The leaflet that I am most proud of declaration of intention to donate my organ or not,' 'The leaflet that I would most like to declare my intention to donate organs or not,' and 'The leaflet that I think overall is the best.'
- We also asked questions about the **images** on the declaration of intent for organ donation leaflets, and assessing the **presence of conversation with family, and the stage of declaration behaviour change**.
- After the final leaflets were chosen, a follow-up survey was conducted, and behavioural change by voting (intervention) was measured.

### Leaflet to vote



### 6. Results

#### 6.1. Characteristics of voters

- In total, 1,614 people voted during the 46-day voting period. Among them, **1,154 respondents**, excluding those having incomplete answers in the responses and response contents of stakeholders, were analyzed.
- 51.7% were male and 48.3% were female. Regarding their age, 20.2% were in their teens and 68.8% in their twenties.

#### 6.2. Dialogue with family members

- A proportion of **33.4%** of respondents had discussed organ donation intention indication with their family, which was nearly equivalent to public opinion poll.

#### 6.3 Stage of declaration behaviours

- 17.2%** (n = 197) of respondents **declared their intention to donate or not**. This was slightly higher than the national average of 12.7% (Cabinet Office, 2017).

#### 6.4. Perception for organ transplantation

- Many respondents (79.3%) considered organ transplantation 'useful.' Also, 64.4% had positive perceptions such as 'thinking about each other,' and 63.1% felt 'connected.'
- However, it became clear that **43.6% felt organ transplantation was 'scary'** and **51.4% had negative perceptions described as 'anxiety.'**

#### 6.5. Results of voting

- The results of the voting are shown in the table below. It became clear that the rankings of the selected leaflets were **different, depending on the viewpoint chosen**.

Type of leaflet	The leaflet that I would like to pick up the most	The leaflet that I am proud of declaration of intention to donate my organ or not	The leaflet that I would like to declare my intention to donate organs or not	The leaflet that I think overall is the best
No.1 Declaration of intent for organ donation is a letter to family	24.8	29.7	28.4	29.5
No.2 Of course you do?	4.4	6.8	3.9	4.6
No.3 It's stylish of putting black and white, is not it?	26.7	11.6	14.6	18.4
No.4 Kyoto people do it for granted	10.2	8.7	6.2	7.8
No.5 Not declaring intention for organ donation at the end of your life is not filial piety	7.0	16.9	18.0	11.3
No.6 Let's start with KYO	8.8	12.3	10.4	11.3
No.7 Did you choose??	6.2	5.0	8.8	7.9
No.8 # Aim for the nation's No. 1 declaration rate of intent for organ donation	11.9	9.0	9.7	9.4

★No.1 and No.5 were chosen to be distributed in Kyoto!

#### 6.6. Results of voting by perception of declaration of intent to donate organs

- To examine the relationship between the perception of declaration of intent to donate organs or not, and the leaflet selected, a chi-square test was conducted.
- As a result, **those who had perceptions of 'scary', 'uneasy', 'useless' toward intention display made significantly more choices for No.1** (p < 0.001).

#### 6.7. Follow-up survey

- Results from 102 respondents (6.3%), showed that 'discussed talks with family about declaration of intent for organ donation (23.5%)', studied about declaration of intent for organ donation (17.7%), talked with close friends about the campaign (14.7 %) were the most common behaviours, after the vote. These results might suggest that **new actions such as dialogue and information retrieval were caused by 'voting'**.
- 20.4% changed their behaviour stage by 1 level, and 4.1% changed 2 or more levels.
- The average value before voting was 2.73, and the average value at the follow-up investigation was 3.02. The stage was promoted to statistically significant (p < 0.001 SE: r = .47) by one tailored t-test.

Behavior Stage Before Voting	Behavior Stage After voting					Total
	1. Not interested	2. interested	3. have made decisions but has not taken action	4. declare intention	5. share the intention to family	
1. not interested	6	3	1	0	0	10
2. interested	0	11	6	1	0	18
3. have made decisions but has not taken action	0	0	5	0	0	5
4. declare intention	0	0	0	6	1	7
5. share the intention to family	0	0	0	0	9	9
Total	6	14	12	7	10	49

### 7. Findings / evaluation

- Since the ranking of the selected leaflet was different according to the selected viewpoint, when promoting behavior change by educational leaflet, **we should clarify the target behaviour stage and provide appropriate messages and messengers**.
- It was revealed that there were differences in the leaflets chosen, depending on the perceptions the respondents have. For people with a **negative perception such as 'scary', 'anxiety' or 'useless' on organ donation**, it suggested effective to provide a **new viewpoint that indicating their will to donate or not could become a 'letter to family'**.

### 8. Conclusions and recommendations

- It was confirmed that **the action of voting about educational leaflet on the website prompts appropriate information retrieval and dialogue with family, and promotes intention displaying behaviour regarding organ donation**. These results suggest **a campaign that utilizes citizen's commitment may be effective**.



# KUVEKISSA

## MICRO INSURANCE SOCIAL PRODUCT

**POSTER NUMBER 19**

Micro Insurance Developing Social Support Products: School Fees and Basic Basket of Goods for Low Income Households Using Churches as Touch Points.

Including School Fees and Basket of Basic Goods for Low Income Households using Churches as touch points to address the low share of the population, 4.2% using micro-insurance products and pass over selling and advocacy responsibility to church leaders, informal trade groups and family based self-support groups using mobile money to engage payment and communication.

Disposable income per profession: Segment class D.E

50,00 Usd/Month   70,00 Usd/month   100,00 Usd/month   150,00 Usd/month   200,00 Usd/month



**STREET VENDOR**



**CONSTRUCTION**



**SECURITY GUARD**



**TEACHER**



**NURSE**

**PROBLEM**

Support to unexpted expenses & off budget;

**NEED**

Immediate financial availability;

**COMMON PRATICE**

Self support groups;  
Loans at high interests;  
Borrow money.

**SOLUTION**

Social product @ 0,7 usd/month  
Cover up to 10 family members

**BENEFITS**

Funeral expenses + basket of goods/food to 7 days ceremony  
Bonus: end of the year reimborsment to support school fees+books+ school uniform

**SALE POINT**

Churches selling points  
Strong community mobilization capacity  
Large network  
Trustable  
Money collecting it is common practice

Authors: Nuno Maia, NBC Mozambique, Naturalmente Marketing Social



## We do not want to just eat: A social marketing approach for adolescent food consumption

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### INTRODUCTION

- The Cardiovascular Risk Study in adolescents points that the prevalence of obesity was of 8.4%, while 9.6% suffer from hypertension (Erica, 2015).
- Social marketing ecological approach (Birch & Ventura, 2009): upstream level, from motivations for decisive behaviour, and may include institutional structures that focus on structural and environmental factors of individual behaviour and social problems (Hastings & Donovan, 2002) that have the power to alter the structural environment and have positive influence on social matters (Gordon, 2013). In the midstream level, the organizations perform an important role on the support of desirable behaviours that capture social influences on the individual (Wood, 2016).

### OBJECTIVE

- Analyze adolescent healthy food consumption under a social marketing perspective, in the sense of promoting greater awareness and reduction of the consumption of industrialized products by upstream and midstream levels of the ecological model of social marketing.

### METHODS



Interviews with health municipal secretaries responsible for the development of health policy of the city in Brazil and nutritionists



12 questions were elaborated, which were divided in 3 dimensions: barriers for healthy eating; regular eating; and, conscious for health



Qualitative Analysis  
 Content analysis

### RESULTS

- Was identified that food habit has transformed and became more and more instantaneous, the habit to prepare the food was substituted for ready meals, frozen and of rapid preparation.
- The fragility of support from the public sphere, regarding social, political and financial incentives for the target audience. What was perceived was that the government has not given due attention and has little stimulated the adoption of good practices and awareness for the young.
- Regarding regular eating, the city's health policies towards healthy eating were discussed and evaluated. The agents are conscious that the public policies are not enough and consider important that regular eating becomes more effective in Brazil, being possible to defend actions to reduce and prevent obesity that require an institutional formalization that stimulates and supports informal institutional changes.
- Change can happen from a nutritional re-education and a restructuring of family habits.

### CONCLUSIONS

- The interest the agents have in improving the eating habits of the young, considering that it is necessary to invest in education and nutritional re-education, from more effective public policies, enabling information from intersectoral work and developing measures of awareness through campaigns in order to help people eat healthy foods and practice regular physical activity.

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# Need A Sorting Hat? Or Just Smarter Sorting Signs?



Image credit: Warner Bros



## Using Community Based Social Marketing (CBSM) Framework

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### Introduction:

This study used McKenzie-Mohr's Community-based Social Marketing framework (CBSM) to improve waste sorting on campus at the University of Waterloo, Canada (UW). In the Fall of 2018, a set of new waste sorting stations was introduced on campus at UW. The waste stations are combinations of different bins with the categories of garbage, recyclable materials, mixed paper, and compost. However, the new waste stations did not work as effectively as expected, with data showing a high cross-contamination rate of collected waste. The purpose of this project was to examine the way the campus community interacted with the new sorting bins and pilot initiatives.

Issue: the INCONSISTENCY of waste bins and signs on campus accumulated over



### Methods

The study included a pre phase, intervention develop phase, and post intervention phase. In the pre phase, a series of onsite observations, waste audits, and user surveys were done. In the next phase, the **social marketing intervention – experimental signage**, was generated based on the results from the pre phase. Lastly, in the post phase, another set of observations and waste audits was conducted. **By comparing the results of the pre and the post phase, we are then able to know the difference of users' waste sorting behaviours, and assess the effectiveness of the experimental signs.**

### Observations

The **Non participatory semi-structural** onsite observations were **conducted by trained observers**. Each selected site was observed on **2 weekdays during busy hours** (lunch or dinner time)

### Waste Audits

**48-Hour samples** were analyzed in each audit. Samples were collected from selected **Wednesday and Thursdays** – the busiest weekdays on campus.



Recorded variables:

Discarding time; the extent of **sign reading**; the extent of **sorting behaviour**; the extent of **sorting correctness**; discarding **only 1 item**; Other notes

### Survey

The survey is a critical step in this study that allowed us to know the target group members. The online questionnaire was made up of four sections: **socio-demographic, motivations for sorting waste (i.e. benefits), challenges of doing waste sorting (i.e. barriers), and waste sorting standard knowledge check (N=275)**



Five main barriers were identified from the survey results:

1. Lack of **Knowledge** regarding proper sorting rules
2. Unclear **Instructions** on bins
3. Low location **Convenience**
4. Insufficient **Receptacles**
5. Lack of **Communication** of new sorting procedures
6. **Others: Skeptical and untidy attitudes; Broken window effect, different from experience, etc.**



### Study sites

9 units from different buildings were selected and divided into a control group, and 2 experiment groups, with one using twice the size of original signs, while the other remain the same size.

	Group A Multica	Group B Facilities	Group C Residents
LARGE sign	1	4	7
Small sign	2	5	8
Control Group	3	6	9

### Experimental Signs

The signs are designed based on analyzed results from Pre intervention phase.

- Replace unclear graphic with **photos of practical/real-world items**
- Use images of **items commonly found on campus**
- **Filter uncommon items** (e.g., newspaper)
- **Prioritize** the commonly mis-sorted items based on pre phase analysis.



### Post-Intervention Results

- **Waste audits:** Post intervention waste diversion rates increased by 3% - 31%.
- **Observation:** sorting time increased, which aligns with previous study that the discarding duration will increase when first implementation. Positive trends are seen on other recording variables.
- **Contribution:** This study used 3 tools to evaluate the waste sorting changes from different perspective, and their results supplement each other that provide a more comprehensive result than most previous studies that merely rely on data collected from 1 or 2 methods.
- However, sign change is not the panacea toward waste sorting improvement on UW campus, therefore, we came up with some potential steps as the following table to help address the waste

### Future Research Recommendations

- **Review the current results and conducting Phases:**
  - Test other variables or social marketing tactics: e.g., display practical items, integrating normative or descriptive messages, social norms, presenting signs that contains mix messages (accepted and not accepted items), etc.
  - **A longer experiment timeline:** The current study was limited by restricted timeline, otherwise, tracking the behavior changes over a longer period should provide more information.
- **The Scale of Implementation and consistency is the key:**
  - If a study were only able to install the experimental signs on one or few unit(s)/site(s), while there are other distractions around, such as other different bins or signs, we notice that there is risk users may see the experimental signs as "another neglectable temporary sign".
- **Cleverly Select the Sites and Time:**
  - Consult the **custodial service** or **people work/live at the study sites** when selecting study sites. **Weather and season** is also suggested to be considered for choosing a good timing to conduct a similar study, especially if included waste audits.
- **The Devil is in the Detail; Knowing the Target Group before adopting interventions:**
  - Many unexpected findings can be gained by conducting the pre intervention phase that can be fairly detail but very thought provoking. Therefore, we strongly recommend not to skip the step of hearing from your target group members.

Identified Barriers	Proposed strategies
Unclear Instructions	Renew and keep <b>Consistent</b> of the signage and bins
Low location Inconvenience	<b>Adding more bins</b> is ideal, however, we believe <b>Rearranging</b> the existing bins can also nudge better waste sorting behaviours.
Insufficient Receptacle	
Not enough Knowledge	Except for <b>increasing the general communication</b> to the public <b>through various pathway</b> , e.g., events, orientation, social media. We also advice to focus on <b>Employee Education</b> , as we discovered that staff from the food service often <b>discard large amount of repetitive waste.</b>
Lack of Communication	
Others	<b>Extra charge</b> on one-time use items, <b>Incentive, promotion</b> (e.g., discount or prize). <b>Be aware of details.</b>

**Make the desi behavi our easy; the undesi behavi our inconveni en!**

## Sweet Poison: A Social Marketing Approach to Sugary Drinks Consumption in Adolescents

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### INTRODUCTION

- The practices adopted by the younger ones are characterized, for the most part, by diets high in fats, sodium and sugars, with low insertion of fruits, vegetables and other vegetable derivatives.
- About 40% of young people consume daily fatty and sweet foods and 30.6% usually consume soft drinks daily (IBGE, 2016).
- Young's dietary practices are related to factors such as time, sociodemographic characteristics, reference groups, and cultural aspects (Van et al., 2007).

### OBJECTIVE

- Analyse the behavioural aspects that influence in decreasing the level of consumption of sugary drinks in young people.

### METHODS



236 questionnaires were collected



The constructs: frequency of consumption of ultra-processed foods, attitudinal beliefs and health-friendly behaviours



Quantitative Analysis  
 Frequency and Regression

### RESULTS

- The results show that 29.8% of the total variation of sugary drinks consumption is explained by the regression predictors. Three hypotheses were rejected, thus excluding the influence of parental practices (H1), school support (H2) and social pressure (H3) on the consumption of sugary drinks.

Table 1 - Regression results

Path	Original Sample	f <sup>2</sup>	VIF	Standard Deviation	T Statistics	P Values	R <sup>2</sup> ajusted
H1: Prap -> CBA	0.017	0.000	1.225	0.055	0.312	0.755	
H2: APE -> CBA	0.067	0.005	1.295	0.061	1.098	0.273	
H3: PS -> CBA	0.085	0.007	1.427	0.073	1.159	0.247	0.298
H4: CFS -> CBA	-0.170	0.039	1.080	0.079	2.147	0.032	
H5: GAU -> CBA	0.232	0.066	1.203	0.067	3.484	0.001	
H6: CAI -> CBA	0.331	0.133	1.203	0.065	5.127	0.000	

- Influences on healthy favourable behaviours (H4), taste for ultra-processed foods (H5) and attitudinal beliefs (H6) on the response variable were confirmed.
- Attitudinal beliefs are the most influential predictor for consumption of sugar beverages (f<sup>2</sup> = 0.133).

### CONCLUSIONS

- The variables that greater influence the consumption of sugary drinks. In general, respondents are influenced by healthy behaviours, by the taste for ultra processed foods and by attitudinal beliefs. Considering these results, it is possible to direct social marketing activities for the dissemination of healthy behaviours, as well as to develop actions on the composition and effects of ultra processed foods on health.

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# Social marketing interventions aimed at physical activity to decrease health disparities for people with intellectual disabilities: A scoping review

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## Introduction

- Most people with Intellectual Disabilities (PwID) fall exceedingly short of meeting recommended exercise guidelines. The Physical Activity Guidelines for Americans released in 2008, recommends: Americans engage in at least 30 minutes per day of moderate to rigorous physical activity, five days per week.
  - In 2010, 47% of adult Americans satisfied this recommendation.
  - Only 15% of PwID met this requirement.
- PwID have poorer health than their non-disabled peers.
- For PwID, genetic/biological determinants of health cannot be addressed, however, individual lifestyle factors are places we can explore for improving health outcomes.
- Social marketing has been underutilized in the disability sector. A scoping review was deemed the most appropriate tool to understand what behavior change interventions do exist for this population.

**Study Purpose:** The aims of this scoping review are:

- To provide an overview of the existing physical activity initiatives for PwID.
- To determine the extent that Andreasen’s benchmark social marketing criteria have been applied to these initiatives.
- Overall, we hope to use the findings to inform future social marketing research and practice.

## Methods

- **Research Question:** How has the social marketing framework been used to increase physical activity among PwID.
- A scoping review of the scientific literature was conducted for the period 2009 to March 2019.
- Databases searched Pubmed, Web of Science, PsychInfo, and CINAHL.

## Search Terms

Physical activity	Physical activity OR physical exercise OR Physical activity intervention OR health promotion OR lifestyle change OR lifestyle modification OR lifestyle choices
Intellectual Disability	Intellectual disability [MeSH] OR Intellectual disabilities OR developmental disability OR developmental disabilities OR learning difficulties OR mental retardation
Behavior Change	Behavior*r change OR behavior*r modification OR social marketing intervention

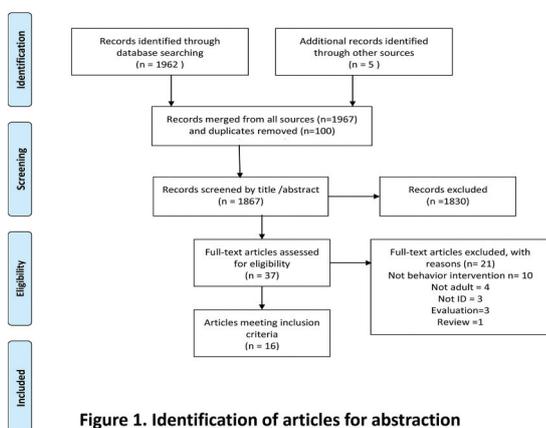


Figure 1. Identification of articles for abstraction

## Results

Authors	Behavioral Objective	Audience Segmentation	Audience Research	Exchange	Marketing Mix	Competition
Bazzano et al, 2009						
Bergstrom et al, 2013						
Bodde et al, 2013						
Chow et al, 2016						
Dunkley et al, 2017						
Elinder et al, 2010						
Leser et al, 2017						
Lynnes et al, 2009						
Marks et al, 2010						
McDermott et al, 2011						
Melville et al, 2011						
Melville et al, 2015						
Perez-Crusardo et al, 2016						
Schijndel-Speet et al, 2016						
Temple et al, 2009						
Wihite et al, 2012						

Table 1: Social Marketing Benchmark Criteria



Table 2: Summary of relevant findings

- The search strategy yielded, 16 peer reviewed publications that had a behavioral objectives to increase physical activity for PwID.
- Eight papers stated their behavior change theory, such as Social Cognitive Theory.
- Programs varied in design, sample size and demonstrated effectiveness.
- Only two papers involved PwID in the planning phase.
- The most successful results were when four of the six benchmark criteria were applied to the intervention ( Bazzano, 2009).

## Discussion

- The field of health promotion for PwID is relatively new and, as yet, there is no ‘gold standard’ intervention.
- Current lifestyle change interventions are not optimally adapted for PwID.
- Results point to the importance of behavior based physical activity/health promotion interventions as more effective for PwID.
- Social marketing has the ability to identify causal factors which lead to the disparity and focus on tailored and targeted behavior change interventions for PwID.
- The social marketing community, as behaviour management specialists, can collaborate with health care specialists to create stronger methodological lifestyle change interventions to positively impact the health of PwID, by encouraging and sustaining patterns of physical activity to decrease health disparities for this population.

# FALLS ASSISTANT

## PREVENTING FALLS. KEEPING MOBILE.

### AIMS AND OBJECTIVES

- Improve the effectiveness of **falls prevention** interventions with those at risk of falling and their carers.
- Enable older people, their carers and families to:
  - Assess their own falls risk.
  - Provide tailored advice to reduce their future risk of falling.
  - Help them to change behaviours as necessary.

### TARGET GROUP / FOCUS

65+

- Older people aged 65+, more at risk of falling.

### PROJECT / RESEARCH FOCUS

- In Scotland, 1 in 3 people aged 65 or over have a fall at least once a year and 18,000 older people are admitted to hospital every year as a result. Falling is the most common reason for an ambulance being called to help an older person.



- Across Scotland there are a number of specialist falls prevention and treatment teams. Their prevention work includes having **brief interventions** with patients and their carers to assess a person's risk of falling and help present appropriate **preventative measures/actions**. As part of the Smartcare Initiative a digital application was called for to assist health practitioners in delivering these brief interventions and to provide a **self-management** tool for service users.

### CO-PRODUCTION

- The development started with the clinical/health teams reviewing the **'Up and About Care Pathway'** for adults from which a specific Falls Assessment pathway was established. This set out the key warning signs that someone is at risk of falling, along with the trigger points at which help should be sought.
- Next, older people and service users were recruited to join a multidisciplinary working group which also included the government's policy lead for Falls Prevention, a NHS24 IT project manager, and the lead falls prevention physiotherapist who had initiated the project.



- The subsequent application pathway, user journey and content were **co-produced with the older people and service users**, then validated by the specialist falls practitioners. All these parties were actively involved in testing during the application build.

 Preventing Falls. Keeping Mobile.

 [www.socialmarketinggateway.co.uk](http://www.socialmarketinggateway.co.uk)  @SMGgateway

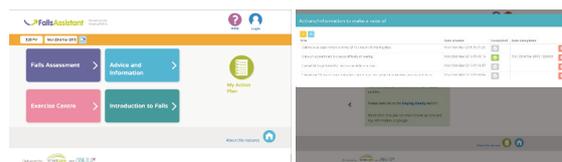
### FINDINGS / EVALUATION

Development/co-production findings established that:

- Usability is vitally important for the older target age group. The key finding was that functionality needs to be touch-based and avoid scrolling.
- Content needs to be in plain English and avoid health jargon.

### KEY APPLICATION CONTENT AND FUNCTIONALITY

- A Falls risk self-assessment with accompanying prevention guidance and specific automatically triggered prompts to seek help.
- A self-generating Falls prevention action plan for the older person/ service user – this updates a user-specific health file that can be linked to other NHS systems.
- A video based library of specific falls prevention exercises.
- Two games looking at trip hazards in the home to make **interaction** with the intervention more engaging.



### PROJECT OUTPUTS AND OUTCOMES

- The tool is being used by **300-400 users per month** and has been adopted/put to use by all the specialist Falls Care teams in Scotland.
- The application has also received interest from the wider SmartCare project European network and a number of other countries are interested in replicating the tool for their local needs.
- The games have proved popular with people at risk of falling, carers and healthcare professionals involved in falls prevention and falls recovery support. They have been a great way to engage older people and help educate them about the things they need to look out for/changes they can make to lower the risk of falling.
- Anecdotal feedback has highlighted good examples of people making **risk-reducing changes** as a direct result of using the app themselves or in conjunction with a health professional.

### CONCLUSIONS AND RECOMMENDATIONS

- This project has demonstrated that the **use of technology can be an effective enabler for behaviour change**. However, like all good behaviour change programmes, there needs to be a wider, integrated intervention mix.
- **Customer focused co-design and testing** throughout was vital for validating the assessment pathway and ensuring accessibility and usability.

### LINKS FOR FURTHER INFORMATION

<https://fallsassistant.org.uk>

[www.fallsassistantgames.org.uk](http://www.fallsassistantgames.org.uk)

 social marketing gateway | The behaviour change people.

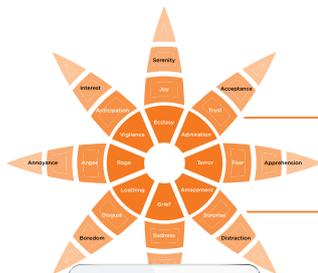


# EMOTION ANALYTICS

**95% OF DECISIONS ARE DRIVEN BY EMOTIONS\***

FOR THE FIRST TIME IN HUMAN HISTORY, WE HAVE A HUGE VOLUME OF OPINIONATED DATA RECORDED IN DIGITAL FORM FOR ANALYSIS

Combining cutting edge emotion analytics blended with **tried and tested research** to measure the **emotion expressed** in this data and **relate** it to **brands, services and interventions.**



## 8 EMOTIONAL INDICES

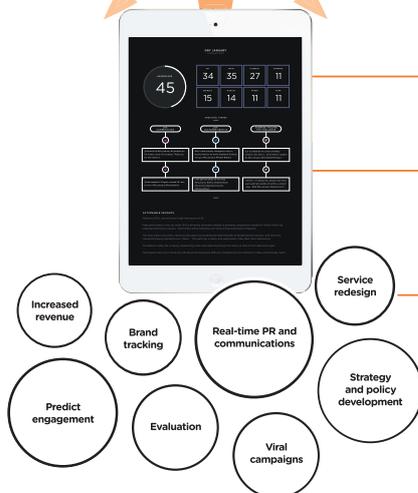
24 emotions based on 'Plutchik's Wheel of Emotion'

## Ai SEMANTIC ANALYSIS

Text analysis powered by Adoreboard

## MANY POTENTIAL USES

Driving effective targeting, strategy & interventions



FOR MORE INFO VISIT [HITCHMARKETING.CO.UK](http://HITCHMARKETING.CO.UK)

\*<https://hbswk.hbs.edu/item/the-subconscious-mind-of-the-consumer-and-how-to-reach-it>

# Is my health online?

## Electronic Health Records access by citizens in seven EU countries

### Introduction & Aim

**Patient Accessible Electronic Health Records (PAEHR)** refers to health records related to patient care, accessible by patients.<sup>1,2</sup>

Their **benefits** include improved: <sup>1,3,4-12</sup>

- ✓ **Communication** between health professionals and patients;
- ✓ **Personalized preventive care**;
- ✓ **Compliance** and **prescription** renewals;
- ✓ **Self-management** and monitoring of chronic diseases;
- ✓ **Patients' satisfaction**;
- ✓ Stimulation of **decision-sharing** approaches.

Several European Union (EU) countries have been developing Electronic Health Records (EHR) and PAEHR since 2003, but some difficulties still prevail in their implementation due to lack of supportive legislation, technological infrastructure, security and privacy issues.<sup>1,13-17</sup>

This study aims to **identify and compare current PAEHR in Austria, Denmark, Germany, Italy, Malta, Portugal and The Netherlands**, in terms of coverage, opt-in or opt-out procedures, data available for consultation, main functionalities and control options by citizens.

### Methods

Scoping review of published scientific articles and grey literature on PAEHR in Austria, Denmark, Portugal, Malta, Germany, Italy and The Netherlands.

35 articles and documents fully reviewed



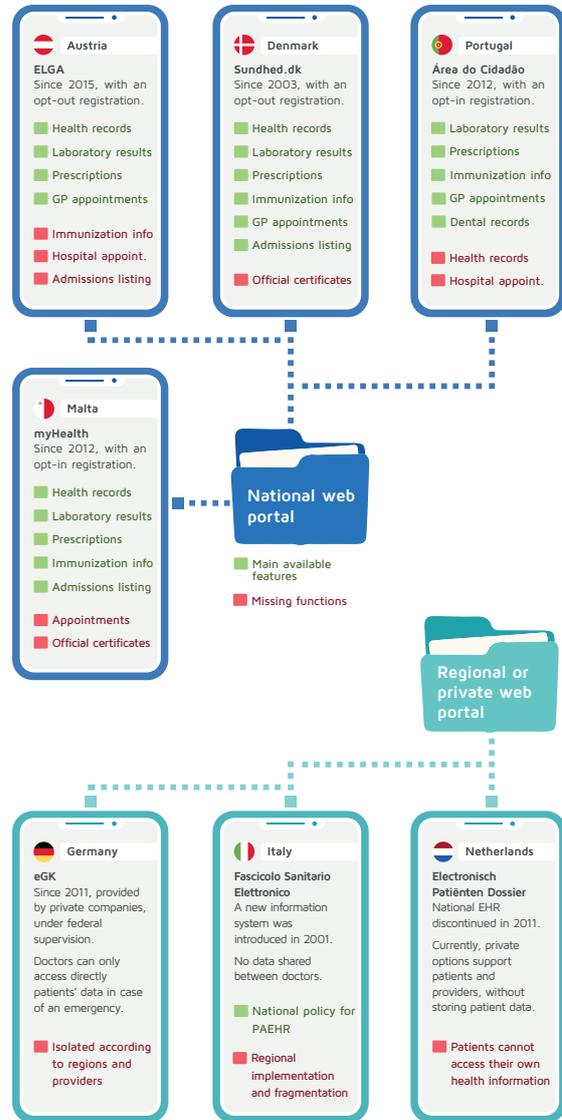
### Relevant data & Findings

**Austria, Denmark, Portugal** and **Malta** have a **national-based health online portal** accessible to all citizens, while **Germany, Italy** and **The Netherlands** have a **regionally fragmented** PAEHR implementation or developed by private sector/providers.

### Conclusions & Recommendations

PAEHR implementation process has been different according to context, reflecting **specificities of national PAEHR policies, different political and administrative organization of the health system**. Questions remain whether PAEHR support delivery of high-quality low-cost care and their real impact in health outcomes.

### References



There is a **high implementation of PAEHR** and a **broad array of functionalities available to citizens**, such as:

- ✓ Prescriptions
- ✓ Laboratory tests
- ✓ Diagnosis results
- ✓ Health records

# How can a visual literacy, information design and social marketing influence healthy behaviours?

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<sup>a</sup> MD, Public Health Unit – ACES Lisboa Central <sup>b</sup> PhD, Faculty of Fine Arts – University of Lisbon

## Introduction

**Health literacy** relates to people's knowledge, motivation and competences to access, understand, appraise and apply health information, in order to improve quality of life.<sup>1</sup>

**Visual literacy** enables individuals to find, interpret, evaluate, use, create, understand and analyse visual materials around them.<sup>2</sup> Visuals can make information **more accessible to patients** and help them in processing better than text formats.<sup>3,4</sup> There is evidence that visual information **enhances patients' understanding** of risk, increases treatment adherence and facilitates communication with low literate individuals.<sup>5</sup>

**Effective public health communication** is crucial preventing health-related harms and visual aids can play an interesting role in promoting healthy behavioural change.<sup>6</sup>

The aim of this study is to **explore and raise awareness visual literacy** as tool to develop social marketing-oriented materials and campaigns in the healthcare sector.

## Methods

We conducted a rapid review a literature search in PubMed database for English written articles published until 31 January 2019.

We used the MeSH terms "visual literacy" AND "health".



## Findings

### Who



Patients with **low literacy skills** benefit the most with the use of visual aids, particularly with conditions that require **chronic medication, informed consent** and **hospital discharge** situations.

### How



Relevant visual aids should **support written information**. Patients involvement in co-design can ensure that literacy levels and **cultural perspectives** are considered.

### Risk-related

- ✓ Pictograms
- ✓ Graphics
- ✓ Icons

### Static

- ✓ Leaflets
- ✓ Photography
- ✓ Drawings

### Interactive

- ✓ Websites
- ✓ Videos
- ✓ Animations

### What



Due to better comprehension of risk and complex information, visual aids can promote behavioural change:

- ✓ Increasing **adherence and compliance** to prescriptions;
- ✓ Improving **shared decision** making;
- ✓ Obtaining **informed consent**;
- ✓ **Reducing unnecessary returns** to hospitals;
- ✓ Enhancing **social engagement** and **self-management**.

## Conclusions

A visual literacy approach has the potential to **empower patients** and **improve health outcomes**, through translation of complex medical concepts and instructions.

Integrating patients in **co-design process** is an effective strategy to produce more useful and tailored materials.

## Prescription



References



Short selection of reviewed articles

Illustrations adapted from: freepik, macrovector.

## Don't Be that Person: How a Shaming campaign empowered youth towards CPR Training

Authors: Saud Alrakhayes MBA, Abdulrahman Al-Qashan MD, Hanadi Alkulaib MD

### Abstract

In this intervention, we utilized the Theory of Planned Behaviour to design and execute a campaign for Heart Saver's group to raise awareness on CPR skills within the Kuwaiti society. Influencing specifically the three major elements of The Theory of Planned Behaviour (attitudes, subjective norms, and perceived behavioral control). Three teaser videos with a shaming tone were initially distributed and directed to influence the attitudes of the target segment of men and women between 18-40 years old. From there a public campaign was launched to reach groups of people gathered together at shopping malls, universities, and schools to influence the subjective norms. More than 4,600 people from the target group were trained on CPR technique and the behavioral control was enhanced with a celebratory certificate distributed at the end of a full immersive experience from shame to empowerment.

### Background

- 70 percent of people feel helpless to act during a cardiac emergency because they either do not know how to perform CPR or their training has significantly lapsed. (American Heart Association)
- At the same time 90% of cardiac arrest happens outside of hospitals.

The challenge is to empower the society to intervene in these situations which research shows happen to 30% of the people (encounter a cardiac arrest situation).

### Target group / focus

- General Public and more specifically youth (18-35years old)
- Medical Staff and students

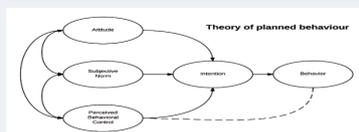
### Objectives

- Certify 50 trainers to spread the CPR technique amongst the society.
- Train 4,000 people on CPR technique during the month of March 2018
- Build a volunteer group to further serve this cause in the future
- Build leadership skill among Medical Students to arrange events and contribute to society

### Relevant data and graphics

Certain Questions were asked before the CPR Training (2513 respondent):  
 Age: around 75% lie within our target segment (18-35 years old)  
 Profession: 47% students & 43% employees  
 Emergency number: 24% are not aware of official emergency line from which shockingly 57% of them are between 18-40 years old.  
 Previous Training: Only 16 % have received training in CPR which is close to global training metrics on the issue of CPR Training.  
 Emergency Situation: 31% of respondents encountered a situation where CPR was needed and 73% of them didn't know how to react in these situations and didn't receive previous training.

### Method / approach Theory



- Attitude:
  - Influenced by the teaser campaign on a personal level. Through relevant characters to the target group (Youth, Early years working woman, and early year working man).
  - Not knowing how to act during a cardiac arrest or heart attack is an embarrassing situation that needs intervention.
- Subjective Norm:
  - Influenced by the campaign video on a situational level. This situation can happen in front of people in the (gym, walkway, and at work.) People should expect that at least someone around this situation would have CPR skills.
- Perceived Behavioral Control:
  - CPR Training at various relevant locations to the target group.
  - Training on CPR is within my reach and is commemorated in front of my peers

### Findings / evaluation

- 4,600 people were trained on CPR technique over 1 month.
- 14 High Schools were visited across all Kuwaiti Governates.
- 1483 people were trained during the Mall activation event.
- Established a volunteer team consisting of 70 members for future events in this scope.
- Won the Creativity and Excellence Award by the Ministry of Youth in Kuwait for Medical Contribution.

### Tactic

- Staff Training  
Internal Capacity building through training medical staff and delivering CPR training to the public
- Videos  
3 Emotional short videos shedding the light on the negative image of the people who fail to perform CPR when needed. Different demographics are targeted per video. (18-40 years old)



- Public Event  
3 Day Public event at the biggest shopping mall in Kuwait with an attractive booth designed to deliver an immersive medical experience to the visitors.  
The booth starts with the video room which shows a video shamefully framing the inaction of people during cardiac arrests. (Teaser Videos)  
The visitor is then channelled to CPR Training by trained medical staff. The experience is ended with a certificate & gift being presented to the trained visitor and a chance to capture a photo with neatly designed backdrop.



- Public Stunt  
During a crowded entertainment show at the shopping mall a stunt was organized to raise awareness on the importance of knowing how to perform CPR. In collaboration with the organizers the main performer acted as if he is suffering from cardiac arrest to see the reaction of people and asking for CPR intervention. Immediately one of the bystanders performed CPR and the stunt was explained to the audience as this situation may happen in reality.

- School / University Training  
Special training sessions were arranged at high density locations for students.  
Both, universities and high schools were contacted to hold CPR training session for their constituents.



### Conclusions and recommendations

- Shaming in itself is not a sufficient driver of behaviour unless coupled with an empowering tool as means to escape the negative situation framed.
- A celebratory moment is a necessity as such moments are shared organically by the participant through means such as social media.
- Lapse in CPR training is a real concern and a comprehensive database is needed for follow-up and served through regular campaigns in such field.

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 @s\_alrakhayes

# Can't Pass It On: Battling Stigma With Science

Terrence Higgins Trust Authors: Dominic Edwardes, Caroline Barker, Takudzwa Mukiwa

Amazing medical progress has been made, but knowledge of HIV hasn't kept up with that progress. As a result, stigma continues to affect people living with HIV and stops others from getting tested.

To address this, in 2017 Terrence Higgins Trust launched the Can't Pass It On campaign, mainly via social media, and updated it in 2018 to make it a multi-channel campaign targeting most at risk populations.

**Aim:** To raise awareness that people on effective HIV treatment can't pass on the virus.

This was important as it can help:

- to dispel the stigma, discrimination and myths that so many people living with HIV face on a daily basis.
- to bring down HIV transmissions by encouraging more people to test for HIV and to accept treatment.

**Background:** 'Undetectable viral load' and the risk of HIV transmission

Scientific evidence has been building over the last 20 years that demonstrates that the likelihood of HIV transmission is mostly determined by 'viral load' (the amount of the virus in the blood or genital tract):

The PARTNER study findings published in July 2016 gave us the evidence to state definitively that people on effective treatment cannot pass on HIV.

The study looked at 888 gay and straight couples (and 58,000 sex acts) where one partner was HIV positive and on effective treatment and one was HIV negative and found that where the HIV positive partner had an undetectable viral load, there were no cases of HIV transmission from condomless sex.

In June 2018, we commissioned a general public YouGov survey where we found that only 9% of the British public knew of this significant progress in our understanding of HIV prevention.

As a result, we conducted an online survey for people from most at risk populations where 68% said they were aware of this information.

## Method

- The first task was to simplify an unfamiliar concept of treatment helping to achieve an 'undetectable viral load' into simpler English. After user testing different ways of conveying the message, we settled on using the phrase 'people on effective treatment'.
- Unlike the launch in 2017, for 2018 we adopted a multi-channel approach to maximise reach.
- 20 people living with HIV were recruited and trained to be media ambassadors for the campaign.
- The campaign was launched and promoted via PR, print, out-of-home (OOH) and digital advertising as well as via events such as Pride marches.
- A post-campaign survey was conducted within two weeks of the end of the campaign.



## Results

- There was a 11% increase in those who said they were aware of this information message from 68% to 79% in the target audience.
- A reach of at least 17 million across all platforms.
- 90% of ambassadors found media training useful for them to do more media work on the subject.
- International recognition of the campaign resulting in the adoption of 'people on effective treatment' as a way of introducing people to the concept of how treatment stops HIV being passed on.
- **#CantPassItOn** is now an internationally used hashtag on social media.

## Discussion

- The findings from this campaign suggest that the 'people on effective treatment can't pass it on' message was an effective way to simplify and explain 'undetectable viral load' and the risk of HIV transmission.
- Amplifying the can't pass it on message reduces barriers to testing by helping to remove the fear around HIV. The more people who test and get onto effective HIV treatment, the fewer HIV transmissions will happen.
- Service users have told us that the can't pass it on message makes it easier for them to have open discussions with new partners about their HIV status and gives them greater confidence to date, start a family and have a happy, healthy sex life.

# Reducing barriers to HIV self testing among black African communities

## Piloting a Click and Collect Service

A Public Health England HIV Innovation Fund Project December 2017 – November 2018

Terrence Higgins Trust Authors: Dominic Edwardes, George Halfin, Will Howells, Takudzwa Mukiwa

### Background

Following successful pilot projects in 2016 and 2017, Terrence Higgins Trust rolled out a UK-wide, free HIV self testing service in May 2018.

The pilots had only a small take-up from black African people (BA), a key audience and a group particularly affected by late diagnosis. Focus group research indicated that BA are particularly concerned about privacy and confidentiality when testing, prompting a reluctance to receive kits to a shared home. This is despite research from Sigma's African Health & Sex Survey (2015) finding that self testing was second only to GPs/clinics as the most preferred form of HIV testing.

Through a grant from Public Health England's Innovation Fund, this project implemented Click and Collect as a delivery option to investigate whether this reduced barriers to HIV self testing for BA. Funding also supported enhanced promotion to BA audiences.

The service was subsequently able to rollout Click and Collect to everyone, enabling the comparison of usage across demographic groups.

### Method

3,000 tests were ring-fenced for BA from a service with about 20,000 tests kits to ensure a large sample size.

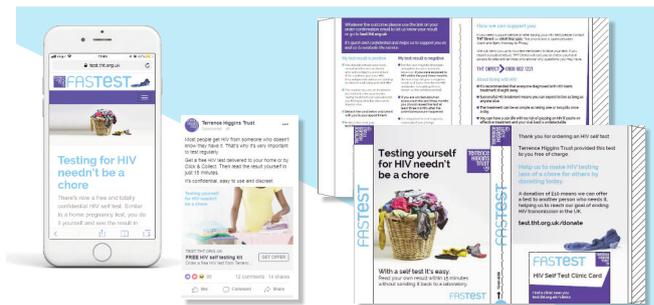
A campaign was developed in consultation with target audiences, including BA, via focus groups and online surveys to ensure the messaging and creative was appropriate.

When ordering a kit, users were presented with the option of postal delivery to any UK address or Click and Collect from one of more than **4,000 UK pick-up points**.

Up to two follow-up text messages were sent requesting results. All individuals with a **reactive result received support calls** from THT Direct.

Digital advertising was used to promote the service to BA aged 18+, with enhanced targeting to those aged 35+ due to high levels of diagnoses amongst this age group<sup>1</sup>.

A follow-up survey investigated the user's choice of delivery option.



### Results

- **3,291 tests ordered by people of black African backgrounds** (1,550 men and 1,741 women) from a total of 18,597 orders – these were people self reporting their ethnicity as either black African or mixed white and black African.
- **14% of orders by BA were via Click and Collect** compared to an average of 10% across all demographics. Splitting by gender revealed a significant difference between BA women (10%) and men (18%).

% orders by Click and Collect



- Amongst BA, **men aged 35-49 (19%)** followed by **men 50-64 (18%)** had the highest observed rates of Click and Collect. On a relatively small sample of 54 orders, 17% of BA women aged 50-64 used Click and Collect.
- **78 black African people responded to the follow-up survey**, of whom 10 had used Click and Collect. Of this small sample, 20% said they would not have used the service if there had not been a Click and Collect option.

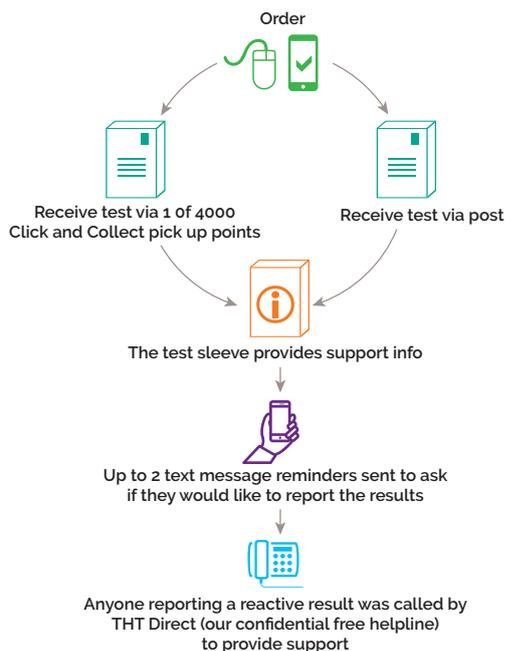
### Limitations

Short periods during the programme where Click and Collect was specifically highlighted in adverts to BA could potentially skew the data. However, results from December to March after active promotion of the service ended demonstrated similar results, with **22% of BA men using Click and Collect** compared to 13% each for black African women and MSM.

### Conclusion

- Black African people – and particularly men aged 35-64 – were significantly more likely to take up the option of Click and Collect when ordering HIV self tests.
- Click and Collect can help lower the barriers to testing for this key group particularly affected by late diagnosis, as well as potentially widening access for others with confidentiality concerns.
- The findings from this project suggest that Click and Collect should be considered for other postal interventions where sensitivity around privacy may be an issue.

<sup>1</sup>48% of diagnoses in BAs were in 35-49 age group (PHE 2017).



# How your *drug dealer* can help #sustaincoffee

Sustainability schemes are widely used to address threats to biodiversity conservation from coffee agriculture



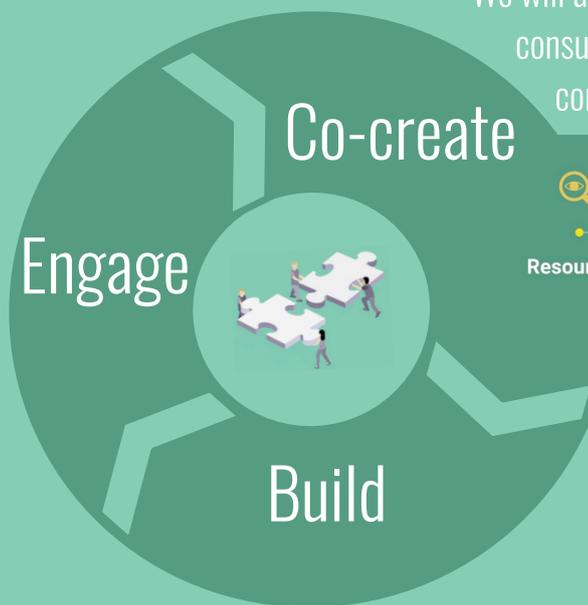
By 2050, coffee demand is predicted to double 2016/17 global production<sup>1</sup>

of which, 55% was produced under at least one sustainability scheme<sup>2</sup>

but only 20% of this was bought under those schemes<sup>2</sup>

How can we achieve sustainable coffee consumption to aid biodiversity conservation?

We will apply a six-step co-design methodology<sup>3</sup> to generate consumer-driven ideas for a pilot campaign to change coffee consumer behaviour within the University of Adelaide



We will focus on three target audiences



We envisage consumer-driven campaigns will increase the proportion of sustainably sourced coffee at the University and help guide sustainable coffee consumption



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