

The Mission of the Social Marketing Conference series is to act as a vehicle to help build a global movement dedicated to capturing, spreading and nurturing good practice in social marketing.

Influencing behavior for social good

Proceedings Book



**World Social
Marketing
Conference**



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Welcome (Academic)

Welcome to the proceedings from the first World Social Marketing Conference (WSMC) to be held in USA, and in the nation's capital of Washington, DC. The conference was historic in many respects, not only in its location, but also in unparalleled levels of interest, attendance, submissions, and breadth and depth of subject matter. Social marketing continues to grow and expand its reach, influence, and evidence of effectiveness. The field attracts interest from increasingly diverse groups of students, academics, practitioners, governments, not-for-profit, and commercial organizations. The 2017 conference in Washington, fifth in the series, showed that these trends are accelerating.

We received 205 submissions in the academic stream, the most ever; 106 were accepted for oral presentation and 39 for poster or workshop presentation. The academic presentations given during the two days of the conference covered a wide range of conceptual, methodological, contextual and practice based perspectives. This demonstrates that social marketing continues to evolve beyond its traditional focus on health-related behavior (while improving health remains an important and ongoing role for social marketing across the globe). For example, there was a significant presence of climate change and clean-burning cookstoves social marketing panels and posters.

Over 500 delegates attended the 2017

conference, the most ever. The large turnout reflected the convenient location in one of the world's hubs of social marketing activity near the US government. It also reflected the growing impetus and urgency for social and behavioral change and the opportunity to apply social marketing principles to these ends.

Overall, the 2017 conference saw the long-term WSMC effort arrive at a new level. The unprecedented number and breadth of submissions, interest, and attendance represents a tipping point to achieve even higher levels quality in our offerings and integration of multiple disciplines and topic area foci into social marketing in the future. A great example of this progress was the emphasis on systems thinking at the 2017 meeting.

We also introduced innovations to engage delegates and generate continuous and enriching discussion. For the first time, we used social media polling questions through the meetings with an aim of generating discussion at the final plenary session.

Overall, the 2017 event demonstrated the power of social marketing. It showed why delegates come to the conference – the potential of social marketing in many ways is greater than ever as evidence of what works continues to build and technology enables us to compete in the marketplace for behavior change. The 2017 conference demonstrated the global impact of our field.

Welcome (Academic)

The academic committee would like to thank our marvelous track chairs for all their assistance in sourcing reviewers and making timely decisions. Your hard work ensured that we maintained the high quality of work being presented and were able to keep authors informed of the progress of their submissions. We are extremely grateful to all the reviewers for giving up their time so generously and providing constructive feedback to authors. We would also like to thank our colleagues who chaired the practitioner submissions, Rebekah Russell-Bennett and Luke van der Beeke. We absolutely could not have done these reviews and put on such an excellent practitioner track at the conference without you! Thank you to Jeff French and the ever patient and encouraging Matt Wilson. Working together on the academic committee has been an enjoyable and rewarding process, and in particular the commitment shown and camaraderie shared has been a big feature of working towards the conference.

We also thank the Journal of Social Marketing and Social Marketing Quarterly. These two flagship journals in the field have expressed interest in publishing supplement issues based on the conference. We look forward to working with the journals and bringing these plans to fruition.

A huge amount of thanks also has to go to Rescue for stepping up as title sponsors for the conference and also to our group of key supporters. We also thank all the

universities, NGOs, association, and organization who supported the conference and contributed their time to helping us bring the community together in DC.

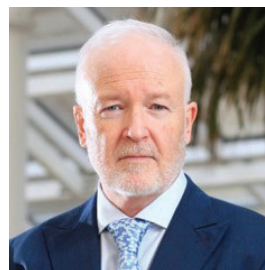
The biggest thanks are due to the many academics and students who submitted papers. We are inspired by the depth and quality of social marketing research that is being undertaken around the world – and are confident that the conference attendees enjoyed hearing your presentations as much as we enjoyed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



Professor Doug Evans

Academic Chair, WSMC 2017

Professor of Prevention and Community Health & Global Health, George Washington University



Professor Jeff French

Conference Chair, WSMC 2017

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

Welcome (Practitioner)

Welcome to the World Social Marketing Conference in Washington D.C., If ever there was a time for social marketers to come together to discuss and share ideas about solving the world's wicked problems, that time is now.

The practitioners contribution to the program is exciting and contains 30 excellent case studies from around the world. A total of 66 submissions were received (up from 47 for the 2015 conference in Sydney) and after peer review, we believe the final cases represent best practice examples of social marketing in action.

These cases represented a truly global embracement of social marketing with the diversity in countries evident (Indonesia, Uganda, Guatemala, Canada, USA, Australia, New Zealand, UK and many more) and social issues (sexual health, alcohol, conversation, gambling, diet, road safety, energy, disease control, sanitation, domestic violence).

As chairs, it was our privilege to review such high-quality submissions and to read about the important work being done around the world to deliver positive social change. But equally, during the review process the challenges of writing a strong social marketing case was very evident.

Some found it difficult to articulate clear behavioural objectives – many were vague and therefore could not be substantiated through the project's evaluation. Others failed to link their objectives to their evaluation process altogether. Finally, several submissions failed to identify that social marketing is not just promotion and/or health communication. These were the chief distinguishing factors between papers that were accepted and those that were not.

Clear behavioural objectives and robust evaluation are necessary for social marketing to demonstrate effectiveness. Pleasingly, the cases being presented at the conference have all achieved this.

Welcome (Practitioner)

It's also good to see a growing variety of topic areas and techniques. Health and environmental applications of social marketing are again well represented, but a range of other applications are also showcased. The adoption of new technologies and digital methods has also continued to grow since our last conference is 2015.

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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Number: 5

Home-Grown Influence Campaigns: Strategies for Boosting Social Marketing Efforts in Farm Populations

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Abstract

Many dangers exist on today’s farms; some the most hazardous being various types of machinery. In particular, power take-off (PTO) drivelines are one of the leading causes of injuries on farms, as farmers can be easily entangled if a shoe string, clothing, or hair, gets too close to the running driveline. Though these tragedies can be prevented through use of protective shields, farmers are typically resistant to installing these life-saving devices. Previous social marketing efforts have failed to increase PTO shielding on New York farms. This study is aimed at developing a booster to the existing social marketing campaign, and will rely on community-developed interventions based on commonly used influence strategies.

Background

Agricultural workers face significant risks each day. With a fatality rate of 26.7 per 100,000 full time workers (Bureau of Labor Statistics, 2015a) and a non-fatal injury rate of 5.7 per 100 workers (Bureau of Labor Statistics, 2015b), agriculture is one of the most dangerous occupations in the United States. Machinery entanglements are among the most common cause of fatal and non-fatal injuries on farms (Hard et al., 1999); many of these are the result of power take-off (PTO) drivelines, which rotate between 560 and 1,000 rpm to power farm implements (Murphy, 2014). According to Beer and Field, approximately 60% of PTO entanglements result in non-fatal injuries; amputations result from approximately 2/3 of these non-fatal cases (Beer and Field, 2005). Though PTO driveline entanglements make up only 15% of agricultural injuries, they account for approximately 40% of farm-related medical costs (Narasimhan et al., 2011).

Though PTO injuries can be devastating to families and communities, they are preventable. PTO guards have been manufactured to prevent operators from catching their hair, body, or clothing on the uneven surfaces of the driveline and becoming entangled. Despite the importance of PTO guards, approximately 40% to 53% of drivelines have either damaged or missing shields (Chapel et al., 2015, West and May, 1998); a damaged shield can be just as dangerous as an unshielded PTO.

Though much research has been done to characterize instances of PTO driveline entanglements (Beer et al., 2007, Beer and Field, 2005, Hard et al., 1999, Narasimhan et al., 2011), few interventions have been developed to successfully prevent PTO entanglements. Those that have been developed focus almost exclusively on educating farmers about the dangers of unshielded PTOs, rather than direct attempts to increase shielding (Hagel et al., 2008, Landsittel et al., 2001). To fill this gap, the study team has spent the last several years developing a social marketing campaign to encourage PTO shield uptake among the New York farming population. In the initial phase of this study, qualitative interviews revealed several explanations for low shielding rates (Weil et al., 2014). The cost and time required to obtain and install PTO shields, as well as the difficulty of performing maintenance on the driveline with a shield in place, were among the most common reasons that farmers chose not to install and maintain their PTO shields (Weil et al., 2014). Using this information, the research team worked to identify an improved PTO shield that would reduce several of the barriers previously recognized: the new shield is a universal-fit guard, is reasonably priced, and has built-in features to make maintenance work easier. Additionally, a social marketing campaign to encourage uptake of these shields was developed. This

campaign included farmer-tested messages focused on the true consequences of using unshielded equipment (Tinc et al., 2015) while promoting the improved guard and providing a toll-free hotline for convenient ordering. Though many of the barriers to shielding were minimized through this campaign, few shields were sold as a result. Of those farmers who did purchase the improved PTO guards, either as a result of the social marketing intervention or other factors, many became repeat customers, suggesting that the guard is, in fact, an improvement over older styles, and does reduce the barriers previously identified.

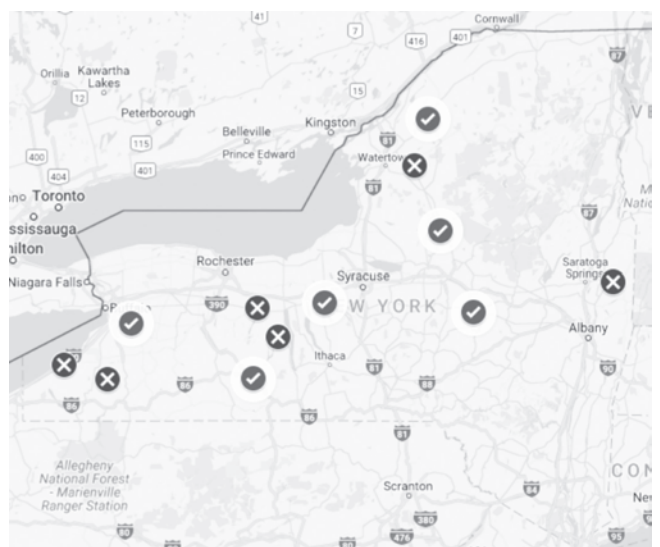
Though the PTO guard promoted in this campaign addressed many of the barriers discussed by farmers, the research team still faces the harsh reality that a long history of poor experiences with PTO shielding has left farmers reticent to try new and improved options. The team hypothesizes that with additional motivation farmers may be likely to test the new shields and begin adjusting their attitudes towards them.

The purpose of this study is to fill the motivational gap and identify methods of encouraging farmers to replace missing or damaged PTO shields. Though social marketing has proved successful in improving safety in agricultural settings (Sorensen et al., 2011), this particular issue appears to require something more to motivate farmers. This study will explore six principles of influence; liking, reciprocity, social proof, consistency, authority, and scarcity (Cialdini, 2007) as boosters for the social marketing campaign.

Methods

Treatment communities: Six townships in New York have been selected to participate in this study. The communities were selected for their high agricultural populations and also because they are separated from one another to reduce the chance of cross-contamination between sites. Each of the towns will receive an intervention developed around one of the six influence strategies. In addition to the intervention sites, six communities have been selected, in the same manner as the intervention towns, as controls. Locations of the intervention and control regions can be seen in figure 1.

Figure 1: Locations of intervention and control townships in upstate New York, represented by check marks (✓) and Xs (x), respectively.

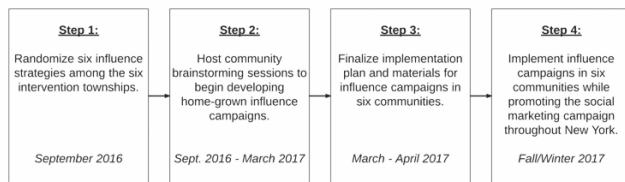


Strategy Development (the full process can be seen in figure 2): Each of the interventions will be developed with assistance from local farmers and agricultural organizations. Within each community, these individuals will be invited to join the research team for a day-long brainstorming session. During these sessions, the research team will review the social marketing efforts, progress to-date, and the influence principle assigned to that town. Together, the research team and community members will participate in group brainstorms to determine how the interventions will look. Using the information gathered during the sessions, the research team will work to finalize intervention strategies and develop relevant materials.

The influence campaigns will be implemented in their respective communities, while the original social marketing campaign will

continue to run throughout the state. The intent is that the social marketing campaign combined with the influence campaigns will expose farmers to the idea of shielding in several ways, eventually motivating them to follow through with the purchase of shields.

Figure 2: Intervention development process.



Results

Though each of the specific interventions will be developed during the community sessions, they will be guided by the principles explained by Cialdini (Cialdini, 2007). Each of the strategies is summarized below, followed by examples of how each might be applied to the PTO shielding effort.

According to Cialdini, the six principles of influence are quite simple, and based on the natural responses of individuals to various demands. The principles of liking, social proof, and authority all relate to an individual's connection with others. Liking suggests that an individual will be more easily persuaded by someone who they 'like' (such as a friend or an acquaintance with a friendly personality). Similarly, individuals are often influenced by observing their peers take part in a behavior or adopt a new technology (principle of social proof). Finally, authority comes into play as individuals are more likely to be persuaded by those with authoritative roles or high standing in the community (for example, experts in a field).

As with liking, social proof, and authority, the principles of reciprocity, consistency, and scarcity are inherent to human nature, according to Cialdini; however, they relate less to an individual's relationship with others. Reciprocity suggests that if one is to do something for another person (for example, give a gift), the recipient is more likely to return the favor in some way. Consistency relates to an individual's innate desire to align themselves with previous decisions. As a result, individuals may often alter their behavior or thinking to ensure that their actions are consistent over time. Lastly, the principle of scarcity suggests that things (programs, products, etc.) that are limited are more likely to result in high demand, as the target audience would not want to "miss out" on the opportunity.

Though the final interventions will be determined during the community brainstorming sessions, possible options for each persuasion technique are outlined below. The final interventions, which will be developed in the winter of 2016-2017, will be discussed at the conference.

Liking: In applying the principle of liking to the project at hand, one possible intervention may involve developing a 'care package' that includes information about BareCo PTO shields and risk of entanglement. These packets can be distributed at local farm meetings or livestock auctions with instructions to share materials with farming friends in town.

Social Proof: To encourage other farmers to purchase the improved PTO shields, those who have already done so might be asked to share their experience with the shield through local agricultural publications, signage, and referral software.

Authority: To apply the principle of authority to the current study, local machinery experts might be recruited to try the BareCo PTO guard at no cost and then promote the shields and speak to farmers in the community about the positive aspects of the shields.

Reciprocity: In this study, one possible application of reciprocity would be to include \$5 gift certificates to a popular store with mailings giving farmers information about PTO shields and instructions for ordering.

Consistency: Consistency can be used in this study by developing and distributing advertisements that highlight the safety activities that farmers routinely engage in, with a tagline that reinforces how putting PTO shields on drivelines is consistent with these other behaviors.

Scarcity: To take advantage of the principle of scarcity, farmers

could be provided with information on the prominent features of the improved PTO shield, as well as a special offer, which would allow farmers to receive reduced price PTO shield purchases, but which would only be available for a limited time.

Discussion

Together, the influence campaigns and social marketing campaign will run for approximately two years. This timeframe will allow ample time for farmers to come into contact with the social marketing campaign, as well as the influence campaigns (in intervention towns). The success of the influence campaign boosters will be determined by measuring the change in attitude of farmers (compared to those in control towns), as well as to the change in PTO shield sales in the intervention versus control communities.

Over the course of the intervention, it is expected that farmers will make a change in either their attitude, behavior, or both (related to PTO shielding) as a result of the influence campaigns. Using Kelman's Processes of Attitude Change (Kelman, 1958) as a guide, a pre/post-survey will be developed and distributed to farmers in both the intervention and control regions before the influence campaigns are launched, and again toward the end of the intervention period. These surveys will pose various questions related to Kelman's three processes: compliance (a change in behavior only), identification (change in behavior or attitude due to the influence of others), and internalization (change in attitude and behavior as a result of personal values) (Kelman, 1958).

In addition to the pre/post-survey, PTO shield sales data (for the improved PTO guard) will be collected on a quarterly basis beginning before the intervention launch, and continuing for 6-months post intervention.

Statistical analyses will be conducted on both the survey data and the sales record to determine the relative impact of each influence strategy. The most successful campaign will be modified for implementation state-wide, and further evaluation will be completed.

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Number: 15

How Do Alcohol Portrayals in Movies Affect their Audience? Evidence from a Field Study

Abstract:

A field experiment provides new empirical evidence of how exposure to branded and non-branded alcohol portrayals in movies affects subsequent cognitive and behavioral outcomes. Results reveal two paths of persuasion. On one hand, positive portrayals of non-branded alcoholic drinks produce story-consistent beliefs and behaviors indirectly through narrative transportation. On the other hand, blatant placements of branded beverages produce story-consistent beliefs and behaviors directly through mere exposure, despite hindering narrative transportation by reducing viewers' levels of identification with characters, feelings of enjoyment, and perceptions of realism. Policy and societal implications regarding the impact of movies depicting alcohol positively are discussed.

Keywords: Product placement, narrative transportation, alcohol, entertainment, persuasion

INTRODUCTION

Movies have long served as a vehicle for product placement (Lehu, 2007). The alcohol industry is particularly savvy in the entertainment marketing domain (Russell and Belch, 2005) and alcohol brands are omnipresent in entertainment content, from music videos to TV series and film (Dal Cin et al., 2008). This is worrying on two levels: For one, if unmonitored, this promotional tool can essentially circumvent more carefully monitored advertising media platforms, especially with regards to youth exposure to alcohol messages; second, moviegoers increasingly voice irritation with marketing efforts that interfere with their entertainment experiences (Russell, Russell, Lehu, and Morales, 2016). Hence, both advertisers and consumer advocates are concerned and interested in how alcohol placements in movies impact their audience.

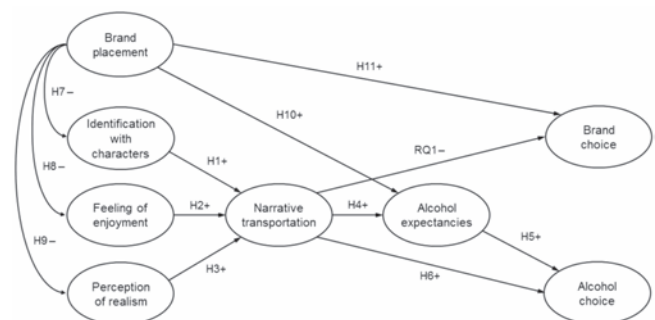
Our study is theoretically grounded in narrative transportation and contextually in the realm of movie alcohol portrayals. Methodologically, we conducted a field-based quasi experiment in a real movie theater in Peru and with real choices as dependent measures, all of which offer solid empirical evidence of the impact of alcohol portrayals on actual choice behaviors with implications in the controversial domain of alcohol promotion.

The well-established transportation-imagery model (Green and Brock, 2002) proposes that people who watch, read, or listen to a story, can mentally transport themselves into the world evoked by the narrative. This psychological process, generally known as narrative transportation, may reduce people's motivation and ability to think critically about the story's content, thus they are more susceptible to persuasion. Narrative transportation involves a

certain degree of identification with the story's characters, a process that may lead people to vicariously adopt the characters' perspectives, thoughts, and feelings (Moyer-Gusé and Nabi, 2010). This identification makes it difficult to critically analyze the statements made and events experienced by the characters and the consequences of their actions (e.g., Slater, 2002). Narrative transportation is also triggered by feelings of enjoyment of the story, which may immerse people so much that they are less likely to interrupt their pleasant experience to scrutinize the story's content or counter-argue its claims (e.g., Green and Brock, 2002). Finally, narrative transportation involves a certain perception of realism in the story, regardless of whether it is fact or fiction. That the story's components are perceived as realistic makes it easier for people to experience narrative transportation.

This study examines two largely unexplored issues related to narrative transportation. Firstly, it explores how narrative transportation plays different roles depending on whether or not the brands of alcoholic drinks are blatantly portrayed. Secondly, it extends beyond the typically studied attitudinal effects of narrative transportation to examine behavioral effects. Indeed, the design of the study allows observation of viewers' immediate choices after being exposed to a movie that includes positive depictions of branded and non-branded alcohol beverages. The generic behavior towards alcohol was measured through viewers' choice between the alcoholic and the non-alcoholic alternatives of the same brand of beer (Alcohol choice), while the specific behavior towards the placed brand was measured through viewers' selection of the placed liquor brand versus another (unplaced) brand of similar liquor (Brand choice). The proposed model is drawn in Figure 1.

Figure 1: Hypothesized structural model



Antecedents of Narrative Transportation

Viewers identify with a movie's characters when they adopt the characters' identity, goals, and perspectives, in such a way that they react imaginatively to the characters' emotional and cognitive experiences, as if they themselves were experiencing them (Cohen, 2001). Identification with characters has been proposed as an immediate antecedent of narrative transportation (Van Laer, Ruyter, Visconti, and Wetzels, 2014), and thus should lead to an increased likelihood that viewers mentally travel into the story and put themselves in the place of its characters (H1).

Enjoyment of a movie is an affective state that occurs when watching the movie is a pleasurable and rewarding experience. Previous research suggests that greater feelings of enjoyment increase the likelihood of narrative transportation into the "joyful" world evoked by the movie (H2; Hall and Bracken, 2011; Hall and Zwarun, 2012).

Viewers perceive realism in a movie's story when the actions, events, settings, characters, and other elements are credible within the context and consistent with each other (Busselle and Bilandzic, 2008). A stronger perception of realism should also make viewers experience greater narrative transportation into the "realistic" world evoked by the movie (H3).

Consequences of Narrative Transportation

Based on the abundant evidence that narrative transportation makes people more susceptible to adopting story-consistent beliefs (e.g., Green, 2004; Green and Brock, 2000), H4 posits that experiencing narrative transportation into a movie with positive alcohol portrayals should lead viewers to adopt more positive "alcohol expectancies" (i.e., beliefs about the consequences of drinking). Also, based on the strong evidence that alcohol

expectancies have a causal influence on drinking (e.g., Lau, and Cruz, 2000), alcohol expectancies should influence choice between the alcoholic and the non-alcoholic alternatives of the same product (H5).

The potential behavioral effects of narrative transportation remain largely unexplored, but Van Laer et al. (2014) argue that there is sufficient theoretical basis to expect that some transported viewers actually adopt the behaviors shown in the movie. So it is predicted that, as narrative transportation increases, story-consistent behavior should increase as well (H6).

Hampering Narrative Transportation

Blatant depiction of branded products in movies may be interpreted as a persuasion attempt that leads viewers to experience less of the three antecedents of narrative transportation. Indeed, recent research has shown evidence that commercial intrusion in a movie experience can generate hedonic contamination, whereby the experience of viewing a movie is lessened if viewers feel that the movie is perceived as an instrument of persuasion instead of one of enjoyment (Russell et al., 2016). Viewers may be disappointed if a movie's characters are involved in "selling" brands within the movie. Consistent with the persuasion knowledge model (Friestad and Wright, 1994), viewers may disengage from the ongoing interaction experienced with the characters if these are playing a role skillfully orchestrated by a company to promote its business or brands. As such the model acknowledges that the presence of a product placement in the movie may lead to lesser identification with its characters (H7). In line with hedonic contamination, the presence of product placement may also lead to lesser overall enjoyment of the movie-viewing experience (H8; Russell et al., 2016). Finally, the presence of a product placement may lead viewers to suspect that filmmakers allowed the corresponding advertiser to promote its brand within the movie, thus making this less credible than a vehicle free of commercial messages (Homer, 2009). Hence the model further accounts for the possibility that the presence of a prominently placed alcohol brand would reduce perceptions of realism (H9).

Previous research has found a relationship between the amount of alcohol-related content watched in movies and viewers' alcohol expectancies (Dal Cin et al., 2009). More specifically, exposure to positive alcohol portrayals in movies renders viewers' alcohol expectancies more positive (Kulick and Rosenberg, 2001). Likewise, an unfamiliar branded liquor placement, showing positive effects of its use, should lead to more positive beliefs about the general consequences of drinking alcohol more generally (H10).

Finally, given the experimental evidence that exposure to brands placed in movies effectively leads some viewers to consume such brands right after the movie screening (e.g., Auty and Lewis, 2004; Redondo, 2012), exposure to a previously unfamiliar brand in a movie should increase the likelihood of viewers selecting this brand immediately after the movie (H11).

We complete this set of formal hypotheses with a research question regarding the relationship between narrative transportation in the movie and brand choice. Although previous research signals that narrative transportation into a story with positive alcohol-related content should lead to more positive alcohol expectancies and more likely alcohol choices (H4-6 above), it is not as clear about how narratively transported viewers would respond to a prominently placed brand. Reasoning that highly transported movie-viewers may perceive movie's characters' involvement in a company's persuasion campaign, via product placement, as an interruption of their experience, we anticipate that viewers more engaged in narrative transportation would respond to a brand's blatant depiction more negatively than those less engaged, leading to lesser choice of the brand. So, despite the lack of previous studies, it may be expected that higher levels of narrative transportation lead to lower levels of choosing the prominently placed brand (RQ1).

METHOD

Procedures

The experiment took place in the Cineplanet seven-screen theater in Tacna, Peru. The event, presented as a The Snows of Kilimanjaro release (the 2011 film had never previously been shown in Peru), was advertised in the city as offering free access to all those who booked tickets before they sold out. The movie, a critically

acclaimed French drama, depicts alcoholic beverages in ways and settings that are common in Mediterranean Europe. Alcoholic beverages are never depicted in a negative light, and instead, they always have positive consequences. The Metaxa liquor brand was placed prominently within three separate sequences of this movie, where it is associated with facilitating sociability and conviviality, helping to elevate mood and to overcome difficulties, and contributing to relaxation and well-being. A brand-free control version of the movie was created by removing all Metaxa appearances without affecting the main plot. The brand-free movie still contained alcohol-related scenes, as described above, but no references to the Metaxa brand. Participants were randomly assigned to either the experimental or control group by the person in charge of managing the movie reservations.

At the end of the screening, the researcher asked the audience members to fill out a brief questionnaire and said that, as a demonstration of his gratitude, the participants would be able to choose from among several gifts to be distributed upon exiting. In the meantime, assistants handed out a folder containing a questionnaire and pen to each audience member. At the end of the questionnaire, the respondents were asked to select three gifts, each one chosen from between two alternatives accompanied by pictures: They could choose either an alcoholic or non-alcoholic Erdinger beer bottle, a Pringles or Lay's potato snack package, and a Metaxa or Bardinet small liquor bottle (Metaxa is largely unknown in Peru because it is not available in retail stores and its appearance in the media is virtually nonexistent). At the room's exit, an assistant collected the questionnaires, and other assistants distributed the gifts selected by each participant. Underage people did not receive alcohol drinks and were instead given other products prepared for this situation.

Sample

The sample consisted of 758 questionnaires, of which 388 were from the experimental group and 370 from the control group. Consistent with the demographic profile of moviegoers as a whole (Redondo and Holbrook, 2010), this sample had similar frequencies in both sexes and higher frequencies in higher education levels and in lower age brackets.

Variables

Five variables of the model were defined as latent because they referred to abstract, complex, and not directly observable phenomena. Each latent variable was measured using five items selected and adapted from previous studies. Brand placement was coded 1 for those who watched the original movie with the Metaxa appearances and 0 for the control group. Consistent with previous experiments (e.g., Auty and Lewis, 2004; Redondo, 2012), the behavioral choice was measured through two-choice responses. Alcohol choice was coded 1 if the subject selected the alcoholic Erdinger beer and 0 if he/she selected its non-alcoholic alternative. Brand choice was coded 1 if the subject selected the Metaxa liquor and 0 if the choice was for the Bardinet liquor.

RESULTS

The partial least squares structural equation modeling (PLS-SEM) was used to determine if the latent variables were effectively measured by their corresponding items and if the relationships hypothesized in the structural model were empirically confirmed. The measurement quality of each latent variable was evaluated by means of the usual tests of reliability and validity. Each hypothesized relationship in the structural model was evaluated by testing the significance of its path coefficient and assessing the relevance of its f^2 and q^2 values.

The results signal the existence of two paths by which positive portrayals of alcohol consumption affect viewers' alcohol-related beliefs and choices immediately after the movie exposure. On one hand, this study provides evidence that narrative transportation, a mechanism by which viewers mentally travel to the movie's imagined world with a low critical thinking disposition, makes 'transported' viewers more susceptible to adopting story-consistent beliefs and behaviors. Viewers' narrative transportation is affected by their levels of identification with characters (H1), feeling of enjoyment (H2), and perception of realism (H3), with an assessment of effect sizes indicating that feeling of enjoyment is the key antecedent. In line with narrative transportation theory, individuals

experiencing higher levels of narrative transportation hold more positive alcohol expectancies right after viewing the movie with positive alcohol drinking depictions (H4). In turn, individuals reporting more positive alcohol expectancies are more likely to choose an alcoholic beer brand rather than a non-alcoholic alternative (H5). Increased narrative transportation also stimulates directly an increased probability of choosing the alcoholic beer brand option (H6).

On the other hand, this study shows that when brands are blatantly portrayed, the above described narrative transportation process of influence weakens, as viewers disengage more from the characters (H7), experience lesser feelings of enjoyment (H8), and reduce perceived realism (H9). The weakening of the pleasant transportation experience explains that more transported viewers respond to brand blatant depictions more negatively than those less transported do (RQ1). Despite hindering narrative transportation, blatant brand placements directly influence viewers' beliefs and behaviors: The prominent and recurrent appearance of an unfamiliar liquor brand in the movie leads viewers to adopt more positive beliefs about the consequences of drinking (H10) and to increase their likelihood of trying this new brand (H11).

DISCUSSION

This paper contributes to the extant literature on product placement by advancing evidence of two paths through which movie alcohol portrayals affect the audience's beliefs and behaviors. First, it provides empirical evidence that positive portrayals of non-branded alcoholic drinks produce story-consistent beliefs and behaviors indirectly through narrative transportation. Second, it shows that blatant placements of branded beverages, although they hinder the degree to which viewers immerse themselves in the movie, still lead viewers towards more alcohol choices immediately after exposure to the movie.

Movies' capacity to effectively promote alcohol consumption to a large audience, including to the vulnerable youth segment, carries important societal implications. Content analyses of mainstream films found that 78% of the youth-rated (G, PG, and PG13) movies depicted alcohol use, most of them positively portraying alcohol users and infrequently showing the negative consequences of drinking (Dal Cin et al., 2009). Repeated exposure to movies with positive alcohol depictions may lead youths, who have not yet developed the skills needed to fully understand the negative consequences of alcohol abuse, to adopt story-consistent beliefs and behaviors over time.

Whereas conventional alcohol advertising is subject to many legal restrictions, alcohol product placement remains in legal limbo. To prevent external regulation, the beverage industry recommended avoiding brand placements in youth-oriented films, but the increasing appearance of branded beverages in youth-rated movies reveals the failure of self-regulation (Bergamini, Demidenko, and Sargent, 2013), and the need for greater scrutiny of alcohol in entertainment content and its impact on audiences.

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Number: 16

A framework for citizen experience

Abstract

Over its history, marketing focus has changed from commodities to products, to services and, recently, to experiences. By drawing on concepts and frameworks for customer experience found in marketing, consumer behavior and behavioral economics literatures, the paper presents an integrative framework for citizen experience in social marketing programs. There are several approaches to customer experience, most of them focusing only on partial aspects of the concept. Some authors focus on consumer journeys; others focus on brand experience; others prefer to emphasize tangible and intangible aspects in physical stores. Behavioral economists tend to focus on hedonic profiles and other elements that influence decision-making. The proposed integrative theoretical framework can offer guidance to incorporate the management of optimal experiences into the design of social marketing programs.

Introduction

In their book *Poor Economics*, Abhijit Banerjee and Esther Duflo recall an intervention that made the rate of vaccination in certain villages of India grow from 17 percent to 38 percent (in any case low rates). The heads of the program started offering two pounds of dal (a staple food in the region) for each round of immunization and a set of stainless steel plates for every family completing the course (Banerjee & Duflo, 2011). Nowhere in this experiment as well as in typical field experiments conducted by economists can one find mention to the experience of priority groups taking part in the program. Nevertheless, human life is all about experiences, from

remarkable to ordinary ones. Why does this dimension is usually absent in the design of programs trying to change social behavior? Let us move from economists' well-intended experiments and consider social marketing programs. Typically, experiences are implied in them but the design and management of optimal experiences is notoriously absent in social marketing guides. Consider, for instance, the description that Kotler and Lee (2009, p. 230) provide about the National Tuberculosis Control Program in Peru:

Actual product strategies focused on testing and DOTS. The core product for getting tested was "peace of mind" and, for taking the full regime of medications, was "getting well". (...) Product quality efforts (also considered a component of augmented product) were to ensure that when people arrived for testing, and patients arrived for drugs, ample supplies and assistance would be available. (...) If patients or potential patients were unable to receive high-quality services and drugs, as promised, they might not return or complete treatment.

However, academic and executive literatures have been accumulating knowledge and insights on consumer experience over the last decades. Over the last decades, there has been a change in how marketing conceptualizes the commercial offer, starting with commodities and progressively encompassing products, services and, recently, customer experiences (Pine and Gilmore, 1999). This progression reflects the evolution of economic value, the sophistication of consumer needs and the differentiation of competitive position of firms. From that change, it is possible to extract parallels to apply in the design of citizen experiences.

The goal of this paper is twofold: present an integrative framework for citizen experience, based on those insights, and highlight the potential positive role of optimal experiences in the design of social marketing programs.

Method: review of literature in human experience

There has been at least two main parallel theoretical approaches to human experience. One comes from the consumer behavior and marketing literatures. The other one comes from behavioral economics and it is a broader approach to human experience. Due to space limitations, we will present only a very limited sample of both views.

Consumer experience is a challenging multifaceted concept. In marketing and consumer behavior literature, there has been two main perspectives: academic texts focusing on partial aspects of experience, on the one hand, and academic and professional texts presenting integrative frameworks, on the other hand. We call the former narrow approaches and the latter, broader approaches.

Starting with narrow approaches, Holbrook (1987) defines value from a consumer point of view as a kind of experience that occurs when a goal is met or a need is satisfied. Berry, Carbone and Haeckel (2002) were among the first ones to look at processes and touchpoints, by claiming that experience is more than entertainment and creative engagement: it is the consumer's journey, which materializes itself through clues and the internalization of the meaning and values conveyed by them. Prahalad and Ramaswamy (2004) argue that the value of any product is intrinsically associated with the quality of the experiences consumers expect to flow from its consumption over time. Dahl and Moreau (2007) list some motives behind the search for experiences, such as the search for autonomy and for feelings of accomplishment as well the possibility of sharing the experiences with like-minded people. According to Gentile, Spiller and Noci (2007), previous expectations are important and experiences mediate the expression of value for consumers and organizations. Moreover, customer experience involves several dimensions, such as cognitive, emotional, physical, sensorial, lifestyle and relational. Meyer and Schwager (2007) emphasize consumers' internal and subjective responses to any direct and indirect contacts with organizations. Lutz and Foong (2008) define a good experience as one characterized by the fast resolution of problems. According to them, a bad experience is the result of confused and unfriendly organizational processes. Brakus, Schmitt and Zarantonello (2009) propose a scale for brand experience that is based on sensorial, affective, behavioral and intellectual dimensions. Such responses arise when consumers interact with communication, environments, packaging and the design of a brand. Verhoef et al (2009) focus on cognitive, affective,

social and physical responses while also emphasizing the processes of search and use after purchase. Schmitt (2012) emphasizes the different levels of relationship between consumers and brands: functional, related to practical benefits, personal, related to the consumer's identity, and social, characterized by a socio-cultural perspective and feelings of affiliation to communities. The closer to the latter level, the more meaning a brand aggregates to consumers. Rawson, Duncan e Jones (2013) see experience as different journeys. A typical one is the need of changing the personal address. Joshi (2014) defines consumer experience as the sum of all experiences a client has in every point of contact with a given organization.

As examples of broader approaches, Morris Holbrook and Elizabeth Hirschmann were the first researchers to highlight how the consumption process could evoke pleasure and positive experiences through leisure activities, aesthetics, symbolic meaning, emotions and multisensorial aspects associated with products (Holbrook e Hirschmann, 1982). In a popular conceptualization, Pine II and Gilmore (1998, 1999) see services as stages and products as props to engage consumers in memorable (paid) events. Experiences demand the participation of consumers and their engagement, which can occur through immersion or absorption. Schmitt (1999) also helped to popularize customer experience by proposing a practical framework composed of what he called strategic experiential modules (sense, feel, think, act and relate) and experience providers, such as products, environments, websites and people. Nasution et al (2014) propose a model sliced into layers, reflecting consumer journey while he/she accumulates perceptions and responses through each point of contact with the organization. In the beginning of the journey, needs, values and desires shape the experience. In the next step, the consumer and his/her characteristics interact with the marketing strategy, leading to diverse experiences that comprise the third layer. Such experiences involve the stages of pre-consumption, consumption and post-consumption. Their accumulation, in turn, integrate the global experience (fourth layer) and impact consumers' attitudes, behaviors, trust, satisfaction and loyalty (fifth layer).

Behavioral economists, in turn, have been more concerned with the objective characteristics of experiences and their influence on human preferences and decision-making. Kahneman (2011) stresses the salience of recent bad or good experiences in the decision-making process. Moreover, the process by which the brain codifies experiences is crucial to shape human preference. This includes especially the peak-end rule, duration neglect and the general principle that people prefer experiences that have an increasingly pleasurable progression. That progression underscores the hedonic profile of experiences and offers a hint at a hypothesis to explain the low rates of compliance in vaccination in the program mentioned in the beginning of this paper. Ariely and Zauberman (2000), in turn, demonstrate that the segmenting experiences can change the pattern of their evaluation (or their hedonic profile) towards an overall summary. Loewenstein and Ubel (2008) remark that people adapt to bad life conditions, exhibiting high levels of happiness, and therefore a proper public policy should be based, among other factors, on accurately informing people how circumstances produce different experiences. This is important inasmuch as governments, for instance, strive towards the development of drivers of societal well-being.

Consumer experience is a subset of a more general domain in which social marketers typically operate, namely citizen experience. Similarly, the latter is only a partial sample of a more general concept of experience. Life is a collection of experiences and the preference for collecting a subset of them (the memorable ones) can be a function of what Kahneman (2005) calls the dominance of the remembering self (versus the experiencing self). Several criteria can be used to classify experiences. They range from remarkable to terrible ones, from continuous (e.g., school or work), to one-in-a-lifetime, like marriage or the birth of one's child, from staged or carefully engineered (e.g., a theme park) to authentic ones. Experiences can also be conceived from an objective, subjective or mixed point of views. Examples are, respectively, the design of a process to address consumers' journey, the intended mood to be evoked by a background music in a supermarket and the optimal design of a game or movie. Finally, experiences can vary on the degree of preference for their predictability: everyday experiences

(like paying one's bills over the Internet or having meals) are usually under the control of one's automatic pilot, which makes them resistant to strong disruptions. On the other hand, standardized but infrequent events, like commercial children's birthday parties, tend to generate habituation to the point of aversion ("it is always the same script"), especially because people expect novelty or authenticity in such situations (Lyubomirsky, 2011).

Based on the concepts briefly reviewed above, we developed an integrative framework to account for citizens' experience in their relationship with governments and organizations managing social marketing programs.

Results: Proposed integrative framework

Figure 1 presents the proposed framework, which encompasses two main actors in complementary roles: citizens and organizations. The numbered boxes present the main dimensions (and their relationships) that demand active management.

Neither citizens nor organizations are immune to macro environmental influences, and citizens, especially, are under strong influence of actual or aspired social groups. Citizens and organizations meet through journeys and resonance points (defined below).

Citizens may actively look for social offers, like when they try to satisfy a need, want or desire. They also may participate in such encounters in a passive manner, like when they watch an ad on TV. Alternatively, they can co-create the product, service or experience, which requires that carefully designed processes and tools are in place. Citizens have both universal and contextual needs. As examples of the former, the need to belong to social groups, the need to feel good about oneself and basic needs such as security and health. Contextual needs are the ones evoked by current life situations or social programs, such as the need to enroll one's son in school.

Organizations, in turn, take part in the relationship through the design and management of citizen's journey and resonance points. However, even a passive or carefree management of experience dimensions will produce effects, some undesirable: confuse processes, lack of training for people involved in "moments of truth", contradictory communication, low levels of satisfaction and loyalty. Organizations can also structure processes to capture the voice of clients and their perceptions regarding the several dimensions of the experience. In the proposed framework, this possibility, as well as the potential for co-creation, is depicted through dotted lines.

Journeys are all life experiences that depend to some degree on the relationship with the offering organization. Enrollment of children at school, opening a bank account in response to a social marketing program aiming at increasing financial assets of the poor, or stopping the use of an addictive product are examples of citizens journeys. Resonance points are all points of contact between the organization and the citizens, including real points (e.g., a branch), virtual ones, evoked ones (e.g., advertising), as well as points of pain – the points of contact where there is greater potential for problems or negative experiences (e.g., experience with call centers). We call them resonance points considering their potential for biasing the overall evaluation of the experiences as well as for influencing word of mouth.

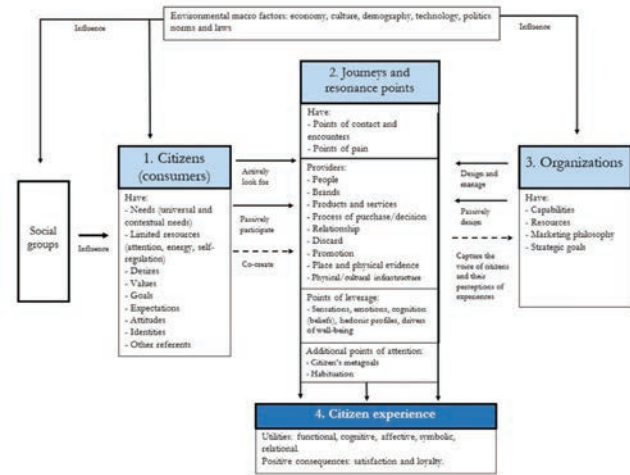
The framework highlights the role of several elements of the offer in structuring journeys and resonance points. Those elements are, for instance, products, services, brands, and physical places. In the case of citizen experience, cultural and physical infrastructure are a usual missing piece in governmental program. For instance, it is common in the developing world that mayors and other politicians make appeals to people leave their cars at home and use public transportation. However, it is also common that citizens soon discover that their cities are designed for cars – trying to cross the street, for example, can be a dangerous experience in such cases.

Points of leverage – sensations, cognitions, emotions, hedonic profiles and drivers of well-being – help in the process of fostering positive and/or meaningful experiences. The framework also presents habituation (satiation) and citizen's metagoals as points of attention. Metagoals include the ones described by Bettman, Luce and Payne (1998) in a consumer context: maximization of decision accuracy, minimization of cognitive effort for decision making, minimization of the experience of negative emotions, ease of

decision making and degree to which the decision can be justified to third parties. They also include the goal of decreasing risks, which is typically met by strong brands (Keller and Lehmann, 2006). At least part of those metagoals are usually present in every exchange or consumption experience. Nevertheless, commercial or social offers often ignore those points of attention. Consider, for instance, the high toll on energy and attention required by filling forms to take part in governmental programs.

Global citizen experience is therefore the resultant of the interaction of all elements that integrate the journeys and resonance points. Experience, in turn, is the potential set of functional, cognitive, affective, symbolic and relational utilities that accumulate over time. Of course, depending on the offer only a subset of those utilities can be actually relevant, especially in commercial settings. However, we argue that the more utilities a social offer provide to citizens, the more powerful it is to engage them in performing desirable behaviors and establishing habits. Continuous positive experiences lead to satisfied and loyal (to the offer or to the organization) citizens, resembling what happens in the commercial domain (Oliver, 2014). The framework also helps in the design of all spectrum of experiences, from authentic and life changing to ordinary and "fake", artificial ones.

Figure 1. An integrative framework for citizen experience



Conclusion

The paper contributes to social marketing literature by advancing a conceptual development for the citizen experience construct while also focusing on points of practical concern and management. Citizen experience comprises all experiences one faces while enacting that broader social role. In most social marketing exchanges, there is a mix of roles. Sometimes, the individual is predominantly in her role of citizen (e.g., avoid littering, doing health prevention activities). In other occasions, the consumer role may be more prominent (e.g., when buying products associate with a given program, such as bed nets to prevent malaria).

Prahalad and Ramaswamy's (2004) advise that organizations should abandon the traditional system based on the creation of value in favor of a new model based on co-creation of value and experiences. This requires a new managerial framework from organizations providing social marketing programs, one that aims at optimizing interactions and experiences occurring at different points of contact (Greenberg, 2010). By managing the points highlighted in the numbered boxes as well as the relationship between them, social marketers can design for experience and perhaps increase adherence and behavior change rates. The framework still needs to be tested in actual interventions, which is both a limitation and a suggestion for future studies.

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Number: 17

I am What I Believe: The Importance of Socially Shared Beliefs for Social Marketing Programs

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I am What I Believe: The Importance of Socially Shared Beliefs for Social Marketing Programs

Abstract

When social marketing is trying to influence behaviors to increase societal welfare, the shared beliefs of the target audiences can become impediments to success. The aim of this article is twofold: to typify shared beliefs that can be obstacles for social marketing programs and to identify the main sources of those shared beliefs. Social Representations Theory serves as the theoretical framework because it helps to explain shared beliefs. The specific case examined is type 1 diabetes. Following twelve in-depth interviews with experts on the disease, the analysis of these interviews indicates that there are two types of shared beliefs that can hinder social marketing efforts (misconceptions and ideological convictions) and three main influencers (primary groups, communication media, and authority figures).

Introduction/Background

Today there is general agreement that the goal of social marketing is to benefit society by influencing the behavior of target audiences (Andreasen, 2002; Lee and Kotler, 2015). However, there is some evidence that social marketing has been sufficiently effective in neither achieving public engagement (Corner and Randall, 2011) nor accomplishing behavioral change (Stead et al., 2007). Fishbein and Ajzen (2010) declared that beliefs serve to guide the decision to perform or not perform a behavior. Lauri (2015) argued that the kind of social change that social marketing expects cannot be "equated with a sum of individual attitude changes" (p. 397)—it requires a change in societal beliefs. She suggested that Social Representations Theory could serve as a theoretical framework for designing social marketing campaigns because it explains widespread beliefs and helps elucidate the consensual universe. This paper utilizes Social Representations Theory to highlight that beliefs can be obstacles to behavioral change efforts. Thus, the purpose of this research is twofold: to typify shared beliefs that can interfere with social marketing and to identify the main sources of these beliefs. To address these objectives, the case of type 1 diabetes was examined, and twelve in-depth interviews were performed with experts on the illness to collect information.

Social Representations Theory

Social Representations Theory was developed by Moscovici (1961) for the purposes of studying the social representations of psychoanalysis in various milieus. The study described how three segments of French society responded to psychoanalytic ideas in the 50s. He observed that psychoanalytic ideas circulated and transformed, acquiring multiple representations.

Moscovici (1988) stated that social representations "concern the contents of everyday thinking and the stock of ideas that gives coherence to our religious beliefs, political ideas and connections we create as spontaneously as we breathe" (p. 214). The central idea of the theory is that a social group forges a shared understanding of certain aspects of reality, which in turn creates a familiar context and guides social interaction. Social representations arise in an effort to make the unfamiliar familiar and are rooted in the time and context of the group (Moscovici, 2000). "Social representations are systems of knowledge, or forms of common

sense, that human subjects draw upon in order to make sense of the world around them and to act towards it in meaningful ways” (Sammut, Andreouli, Gaskell, & Valsiner, 2015, p. 8).

Bouer and Gaskell (1999) affirmed that to generate a social representation the minimal system is a triad: two persons (subject 1, S1, and subject 2, S2) who are concerned with an object (O). These elements form a triangle [S1-O-S2]. The two subjects together elaborate a common-sense meaning (a social representation) of the object at that time. “Meaning is not an individual or private affair, but always implies the ‘other’” (Sammut et al., 2015, p. 7); a group (two or more persons) is needed to engage in meaning making.

However, social representations are dynamic. The common-sense meaning or system of knowledge that the subjects constructed is a mere representation of the object at a specific time. Over time, the context changes, information is formed or transformed, and groups evolve (grow, divide, merge, decline or disintegrate); therefore, the system of knowledge can be modified and newer meanings can be proposed.

Social Representations and Social Marketing

To understand the relation between social representations and social marketing, it is essential to comprehend that “beliefs are units of knowledge” and that “the totality of these beliefs constitutes the system of knowledge” (Bar-Tal, 1990, p. 5). According to Moscovici (2000), social representations denote shared beliefs, images, and affects that individuals in a particular group hold and share. “Beliefs that are known to be shared by group members may have important cognitive, affective, and behavioral implications both for group members as individuals and for the group as a whole” (Bar-Tal, 1990, p. 2).

As previously stated, social marketing intends to influence the behavior of targeted audiences (Lee and Kotler, 2015), and beliefs serve to guide the decision to perform or not perform a behavior (Fishbein and Ajzen, 2010). Consequently, it is imperative to identify the social representations (related to the behavior that requires changing) that could generate resistance in order to develop successful social marketing programs. Attempts to influence behaviors may be less effective if differences in social representations are not considered.

Laszlo (1997) indicated that discrepant representations lead to serious communication difficulties between groups. The members of organizations that are developing social marketing programs may have social representations that differ from those of the group of people they want to persuade. The social representations of the organization that is developing the social marketing program should not be mistaken for the social representations of the target group. To produce citizen engagement, it is necessary to distinguish among the shared beliefs, the groups that hold them, and the main sources of those beliefs.

In 2015, Lauri concluded that social marketing campaigns fail because the designers of the campaign are either not aware of the social representations of the issue being marketed by the campaign or fail to address them adequately. She also stated that the point of departure of social marketing should be to discover the social representations that the various target groups within society have of the social issue that motivates the social marketing effort.

The next section of this paper describes an empirical study designed to illustrate socially shared beliefs about type 1 diabetes. Diabetes mellitus was selected because it is an important social problem, and different scholars have argued that beliefs play an essential role in physician attempts to change patient behavior to achieve treatment adherence (Brownlee-Duffeck et al., 1987; Mann et al., 2009; Rehman et al., 2013).

Method

Twelve in-depth interviews were performed with one endocrinologist, four pediatric endocrinologists, four nutritionists, one psychologist and two general physicians. All of these experts are diabetes educators who have been working in public institutions, private hospitals and/or NGOs for more than 5 years. Health professionals were selected because they fully understand the problem, have direct contact with their patients’ beliefs, try to influence behaviors (to ensure proper treatment), can describe the effect of the beliefs on behavior, and can perceive the sources of those beliefs. The interview guide included three critical themes: types of beliefs, effects of beliefs on individual behavior change, and

main sources of beliefs. Each interview lasted approximately one hour, was conducted at the respondent’s workplace by the author and was audio recorded (with authorization from the interviewee). The information gathered during the in-depth interviews was transcribed for analysis. The method used to analyze the information was thematic analysis (Boyatzis, 1998). Verbatim quotations were translated from the Spanish transcripts into English. The most relevant topics resulting from the analysis are included in the section that follows.

Results

Two types of shared beliefs that could be obstacles to behavioral change were identified: shared misconceptions and ideological convictions. Misconceptions are naive beliefs (Caramazza et al., 1981), “ideas that are incompatible with currently accepted scientific knowledge” (Clement et al., 1989, p. 555). Ideological convictions are unshakable beliefs that define a group; these can be political, social, or religious and do not require proof or evidence (Bar-Tal, 1990; Skitka and Mullen, 2002).

All interviewees (12/12) described misconceptions about type 1 diabetes that have been obstacles to desired behaviors among their patients (attachment to the treatment). Some of those misconceptions were about the problem (the causes and consequences of type 1 diabetes) and others were about the desired behavior (the specific actions that the experts proposed that the patients take to increase their welfare). The following are a few examples:

“The parents, the children, and all patients with diabetes, in general, believe that diabetes is an immediate death sentence. They relate the illness to its complications and believe that they are going to lose their sight or a limb very soon” (nutritionist, Mexican Diabetes Association, example misconception about the problem).

“There are many misconceptions about the disease, for example, regarding the origin, many patients think that they got sick because of a scare, stress, eating too many sweets, being obese or sedentary” (endocrinologist, Instituto Mexicano del Seguro Social, example misconception about the problem).

“They think that insulin is harmful, that it is going to cause blindness, harm their kidneys, generate complications or kill them. So, they do not comply with the treatment” (pediatric endocrinologist, private practice, example misconception about the desired behavior).

Five of the twelve experts interviewed mentioned that ideological convictions have been impediments to patients engaging in a desired behavior. As in the case of misconceptions, some were about the problem and others about the desired behavior:

“Many times, faith is what moves them; they fervently believe that their shaman is going to achieve what science cannot: cure diabetes” (general physician, Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado, example ideological conviction about the problem).

“I had a terrible case of a girl with type 1 diabetes: the mother believed that God would cure her daughter. She stopped injecting the girl with insulin and organized prayer groups. When the girl arrived at the hospital, she was dying” (pediatric endocrinologist, private practice, example ideological conviction about the desired behavior).

Three main sources of beliefs that could be obstacles to a desired change in behavior were recognized: primary groups (family and close friends; mentioned by all twelve experts), communication media (mentioned by eleven of the twelve experts), and authority figures (e.g., religious leaders, school teachers, health professionals; mentioned by eleven of the twelve experts). These three sources were identified as influencers of behavior.

“Among family and friends, everybody has an opinion about the treatment. Every week I have a patient who stopped their treatment because a close friend or relative gave him or her a product that will ‘cure’ the disease” (endocrinologist, Instituto Mexicano del Seguro Social, example of primary group influence).

“These beliefs come from everywhere. We can see them in the media, in soap operas, in advertisements; they spread lies about the disease” (pediatric endocrinologist, private practice, example of communication media influence).

“Religious leaders promise them that God will cure them; teachers

tell them that they get sick if they do not eat enough fruit; doctors do not understand the disease and spread lies about it” (psychologist, Mexican Diabetes Association, example of authority figure influence).

Discussion/Conclusion

The real problem that social marketing campaigns face is successfully impacting behavior, which requires the identification of and possible modification of societal beliefs. The problem cannot be properly approached without identifying the shared beliefs that the different parts of the community hold about the social issue and about the desired behavior.

Groups can be segmented by their social representations. People belonging to the same group share beliefs, which in turn influence their behavior. When a group shares a social representation, a message is decoded in a similar way. If the message is designed for a group that shares a system of knowledge, it is possible to avoid cognitive dissonance and encourage citizen engagement in behavioral change. In a social marketing campaign, “segmenting the target adopter audience according to their social representations may be more relevant than segmenting them according to demographics, lifestyles or attitudes” (Lauri, 2015, p. 405). If each segment has different beliefs, then the specific problem is not the same for all target groups, and the social marketing strategy should differ for each segment. In addition to identifying beliefs, it is important to analyze the sources of beliefs that could be obstacles to a desired behavioral change. Three main sources were recognized: primary groups, communication media, and authority figures. Since these groups shared beliefs that affect individual adoption of the desired, positive behavior, these influencers should also be target audiences of social marketing campaigns. Focus groups, interviews and observation (of social groups and media) can help accurately identify shared beliefs (about the social problem and the desired behavior) in the target group and their influencers.

The social marketing strategy should be addressed to both the target group and the main influencers. When defining the social marketing strategy, practitioners have to pay special attention to two different kinds of beliefs that could hinder the success of the social program: misconceptions and ideological convictions. If misconceptions are accepted by a group as ‘the truth’ and generate behaviors that affect social welfare, the first goal of the social marketing program should be to clarify those misconceptions in the group (or the behavioral change might not occur regardless of the efforts). Table 1 exemplifies messages created to clarify specific social representations about type 1 diabetes. For Qureshi and Shaikh (2006), misconceptions undoubtedly have an impact on compliance with a treatment and lead to dysfunctional health beliefs and health-seeking behaviors. Authors such as Browne, Ventura, Mosely, and Speight (2014) argue that misconceptions about a health problem cause stigmatization, where health-related stigma is “the negative social judgement based on a feature of a condition or its management that leads to perceived or experienced exclusion, rejection, blame, stereotyping and/or status loss” (p.1).

Table 1: Misconceptions about Type 1 Diabetes and Campaign Messages

Misconception	Description	Message to Clarify Misconception
Diabetes has immediate consequences and is a death sentence	Diabetes has immediate sequels like amputations, blindness or kidney failure, and eventually death.	People with diabetes can live a long and healthy life if they control their glucose levels and follow their treatment.
Any kind of diabetes can be prevented	Diabetes is a consequence of an unhealthy lifestyle. It is an illness for old, overweight and sedentary people. It can also be caused because of a scare, stress, or eating too much sugar	There are different types of diabetes, the main ones are type 1, type 2 and gestational diabetes. Type 1 diabetes cannot be prevented and is not related with diet or lifestyle. It occurs when the pancreas stops producing insulin, a hormone that helps the body to use glucose found in foods for energy. Most patients with type 1 diabetes are diagnosed before their early 20’s but it can occur at any age.
Diabetes can be cured	Remedies, herbs, juices, exotic fruits or alternative therapies can cure diabetes.	So far nothing has been found that will cure diabetes; however, it can be effectively controlled through a balanced diet, physical exercise and taking medications or insulin. Some remedies can help control type 2 diabetes, but are not efficient for type 1 diabetes. People living with type 1 diabetes will always need to take insulin until a cure is found.

Ideological convictions, which are unshakable beliefs, are more difficult to approach. If the ideological conviction is about the problem (e.g., when a social marketing campaign tries to encourage blood donation in a community with a high percentage of Jehovah’s Witnesses), the program must be re-evaluated, reformulated, adapted, or even discarded for that group. If the ideological conviction is about the desired behavior (e.g., when a social marketing campaign promotes the use of insulin pumps to control glucose levels among patients with diabetes in an Amish community), another solution ought to be conceived.

In conclusion, this paper used the theoretical framework of Social Representations Theory to argue that the effectiveness of social marketing campaigns requires identifying the types of shared beliefs that could represent barriers to behavior change. Segmenting groups according to their social representations could help in the design of accurate social marketing strategies, taking into account the competing forces that prevent people from voluntarily engaging in the desired positive behavior.

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Response to Review Feedback

I thank the reviewer for the very valuable feedback which I have used to bring greater clarity to my paper. The paper has been edited in recognition of the comments and recommendations suggested.

Regarding the comment about the way presentation will be structured I propose the following structure: To start I will explain how social groups have different social representations and how that affects their behavior; before changing any behavior it is necessary to understand the social representations of the group and, for this, the theory of social representations can be helpful. The most relevant definitions proposed in the specialized literature will be presented here. The arguments that support social representations as theoretical framework for social marketing campaigns will be remarked (Lauri, 2015). The methodology and the specific case approached (type 1 diabetes) will then be elucidated. The results will be explained: types of shared beliefs and influencers. Finally, I will present how the evidence obtained can help to develop specific messages to clarify misconceptions about type 1 diabetes.

In response to the valuable comment on how lessons learned about social representations will be used to develop targeted social marketing campaigns, a table was drawn up explaining some of the identified misconceptions and examples of specific messages designed to clarify them. Due to the lack of space in the manuscript, only misconceptions about the problem were included, but in my presentation at the WSM Conference in May, I will exhibit examples to clarify beliefs about the desired behavior.

Number: 23

The Lead My Learning Campaign: Promoting educational futures

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Abstract

This paper presents the Lead My Learning Campaign. (leadmylearning.com.au) The Lead My Learning campaign was developed for the research project Getting an Early Start to aspirations: Understanding how to promote educational futures in early childhood (GAESTA). In this paper we present the findings from the Lead My Learning Campaign and outline how we developed and produced this unique social marketing campaign to promote educational futures in communities experiencing educational disadvantage. The presentation will include how, through our ongoing attention to learning Aboriginal protocols

(Murray & Harwood, 2016), we have successfully adapted and utilised social marketing approaches for application in community education contexts in Australia. The presentation includes demonstration and discussion of the materials and approaches in our campaign that have been developed in consultation with stakeholders in our social marketing campaign.

Introduction/Background

Children from low socio-economic status (LSES) backgrounds are, for a range of reasons, far less likely to attend university. Many of these children are 'smart enough' to attend university, but there are barriers to attending, including knowledge about education, how they feel about education, or believing it is possible to go to university (Harwood, Hickey-Moody, McMahon & O'Shea, 2017). These young children need opportunities to build on their aspirations for education. The problem is not simply one of raising aspirations; children and families from LSES backgrounds have aspirations (Harwood, McMahon, O'Shea, Bodkin-Andrews & Priestly, 2015). The problem is that university can be an alien environment for those with no history of higher education and is simply not a part of their families' worlds (O'Shea, Lysaght, Roberts & Harwood, 2015).

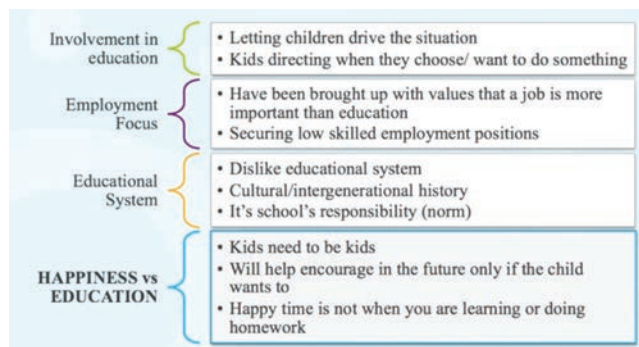
The GAESTA project is a four year Future Fellowship project, funded by the Australian Research Council (FT130101332). The overarching aim of this project is to investigate the adaption of social marketing techniques for use in early childhood educational contexts with families experiencing considerable socio-economic disadvantage, and (ii) to improve knowledge about higher education in low socio economic status early childhood settings. Lead My Learning is an outcome of this project. The focus of the presentation at the World Social Marketing Conference 2017, Washington DC, is to share how social marketing techniques have been adapted to develop Lead My Learning.

Method

In consultation with key stakeholders (parents, family, community, and early childhood centres), the social marketing approach was adapted and designed to produce Lead My Learning - a unique 'education promotion' strategy for early childhood. The formative stage lasted 15 months, a time period that was required to build rapport with Aboriginal and non-Aboriginal communities and conduct multiple interviews and community visits with parents and a range of services in multiple locations in the Australian State of New South Wales.

Segmentation

The segments are described below. The project worked with the 'happiness vs education' segment. This segment valued education – but viewed happiness as more important than education. It was identified that connecting learning with happiness would be an important marketing strategy for this group.



Proposition Statement

Based on our intensive formative stage, the following proposition statement was developed.

It is possible to lead your child's learning. It only takes a little time and can fit in with everyday activities.

You can encourage your child's learning without having specific knowledge of a topic AND it gives a child the happy experiences of valuing and enjoying learning.

The marketing plan, materials and design components were developed using additional iterative consultation phases with

representatives of our target audience. See www.leadmylearning.com.au for details of the materials and campaign.

Research Design

The research design for the social marketing component incorporates three different strategies:

- 1) A community based campaign (with waitlist) (population ~29,000 people)
- 2) A multi-playgroup (11 sites) campaign in partnership with a service provider in regional NSW
- 3) An early childhood centre campaign in services (4 sites) that rely on bus transport for children.

Participants

	Formative	Longitudinal	Pre Survey	Post Survey	Post Interviews	Service Provider (Post)Survey
Participants	149	114	511	In process	95	-
Services	-	-	-	-	-	9

Results

The results to date have shown that the social marketing campaign has encouraged parents to identify learning moments and to share and encourage learning. The post surveys are to be finalised. Participants in the Service Provider Post Survey included 10 Community services. These are large and small providers in the community component of the study. Of these:

- 9 report having seen the campaign
- 8 are using the products
- 6 report observing changes in parents, caregivers and family members
- 6 report talking about Lead My Learning to parents, caregivers and family members
- 5 report that parents are talking about or using Lead My Learning
- 6 services report there has been changes in how their service talks about or engages in learning activities with parents and children

Post campaign interviews with parents are showing that the Lead My Learning campaign was well received and parents would like it to continue. The interviews included comments that demonstrate that key concepts from the campaign are being used (for example, looking for opportunities for learning moments).

Discussion/Conclusion

This project has demonstrated that it is possible to adapt a social marketing approach to promoting education, and that such an approach can assist parents, families and caregivers to become better informed about how to support their young children’s involvement in learning.

We have shown that it is important this unique social marketing campaign is informed by critical sociology of education theory, has sought to be culturally appropriate with Aboriginal families, and is designed to be cross-cultural with Aboriginal and non-Aboriginal people. These considerations guided the study, informing not only how the social marketing campaign was conceptualised – but how we as researchers understood and conceptualised the problems of educational marginalisation and socio-economic disadvantage. Each of these considerations is important, as it has enabled a campaign to be designed that has been warmly welcomed by the focus (target) audience.

Our efforts to be culturally appropriate have been informed by our attention to Aboriginal Protocols (Murray & Harwood, 2016). Aboriginal protocols are central to informing and guiding our approach in this research project. As outlined in the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS, 2011) Guidelines for Ethical Research in Australian Indigenous Studies it is vital that “research with and about Indigenous peoples must be founded on a process of meaningful engagement and reciprocity between the researchers and Indigenous people.” We recognise the importance of learning from local Aboriginal Elders and of building relationships, establishing respect and conducting

research in ways that ensure their rights to maintain intellectual property. (Murray & Harwood, 2016).

In drawing on sociology of education theoretical perspectives, we have sought to be aware of how educational ‘problems’ are constructed (McMahon, Harwood, Hickey-Moody, 2015). Taking this conceptual approach, the formative phase of the social marketing design revealed significant findings about the parents in our study. These parents, who are from LSES backgrounds, who have not experienced further education, and many of whom left schooling early, strongly value the role of schools and education. At the same time, these parents describe having problematic feelings toward education and educational futures. This clearly is not the same as not valuing education. These findings clearly challenge claims that such parents ‘don’t value education’. This conceptual approach has also helped us to interpret how certain knowledge are ‘disqualified’ and ‘subjugated’. As Foucault (1989) outlines, this occurs in two ways:

“Historical contents that have been buried or disguised in a functionalist coherence or formal systematisation... blocs of historical knowledges which were present but were disguised within the body of functionalist and systematising knowledge...

“...[and] Something else... a whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated: naïve knowledges, located low down on the hierarchy” (Foucault, 1989, pp. 81-82)

The first way helps us to be aware of how particular historical contents, such as cultural practices of learning or relationships with Country¹ can be ‘buried’ or ‘disguised’ within a ‘systematising knowledge’, such as Settler colonialism. For the parents and communities in our study, the second way reminds us how the parents’ knowledges about learning are likely to have been disqualified. Taken together, these two ways force us to differently approach the parents’ relationships with learning, so that it is not a matter of parents ‘not doing learning’, but rather, seeking to understand how learning occurs and significantly, how certain forms of learning are considered ‘naïve’ and are disqualified. Working in this way, our critical approach has sought to understand, work with and encourage existent learning practices. Taking this approach, Lead My Learning is informed by the learning practices of our parent groups, which includes Learning By Observing and Pitching In (LOPI) (Correa-Chevaz, Mejia-Arauz, Rogoff, 2015; Rogoff, 2014).

Through our learning with Aboriginal Protocols, we have been able to build a successful approach to consultative research and social marketing campaign development.

- Representing Indigenous views
- Encouraging Cultural understanding & acceptance

Learning from the efforts of many of our colleagues and Aboriginal communities, this approach looks to the strengths of Aboriginal people, Aboriginal Cultures and Aboriginal Communities and at the same time, seeks to actively critique any deficit approaches.

Aboriginal protocols used for consultation in research are vital for meaningful engagement with Aboriginal people. We would also like to note that embedding Aboriginal protocols into our project is not only for interactions with Aboriginal people; it has provided a basis for non-Aboriginal people to see us as respectful researchers.

Access to programs such as Lead My Learning, when children are young could mean that they and their parents/ caregivers/families talk about and recognise their learning practices. This could have a positive influence on children’s educational futures. The next phase of this research is to investigate how Lead My Learning could be sustainable and made further available.

¹ Country is a significant in Aboriginal Australia, see for example Anthony McKight’s work for discussion.

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Number: 34

Co-creation in a Social Marketing Smokefree Programme. A Service Systems Perspective

Tracks:

1. Advancing theory, research and technology in social marketing
2. Promoting global health and wellbeing

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Abstract

Introduction: This study draws on service systems thinking to examine the co-creation process in a social marketing smokefree homes and cars initiative in a city in England. Methods: It adopts a case study approach drawing upon interviews, observation and document analysis. Findings: Adopting a systems view extended the scope of value co-creation in a health social marketing programme stressing that actors' behaviour, interactions and connections influence and are influenced by the systems in which they are located, their social environments and structures. It revealed how a co-creation approach to developing and implementing a health social marketing programme requires understanding actors' roles, practices and relationships within networks in order to facilitate actor engagement with the programme. The study identifies management support, providing feedback and learning as central processes facilitating co-creation. It highlights that sustainable health programmes require a design that enables integration within existing structures and the capacity to do so. The study also reveals that social marketers should aim to initiate value propositions that resonate with stakeholders' agendas emphasising the fluidity of roles within a model of value creation in which all actors have the opportunity to create value. Contribution: The study is one of the few to apply service systems concepts to social marketing and provide an empirically informed account of co-creation within the efforts to explore novel frameworks for understanding collaboration

processes and support multi-level action for change.

Introduction/Background

Social change programmes are increasingly seen as complex open systems where individual and structural factors interact (Domegan et al. 2013; Luca et al., 2016a). The importance of collaborations and the engagement of various stakeholders to build capacity and reach sustainable change is acknowledged by recent trends towards community based, strategic (French and Gordon, 2015) and multi-level social marketing (Hastings and Domegan 2013). In the last decade, systems informed service thinking has been proposed as a source of novel frameworks for understanding engagement and the mechanics of collaboration and how value is co-created in networks comprising various actors in social marketing (Domegan et al. 2013; Domegan et al., 2016; Luca et al., 2016a). Service scholarship proposes that value co-creation occurs in service ecosystems, which account for networks at micro-, meso- and macro levels (Layton, 2011; Vargo and Lusch, 2014). Systems thinking draws upon network theory (e.g. Granovetter, 1973) to understand connections and networks and the social processes generating dynamic structures. This also acknowledges that service systems are embedded within social systems or 'institutional logics' (Giddens, 1984), which shape actors resource integration and value co-creation. The service systems concepts such as value co-creation, resources, relationships and networks provide an alternative lens for thinking about the development of programmes, the nature of interactions and outcomes (Luca et al., 2016a). More specifically, this perspective allows to map the service systems in a social marketing programme and examine their nature including the structures around actors, the different ties between them and patterns of interaction.

In this study, co-creation is defined as a network based process in which actors interact to integrate resources and create value (Vargo and Lusch, 2014). The service literature highlights interaction processes as central to value creation (Vargo and Lusch 2014). Interaction is sought in order to facilitate co-creation 'spaces' through dialogue and learning within value networks (Ballantyne et al. 2011). Social marketing scholars have also acknowledged the importance of interaction in social marketing in order to create the space for public dialogue, reflexivity and debate to allow for context sensitive programmes (Domegan et al. 2013). Research on co-creation as a network based process and the roles of different actors in facilitating behaviour and social change is emergent (Domegan et al. 2013; Dibb 2014; Gordon 2013; Zainuddin et al., 2013). Despite the amount of literature on value creation, there is still a paucity of data about how actors co-create (Jaakkola and Hakanen 2013) and the sub-processes and factors underlying value creation (Grönroos and Voima 2013). This paper examines the co-creation process in a social marketing smokefree programme. In particular it explores the factors influencing co-creation and the interactions between actors in the Smokefree context. The study contributes an empirically informed account of co-creation in a social marketing service context which has been less explored in the literature (Domegan et al. 2013; Russell-Bennett et al., 2013; Zainuddin et al., 2013).

Method

Research Context

The case examined in this research emerged from a local public smoking cessation service (STOP) that developed a 'Smokefree Homes and Cars programme' (Smokefree) in England by integrating elements of social marketing (e.g. formative research, segmentation & targeting, community engagement, behavioural goals, message and tangibles etc.) with a collaborative community health development approach. The aim of Smokefree is to reduce the prevalence of smoking in homes and cars and to change social norms around in-home/car smoking. The engagement of local services was identified as key to build capacity at the midstream level and address the context of behaviour. The programme targets a range of stakeholders, particularly those professionals who are more likely to have an ongoing relationship with families with young children (staff from Children's Centres, health visitors, community health development coordinators, and their volunteers) with specialist training to enable them to deliver the message to their service users and encourage them to sign the pledge. The Smokefree intervention is still ongoing and has been able to claim

some success. External evaluation commissioned by STOP Services included a survey of people who had signed the pledge and the majority of the sample (82%) reported that they were still adhering to it six months after having signed up (Anonymous Group, 2013).

Methods

The study draws on 45 interviews with staff (STOP staff; Children's Centres staff, including family support officers, receptionists, managers, childcare teachers, play leaders; health visitors; midwives; community health development coordinators) and members of the public (as service users) engaged in the programme. The interviews with members of the public included two smokers, three ex-smokers and six non-smokers who lived with a smoker. In addition, approximately 25 hours of observation were conducted at five Children's Centres. Document analysis includes reports of formative and process evaluation, communication materials (leaflets, posters, information materials and training DVD) provided by Stop Smoking Services. The data are analysed using a thematic analysis approach (Miles and Huberman 1994). The study received ethical approval and pseudonyms are used to protect participant identities and privacy and the programme and research site are anonymised.

Results

Understanding interaction between the different actors engaged in the Smokefree required unveiling their place in the system and institutional context. The main actors engaged in Smokefree are part of a network that guides, provides information and facilitates access to support services. Actor engagement to co-create was influenced by the institutional context (e.g. job roles and practices, institutional support), personal motivation and the staff-user encounter context. Management support was seen as a central factor in influencing staff motivation and involvement with the Smokefree programme. The manager has the main role in ensuring the staff keep Smokefree on the agenda. They may take action to incorporate the Smokefree element in the staff job role. The approach adopted by staff focuses on understanding empowerment in context and providing support to address some of the barriers to behaviour change: "...a family that's involved in domestic violence the last thing you're going to suggest is that they give up smoking, [...] it's not a priority..." (Katt, senior family support officer, CC 4).

Interactions staff-staff: Learning and feedback

The training provided by STOP Smoking Services was a central component of the Smokefree programme aiming to build capacity at the midstream level (i.e. staff). The training was also a way of interacting with potential partners. It made people aware of the programme objectives, and helped to give them the confidence they could deliver the message. STOP also provided feedback that included comprehensive data on the outcomes of partners' involvement and recognition of their efforts. This was fundamental not only to keep them engaged but also to enable a timely response to the changes of the network and helped to address the challenges raised by participation in different contexts. However, the findings of this study suggest that feedback was not always provided or that it did not always reach the frontline staff (e.g. some health visitors).

Interactions staff-member of the public: Customising

The findings emphasise that an interaction driven approach facilitates customisation to accommodate the diversity of users. Particularly actors whose roles assumed a complex relationship of support (i.e. family support workers) and prolonged contact were more likely to negotiate 'the best moment' to broach smoking: "When you've first gone in their house [...] how well you think the first half an hour or so has gone and then you know how to approach it. I mean, if I went in and the mom has started crying and she's really upset, then the paperwork would be the last thing on my mind but the first thing would be to try and get mom or dad obviously sorted and then get them calm and relax before we do anything..." (Kally, family support officer, CC 3).

Members of the public emphasised that having a conversation with someone about a specific health topic made them more inclined to listen whilst making the message 'real' for them. It seems to trigger people's attention to the message whilst allowing for another interpretation that 'makes sense'. It also enables people to join in and share their own experiences: "Getting people to [...] come and

explain it, because you get handed loads of leaflets and you don't read them you just throw them away, but if someone comes and says look, and explains it then you're more likely to take it in." (Cornelia, member of the public, CC 14)

Interactions members of the public-members of the public: Adapting and sharing

People who sign the pledge are also asked to act and persuade other members of the family or visitors not to smoke in the house. The STOP manager indicated that the aim was to generate a network effect where members of the public would take the message to their own personal networks. Some members of the public adopted the Smokefree offering as an instrument to support their efforts in making others change behaviour (i.e. cut down, stop, or start smoking outside). In some cases, participants indicated that simply bringing home the leaflet seemed to have triggered a positive response from their partners. "it made my husband wash his face and arms, because I've told him about [...] and then I think he realised how dangerous... when I took some of the leaflets home they were just laying around, [...]" (Jemma, member of the public, CC4)

Co-creating in Dynamic Networks

The change of role of health professionals was a recurrent issue in the discourse of the health staff interviewed. Health visitor interviewees noted they were trained in health promotion and that health promotion should be a part of their job. However, time constraints, the workload and other issues they need to prioritise (i.e. safeguarding, housing) means less focus on health promotion: "But a lot of [health promotion] is taken away from you 'cause you haven't got the time, 'cause your time is taken up with the families that concern you, that health promotion isn't top of their agenda, it's more about 'can I get rehoused, I'm not getting any money', there's financial problems, domestic violence, and all those types of things take over people's lives." (Shauna, health visitor, CC 11). When dealing with these change anxieties, collaboration with other agencies including STOP was not a priority. An important finding of this study highlights that although partnerships between various public services might be in place, staff reductions and refocus of the service, constrained the scope and realisation of these collaborations.

Discussion/Conclusion

Adopting a systems view extends the scope of value co-creation in a health social marketing programme stressing that actors' behaviour, interactions and connections influence and are influenced by the systems in which they are located, their social environments and structures (Luca et al., 2016a). Thus, it requires understanding how the connections between actors and their roles, practices and place within networks facilitate or hinder their participation in the programme. The importance of actor relationships in shaping the interaction (Jaakkola and Hakonen 2013; Spotswood and Tapp 2013) and facilitating co-creation is acknowledged in the literature and reinforced by the Smokefree case. Certain support staff such as health visitors and family support workers were likely to adopt a comprehensive approach that suited the realities of their customers by acting as resources that customers could use to pursue their own objectives (Luca et al., 2016b). The interaction approach espoused by the majority of the staff actors involved in the Smokefree network suggests that by adding the interaction element the programme goes a step further than traditional programmes centred on providing information only. However, the findings point out that in practice, the people may have few healthy options to choose from when they are dealing with other structural and cultural factors that challenge those options.

The value co-creation concept conceives all actors to be resource integrators, initiating reciprocal value propositions (Luca et al., 2016b) and to have an active role in creating value (Ballantyne et al., 2011; Vargo and Lusch, 2014). This assumes that social marketers

should aim to initiate value propositions that resonate with stakeholders' agendas emphasising the fluidity of roles within a model of value creation in which all actors have the opportunity to create value (Ballantyne et al., 2011). Throughout the programme, members of the public were considered to play a co-creator role, where they needed to actively engage with the programme

messages, commit to a pledge, take action to keep their homes smokefree and persuade other members in their immediate network to do the same. This supports the service literature highlighting that engagement in co-creation requires not only the knowledge and the interaction opportunity, but also the skills and motivation (Grönroos and Voima 2013).

Service models indicate that learning and dialogue are central processes in developing knowledge, sensing and reacting to the collaborative networks (Vargo and Lusch, 2014). The study identified management support, providing feedback and learning as central processes facilitating co-creation. As suggested elsewhere (Chiu and West 2007), management support was a central factor in influencing staff motivation and involvement with the Smokefree programme. Learning and feedback are vital for the central organisation to adapt to the changes of the network and keep the partners interested and engaged. However, limited human resources of the Smokefree team were a barrier to maintaining constant interaction and feedback with all the partners involved. This study reinforces the findings reflected elsewhere (Ritchie et al. 2008) that sustainability of health programmes requires long-term planning, management support and on-going resources. In addition, this study highlights that sustainable health programmes require a design that enables integration within existing structures and the capacity to do so.

One of the key institutional barriers to staff actor engagement was policy changes which consequently had implications for job roles and professions. Policy changes which led to the restructuring of community based services affecting Children's Centres, community health development workers and health visitors in particular were disruptive to the established collaborations and networks. Although the partnerships between various public services were in place, the lack of staff resources inhibited the effectiveness of these collaborations. Initiating value propositions for social change within networks, needs to take into account the

resources of various parties. Social marketers need to consider their role as facilitators to relevant resources. Maintaining communication throughout the changes of the network is a first step towards keeping the relationships which have already been built and even initiating new contacts with new staff in key positions. Having a dedicated individual who acts as a connector and network facilitator is essential for maintaining and reviving collaborations. Such an actor also plays a key role in facilitating knowledge and expertise integration (Ritchie et al. 2008) to support development of future collaborations. However, this is a considerable challenge given the short life span of social marketing programmes and the time required to rebuild partnerships.

This research identified key actors and job roles that show potential in engaging with members of the public and supporting community co-creation practices. However, in order to facilitate participation more role support for health promotion is required. The variety of actors involved in the study allowed for a comprehensive view on some of the challenges and limitations of co-creation in a health context. The study identifies several areas for future investigation, including how a co-creation approach is supported in contexts that do not have a tradition for collaboration (e.g. environment protection). The role of the organisation in creating the context for co-creation, role allocation in value networks in social marketing and the resources to support knowledge, skills and motivation building require further attention.

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Number: 36

The Influence of Resilience and Parenting Style on Children's Dietary Behaviour

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The Influence of Resilience and Parenting Style on Children's Dietary Behaviour

Abstract

The purpose of this study was to investigate whether a relationship existed between parental resilience and child feeding practices associated with an authoritative parenting style. The study demonstrated that parents with higher resilience had lower concern for their child's weight and did not use restrictive feeding practices or put pressure on their children to eat. Increased resilience was also positively correlated with monitoring of unhealthy food intake, advanced planning of healthy meals, increased consumption of fruit and vegetables, and a more positive family attitude towards eating fruit and vegetables. The results highlight the importance of a child's micro-system and the influence it has on development. This

supports the argument that social marketers should adopt an upstream approach to create an environment that supports families and facilitates resilience, to aid the adoption of healthier feeding practices among parents by empowering them to convert their knowledge into practice.

Introduction and Background

The development of interventions to tackle the issue of childhood obesity is of the utmost importance. In 2012, 28% of children in the United Kingdom (UK) were overweight or obese (Mindell, 2013). If children aged 2-6 years old have high body mass index (BMI) this significantly increases the chances of high BMI in adulthood (Harrington, Nguyen and Paulson et al., 2010). Parents have the most important role in creating the environment in which children consume and experience food (Birch and Fisher, 1998), and overweight parents are more likely to have overweight children (Danielzik, Czerwinski-Mast and Langn ase et al., 2004). This research is grounded in the field of social marketing and aims to gain a deeper understanding of the relationship between parental resilience and parenting styles, and their impact on children's weight.

Method

A quantitative survey was designed and administered using Qualtrics software. A broadly representative sample of 338 parents responded and of these, 242 were of use to the research, because of drop-out rates and incomplete surveys. Wagnild and Young's (1993) Resilience Scale was used to assess parents' levels of resilience. The Child Frequency Questionnaire (CFQ) was designed by Birch, Fisher and Thomas et al. (2001) as a self-report measure to assess parents' attitudes and beliefs towards feeding their children, with particular emphasis on child obesity. Parents were also asked to report on levels of fruit and vegetable consumption and frequency of family meals. Data was downloaded from Qualtrics into the Statistical Package for the Social Sciences (SPSS) version 22 and incomplete surveys were deleted. A number of hypotheses were developed non-parametric tests were used to analyse the data (Field, 2013). One-tailed Spearman correlations were carried out. The one-tailed process was chosen as the hypotheses predicted the direction of the relationship between the dependent variable resilience and the independent variable

Results

Four of the five sub-hypotheses measuring the relationship between resilience and attitudes, beliefs and feeding practices associated with an authoritative parenting style were supported and only one was rejected. There was a highly significant positive correlation between parental resilience and child's weekly consumption of fruit and vegetables. The study demonstrates that parents with higher resilience had lower concern for their child's weight and did not use restrictive feeding practices or put pressure on their children to eat. Increased resilience was also positively correlated with monitoring of unhealthy food intake, advanced planning of healthy meals, increased consumption of fruit and vegetables, and a more positive family attitude towards eating fruit and vegetables. These findings support literature about resilience and obesity, as well as traits linked to an authoritative parenting style, which is related to healthier diet and lower risk of childhood obesity.

Discussion

Building resilience should play a key role in future social marketing interventions designed to reduce and prevent childhood obesity. From a socio-ecological perspective the results highlight the importance of a child's micro-system and the influence it has on their development (Wood, 2016). This supports the argument that social marketers should adopt an upstream approach to develop interventions that make the environment the primary focus of research. Rather than blaming and targeting individuals the goal should be to create an environment that supports families and facilitates resilience, to aid the adoption of healthier feeding practices among parents by empowering them to convert their knowledge into practice. This would have a positive impact on childhood obesity.

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Number: 40

Measuring the impact of a radio drama on bushmeat consumption and why it matters

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Abstract

The trade and consumption of bushmeat, defined as the meat of wild animals, unsustainably and/or illegally killed for subsistence or commercial purposes, is a major threat to biodiversity across much of the tropics. In several regions of the world, the rapid loss of much of the fauna from large areas has given rise to the so-called "empty forest syndrome" and raised serious concerns around the sustainability of the bushmeat trade. Conservationists have traditionally advocated for stricter regulation and enforcement as a way to control these practices, with less attention given to consumers and management of the demand. Yet, it is clear from the last decades that without adequately tackling demand, it is impossible to effectively curb the bushmeat trade. In this paper, we describe an intervention to reduce demand for bushmeat in five communities, in northern Tanzania, where bushmeat consumption was known to commonly occur. The intervention was centered around 25 episodes of the radio drama Temboni (Village of the Elephant), which were part of the one-hour radio show My Wildlife – My Community. Each episode of the serial radio drama was accompanied by a 45-minute interactive call-in show, featuring some interviews with experts, local information about available community resources, and provided the audience with a platform to reflect on the drama, share opinions and ask questions. The goal of the call-in show was to contextualize the issues touched upon in the drama, to reinforce delivered key messages and to spark interpersonal communication. We evaluated this intervention using a Before-After-Control-Impact framework based on longitudinal data from 168 respondents. To account for the fact that respondents volunteer to be exposed to the intervention, in this case the radio show, we used a matching algorithm together with ordinal regression to ensure that we could build a credible counterfactual for our listeners. To achieve this, we matched respondents on their knowledge and attitudes towards bushmeat, hunting and poaching,

their community of origin and the baselines values for all outcomes of interest. Our analysis did not uncover any statistically significant differences between the treatment and control groups, suggesting that the intervention was not effective. One potential causal mechanism that could have led to this outcome is the low audience penetration rates. Fewer than 40% of respondents listened to any episodes and among those who did, more than 80% listened to 5 or fewer episodes. This research highlights not only the need for innovative interventions to tackle demand for bushmeat but also some of the challenges of implementing and evaluating interventions delivered through mass media. Only through more robust evaluation of behavior change interventions and the sharing of lessons learned can conservationists successfully tackle complex issues such as the bushmeat trade.

Introduction/Background

The trade and consumption of bushmeat, defined as the meat of wild animals unsustainably and/or illegally killed for subsistence or commercial purposes, is both a major threat to biodiversity and a major component of the livelihoods of millions of people worldwide, as a source of protein and income (Moro et al., 2013; Wilkie, Bennett, Peres, & Cunningham, 2011). The harvest, sale, and consumption of terrestrial wildlife comprises a trade valued at several billions of dollars annually (Brashares, Golden, Weinbaum, Barrett, & Okello, 2011). Across much of the tropics and in particular in Africa, the rapid increase in bushmeat consumption has led to the loss of much of the medium and large-bodied fauna, such as primates and antelopes, giving rise to the so-called “empty forest syndrome”(Wilkie et al., 2011). Beyond the impacts on biodiversity and ecosystem services, the currently unsustainable level of bushmeat trade also influences human livelihoods by jeopardizing the food security and catalyzing the spread of infectious diseases such as Ebola (Wolfe, Daszak, Kilpatrick, & Burke, 2005).

Conservationists employ a suite of interventions to address the bushmeat issue including policy development, enforcement, community-based management and livelihood development. These approaches have often been undermined by poor governance and corruption. As trade and consumption of bushmeat continue with limited impact by many interventions, it is clear that innovative approaches are needed. These include focusing attention on the consumers and demand management. While conservationists are aware of the role of human behavior in tackling conservation challenges, and effort has been made towards understanding the patterns and drivers of bushmeat consumption in Africa, there are limited documented examples of interventions designed to influence bushmeat consumers (Martin, Caro, & Borgerhoff, 2012; Veríssimo, 2013). Furthermore, our ability to learn from past experience is often hampered by a lack of robust impact evaluation which makes it difficult to clearly distinguish what works from what does not (Baylis et al., 2016).

In this paper, we describe a radio-based intervention to reduce demand for bushmeat in five communities in northern Tanzania, where bushmeat consumption was known to commonly occur. We place a strong focus on impact evaluation and present the most rigorous evaluation to date of an intervention to tackle bushmeat consumption. The lessons learned through this research can improve our ability to influence consumer behavior.

Method

The intervention was centered around 25 episodes of the of the radio drama Temboni (Village of the Elephant), which were part of the one-hour radio show My Wildlife – My Community. The show ran from November 2013 to May 2014. Was broadcast twice a week on Radio Kili FM, over seven months, targeting the communities living in the East African Tanzania regions of Kilimanjaro, Arusha, Manyara, and Tanga. The drama addressed critical poaching and illegal bushmeat trade issues. Drama characters were rewarded for positive behaviors and punished for negative choices. They overcame barriers to engage in alternative livelihoods and learned to value wildlife beyond utilitarian use, role modeling the kinds of behavior we wish to see adopted by our target audience. Each episode of the serial radio drama was accompanied by a 45-minute interactive call-in show, featuring some interviews with experts, local information about available community resources, and provided the audience with a platform to reflect on the drama, share opinions and ask questions.

The goal of the call-in show was to contextualize the issues touched upon in the drama, reinforce key messages and spark interpersonal communication. The show was aired in Swahili by an established community radio that was popular with the target communities.

We evaluated this intervention using a Before-After-Control-Impact framework based on longitudinal data collected through a questionnaire survey administered by staff from the College of African Wildlife Management, Mweka, to households randomly selected from within each community and who consented to participating in the survey.

A total of 249 pre-surveys were collected divided between the districts of Arusha (50), Komolo (48), Moshi (52), Mkonga (49) and Rumboki (50). However, we were not able to obtain the full set of longitudinal pre-post surveys for all respondents. Of the 168 final respondents, 64 heard at least one episode of the radio drama, making this the treatment group. Given that respondents decided voluntarily to listen to the radio drama it is likely that the treatment group differs from the control group. For example, they are more likely to be interested in issues related to bushmeat and wildlife. As such we used the pre-survey questions to build a matched sampled. For this we focused on the 18 questions that focused specifically on the issue of bush meat and hunting as this is likely to be the most relevant information for the key outcomes we are measuring.

We matched respondents on their knowledge’s and attitudes and knowledge towards bushmeat, hunting and poaching, their community of origin and the baselines values for all outcomes of interest (Table 1). The first was achieved by averaging the Likert scores of 18 variables, which required variables had to be transformed to ensure that all high scores indicated a positive feeling towards wildlife. This variable was used to account for the likelihood that a respondent would be interested in listening to the show. In addition to this, we also required an exact match on the respondent’s community of origin, as that may account for accessibility to bushmeat and any differences in social norms for example. Lastly we also matched on the baseline to ensure that respondents were likely to evolve similarly over time in case of a non-linear response.

Table 1 - Questions asked in the pre and post surveys. These were subsequently used to evaluate outcomes and match respondents. M= Matching, F= Falsification, O= Outcome.

ID	Question	Use
K1	Hunting without permit is illegal	M
K2	Poaching is a serious crime with risks of being put in jail	M
K3	Poaching reduces local income potential from tourism both for today and for our children	M
K4	Tourism revenue from wildlife is used to help my community (roads, schools, etc.)	F
K5	Even if wildlife wasn't protected by government laws I don't think it could get finished	M
K6	Wildlife belongs to the public not for individual use	M
K8	Wildlife is necessary for a healthy environment	M
K9	Local communities are being exploited by elephant and bushmeat poachers and traders causing our well-being to be reduced	M
K11	If elephants go extinct in Tanzania the tourism industry will disappear	F
K12	Bushmeat consumption is very common in my community	O
K14	Government regulations that restrict hunting are an unnecessary intrusion into citizens lives	M
K17	I am aware of ways to develop a domestic tourism industry for Tanzanian citizens	F
K19	Wildlife offers potential for local income through ecotourism enterprises	F
A1	Poachers do not become leaders in our community	M
A2	Hunting should not be discouraged	M
A3	Poachers hurt our community and our wellbeing	M
A4	I do not like a hunter who kills innocent animal like a blue duiker	M
A6	I admire hunters who can approach an elephant to kill it	M
A8	Wildlife has value beyond just food and provides income that is important to my community	M
A10	To go just to look at animals seems to me to be a waste of time	F
A12	The current bushmeat demand cannot be sustained in the long term	M
A13	Eating and trading bushmeat limits our future opportunities	M
A14	I prefer to visit areas outside without wildlife than those with wildlife	F
A19	Poaching is a problem in my community.	M; O
B1	I eat bushmeat daily	M; O
B2	I eat bushmeat at least once per week	M; O
B3	I eat bushmeat at least once per month	M; O
B4	I eat bushmeat at least once per year	M; O
B5	I discuss bushmeat and poaching with my family	M; O
B6	I discuss poaching with members of my community	M; O
B7	I share information about poachers with local authorities	M; O
B9	I visit national parks to see wildlife	F

B10 I would prefer to only eat domestic meat.	M
B12 I would like to not have to eat bushmeat to get protein	M
B15 Because poaching is a threat to my community I report illegal activities to local authorities	M; O
B16 I think about eating less bushmeat	M
B17 I decided to stop eating bushmeat	M; O

Matching was done in R, using the package MatchIt (Ho, Imai, King, & Stuart, 2006). We tested different matching approaches as well as distance metrics. Genetic matching with a population size parameter of 2000 and replacement was the approach that obtained the most attribute balance between treatment and control samples. This resulted in the 65 respondents in the treatment group being matched with 38 respondents that formed the control group. Using a 10% threshold for the difference in standardized mean difference 8 of the 13 variables used for matching were balanced. We selected as outcomes mainly questions focused on individual behavior, five questions that focused on bushmeat consumption, two on information sharing and two on interpersonal communication. Given the sensitive nature of the topic we also included in the outcomes two questions that focused on the community as a whole and where we would expect social desirability bias to be weaker.

Given the lack of balance across all variables we estimated the impact of the radio drama for the 11 outcomes variables described above, using a Cumulative Link Mixed Model, using R package Ordinal (Christensen, 2015). We did this by looking at the interaction between a dummy variable on treatment status (treatment or control) and another on study stage (pre or post). In addition we also included a mixed effects term that used the unique respondent ID to account for the fact that the longitudinal design of the survey followed the same respondents for pre and post surveys. Given the multiple outcome variables examined, we conducted a falsification test by looking at seven ecotourism variables, collected through the same survey, and where we would not expect any change.

Results

Although 98% (n= 167) of respondents stating in the pre-survey to use radio as a key information channel and 56% (n=93) stated listening to Kili FM, the penetration of the radio drama was limited, with only 39% of participants listening to the radio drama. In addition to this, 82% (n= 50) of those listened to only 1 to 5 episodes, with only 3 respondents listening to more than 10. When asked why, respondents presented two key justifications, lack of time and problems with the reception of Kili FM. In terms of estimating the average effect, an analysis of the odds ratios suggests that there were no statistically significant differences, at the 5% threshold, between treatment and control group (Figure 1).

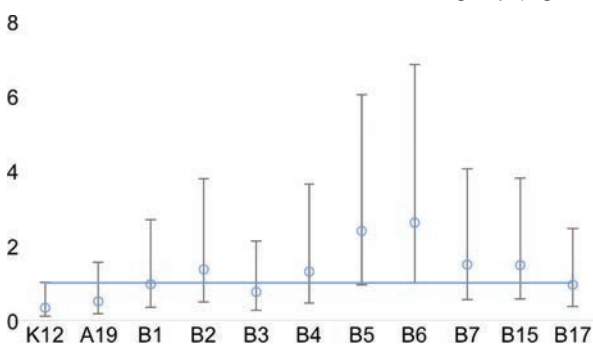


Figure 1 – Odds ratios obtained from a Cumulative Link Mixed Model of responses by treatment and control to questions related to behavior around bushmeat consumption and poaching. Although no variables were statistically significant at the 5% level, K12 and B6 (Table 1) were within less than 0.005 of that threshold. Odds ratios indicate similarity between treatment and control when their confidence intervals cross 1. Below this value the treatment is associated with lower agreement on a Likert scale, while above 1 the treatment is associated with higher agreement.

When we examined the answers to seven ecotourism related questions for which no impact from the radio drama was expected, given that they focused on issues other than bushmeat. However, the odds ratios revealed some statistically significant changes

(Figure 2).

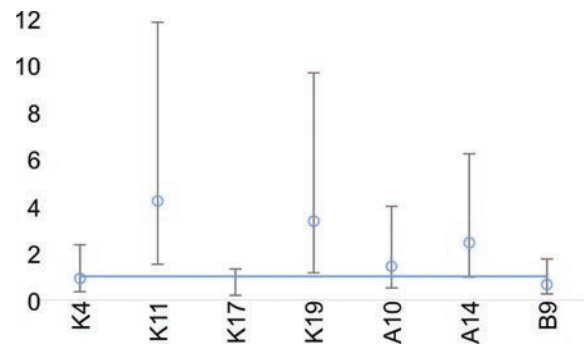


Figure 2 - Odds ratios obtained from a Cumulative Link Mixed model of responses by treatment and control groups to questions on knowledge, attitudes and behavior towards ecotourism (Table 1). Odds ratios indicate similarity between treatment and control when their confidence intervals cross 1. Below this value the treatment is associated with lower agreement on a Likert scale, while above 1 the treatment is associated with higher agreement.

Discussion/Conclusion

While the trade and consumption of bushmeat is considered a major global wildlife conservation and health issue, there have been few attempts to address it by influencing consumer behavior. This is to some extent understandable given the magnitude of the challenge and the fact that only recently have we started to gather meaningful behavioral insights around the context and drivers of bushmeat consumption. Nevertheless, East Africa in general and Tanzania in particular have been comparatively less studied than other parts of the African continent and with the latter having its bushmeat-related research focused almost exclusively in the Serengeti ecosystem (Martin et al., 2012).

This research aims to share lessons learned and highlights the importance of impact evaluation if we are to incrementally improve the way we influence human behavior around biodiversity conservation issues. Although it did not achieve its original objectives, there are several key lessons learned that can help inform the implantation and evaluation of future interventions. One key aspect is centered on the low audience penetration, likely the factor that undercut the ability of this intervention to achieve its outcome. This was a surprising result, as the baseline survey had documented that not only radio was widely used but that Kili FM was used by more than half of the target audience. Respondents mentioned poor reception as a barrier, as one potential way of addressing this issue may be the distribution of radio receivers to increase the likelihood of participation.

The use of the mass media, such as radio or television is alluring to practitioners due to their wide reach. Yet, they bring their specific challenges when it comes to both implementation and evaluation. One key aspect is that participants choose to be exposed to the intervention, which may mean they have specific characteristics that differ from those that decide not to participate. In the context of the present research, those that were willing to listen to a radio drama on wildlife are more likely to be supportive of wildlife conservation initiatives and thus less likely to eat bushmeat and more likely to stop eating it. This means that a simple comparison between listeners and non-listeners is likely to be biased, and make the intervention seen more effective than it is. Yet, many mass media interventions rely on direct comparisons between listeners and non-listeners. One way to try to circumvent this bias is to ensure that the comparison is made not only between those that were and those that were not exposed to the intervention but also among those with similar likelihood of changing their behavior. We achieved this by matching participants and non-participants on their pre-existing attitudes and prior behaviors.

One limitation of our analysis was the reliance on self-reported indicators. These are more prone to bias particularly when dealing with issues that are illegal or culturally sensitive. One way to address this concern would be to use methods such as indirect questioning or randomize response techniques, which are

increasingly becoming standard. We would also like to encourage practitioners to use falsification tests, where beyond searching for the changes we would expect to take place; we also test for those we would not expect, as a mean to see if our methodology is credible. In the case of the present research, this exercised was key to assure us that some of the results close to the statistical significant threshold were most likely not suggestive of an actual difference between intervention and control groups.

The use of robust impact evaluation is crucial to the extraction of meaningful lessons from the large number of interventions trying to tackle conservation issues. Yet, only through the transparent and constructive sharing of this learning can we hope to tackle immensely complex issues such bushmeat trade and consumption.

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Countering violent extremism in the west: Can social marketing help?

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Abstract

This paper reports on a research study which aimed to conceptually explore the potential contribution of marketing to countering violent extremism (CVE). The research evidence, while incomplete and inconclusive in several areas, points to the need for specifically targeted programs that are developed and delivered by the community in response to identified risks and needs, all of which align to marketing thinking which advocates an audience-oriented approach (i.e. bottom-up philosophy), as opposed to the more expert driven, top-down approach that is prevalent in many change disciplines including policy, law, and education (Van Raaij and Stoelhorst, 2008). To counter violent extremism, the goal is to deliver activities, employment and opportunities that make extremist appeals irrelevant. The success of IS online propaganda illustrates the power of messaging that creates and/or appeals to individual wants and needs, and countering extremist discourse with equally powerful messaging needs to be at the forefront of CVE practice in the future.

Introduction/Background

Past history and relevant research indicate that political, social, economic, and cultural contexts both within and outside western nations are significant in the emergence of extremist ideology and the occurrence of extremist violence (for reviews see Daalgard-Nielsen, 2010; Lindekilde, 2012; McGilloway, Ghosh, & Bhui, 2015; Schmidt 2013). Since undertaking this research early in 2016, the broad contextual background of CVE has evolved. A number of terrorism acts were carried out, and several others were foiled, against western targets during 2016. ISIS has reportedly been significantly weakened and may be close to its demise in terms of military strength and geographical hold. The prospects for an end to the war in Syria remain poor as several international diplomacy initiatives have ended in impasses. The number of displaced people moving across borders has reached unprecedented levels, with more than half being Syrian, Afghani, or Somali in 2015 (UNHCR, 2015). The issues of migration and the fate of refugees (both recognised and not) have become inter-twined with issues of radicalisation and violent extremism, as evident in political discourse leading up to Brexit, and the current debates in the United States, Australia, and many European states. The strife of Muslim populations in war regions, and perceptions of concerted victimisation of Muslims by the West (supported by extremist propaganda) have accompanied the rise of radicalisation and extremism in the past. Diminishing military strength of IS and persistent conflict and instability in Muslim majority countries may ultimately increase the threat of random extremist acts.

Political developments in Europe and the United States, and the evolution of conflict in middle-east and North Africa, will conflate in ways that are unpredictable at this time of writing. What is almost certain, however, is that the context in which CVE policy and practice is developed and implemented in the future, will change.

Against this background, the tactics employed globally to counter violent extremism (CVE) require re-thinking. Importantly, CVE policies and operations need to be rapidly and flexibly informed by broader contexts and developed specifically in response to these contexts. Similarly, CVE must be able to address and target violent extremism as it is manifested at a particular time and place.

Method

The study consisted of two main parts, a literature review and an expert analysis of how principles and focal concepts in social marketing could be applied in CVE. The literature search procedure was initially limited to peer-reviewed academic journal articles published between 2005 and 2015/16 and guided by combinations of keywords including for example: social marketing, marketing, CVE, extremist, extremism, radicalisation, de-radicalisation, war, IS, ISIS, ISIL, Afghanistan, Syria, discourse, and terrorism. As the search proceeded, it became apparent that the inclusion of social AND marketing as key terms was not producing a satisfactory number of “hits” (a finding in itself of relevance to this project). Therefore, the search was amended to remove social marketing, and to include additional key terms, such as intervention, initiative, program, and policy, and the type of sources was expanded to include grey literature. Ultimately, the literature review identified and reviewed academic literature from multiple sources including specialised databases, such as ProQuest Military Collection, Taylor & Francis Online Defence & Strategic Studies, and Web of Science. In addition, publications from several national and international institutional/organisational sources were consulted, including the Australian Attorney General’s Department, the United States Department of Homeland Security, the United States Initiatives for Peace (UNIP), the International Centre for Counter-terrorism (ICCT), the National Consortium for the Study of Terrorism and Responses to Terrorism, and the Terrorism Research Initiative (TRI). The second part of the method included a demonstration of how marketing thinking can be applied to CVE.

Results

The definition, typology, and processes of CVE have evolved and continue to evolve since it was first referred to as a discrete field in the context of broader counter-terrorism activity in the mid-2000s (Romaniuk, 2015). The large variation in initiatives classed as CVE—from those that aim at changing behaviour, to ones that challenge ideas and beliefs, through to activities aimed at social cohesion—has contributed to a view that CVE approaches are unable to define the specifics of what they are preventing, let alone

how or whether they have prevented it. For example, Heydemann (2014) commented that, despite its impressive growth, CVE has struggled to establish a clear and compelling definition as a field; has evolved into a catchall category that lacks precision and focus; reflects problematic assumptions about the conditions that promote violent extremism; and has not been able to draw clear boundaries that distinguish CVE programs from those of other, well-established fields, such as development and poverty alleviation, governance and democratization, and education.

The literature includes a number of organising frameworks that classify CVE methods, aims, and points of intervention, based on selected focal variables including hard or soft power (Nasser-Eddine et al., 2011, Aly et al., 2015); specific or general targeting focus (Romaniuk, 2015); and primary, secondary, or tertiary point of intervention (Harris-Hogan et al., 2015). Hard power approaches are generally associated with offensive or defensive interventions and include military, legislative, policing, infrastructure protection, crisis planning, and border security operations. Soft power approaches to CVE tend to be more pre-emptive or preventive and include ideological, communication, political, and social interventions (Nasser-Eddine et al., 2011). Similarly to the variation in power exerted in offensive, defensive, and pre-emptive CVE activities, CVE measures can be more or less specific in their target. Specific measures directly target behavioural and cognitive radicalisation and violent extremism; other measures indirectly target extremism by reducing vulnerability to factors presumed to favour extremism through education, development, women's rights and youth initiatives (Romaniuk, 2015).

Based on a Primary-Secondary-Tertiary (PST) public health framework, CVE project goals, target groups, outputs, and measures of change have been classified as primary if they focus on prevention by addressing conditions, behaviours, and attitudes which may be conducive to radicalisation; secondary when they target individuals on the periphery of extremist groups who may be engaging in social networks containing extremist influences, or expressing support for a violent extremist ideology; and tertiary-level if they are designed to de-radicalise individuals who may or may not have engaged in violent extremist behaviours, for example in correctional facilities.

Until very recently in Australia and other western countries, the point of intervention for the majority of CVE projects has been at the primary level involving broad geographic prevention which aimed to address cognitive radicalisation by building resilience at the community level and increasing social harmony, through mentoring, intercultural and interfaith education, and online resources and training (Harris-Hogan et al., 2015, Romaniuk, 2015). However, conceptually linking counter-terrorism, violent extremism with social harmony and cohesion in broadly-targeted community approaches has been criticised for stigmatising Muslim communities and for being based on flawed assumptions about the role of religion in violent extremism (Aly et al., 2015).

Furthermore, assessing the effectiveness of broadly targeted prevention initiatives presents a number of conceptual and practical difficulties in the selection of appropriate baseline measures (Romaniuk, 2015). Currently there is no independent research suggesting that social cohesion or prevention initiatives have led to an actual reduction in violent extremism anywhere in the Western world (Harris-Hogan et al., 2015).

When they have been implemented, there is some evidence that secondary type interventions are more effective. For example, the evaluation of on-line campaigns promoting non-violent political activism or aiming to counter violent extremism in Muslim youth in Western Sydney found that, relative to government led campaigns, community-developed and sponsored initiatives had better reach and acceptance (Richardson, 2013). The involvement of civil society at the grassroots level is also advocated by Aly et al. (2015) as effective in formulating and delivering relevant and effective counter-narratives to those of extremism.

Greater targeting of CVE is now a programmatic priority in Australia; however the identification of populations, groups or individuals at risk is a key challenge. Much of CVE programming is posited on (implicit or explicit) theories of change of how a person or group moves from non-violence to violent extremism, and vice versa. However, there is as yet little evidence or consensus on the

motivational and structural factors of the radicalisation and counter-radicalisation processes (Schmid, 2013). Recent literature indicates that multiple factors may be implicated in individual and group trajectories towards violent extremism, although there is not conclusive evidence on how these factors may combine into 'typical' profiles or pathways (Lindekilde, 2012).

While marketing concepts have been introduced to military training in the United States as a means to 'shape' perceptions of indigenous populations in combat zones (Helmus et al., 2007) application of marketing to CVE was not evident in peer reviewed literature. Aly et al. (2015) suggest that marketing strategies can enhance the development of CVE prevention initiatives that also target attitudinal and behavioural change. Concepts commonly applied in commercial and social marketing such as the Theory of Reasoned Action are suggested as offering a framework for understanding attitudes, behaviours and intentions in relation to violent extremism and the construction of counter narratives. Taken together, a review of CVE literature indicates that while marketing has previously been suggested as one means to CVE there is no evidence base to support use of marketing to CVE.

Applying social marketing to CVE

The marketing process involves understanding the target audience in order to design, implement and later evaluate a program designed to overcome the problem. Application of one of marketing's core concepts, namely targeting in CVE is problematic given it remains almost impossible to identify who is likely to become a lone wolf terrorist or foreign fighter (Hafez and Mullins, 2015, McGilloway et al., 2015), and any attempts to target are stigmatising for groups; creating further community divide. It is sensitivities such as these that social marketers must take into account for social marketing to be successfully applied to CVE. Social marketers need to establish a target audience based on evidence. Consider John Horgan (Horgan et al., 2016) who examined differences between mass murderers and terrorist lone actors. Horgan's (2016) findings indicated some differences including ideological/religious changes and in communication of intent by extremists. In order for this to occur data sources must be combined permitting profiles to be devised that can inform intervention design and planning.

In the case of countering violent extremism marketers need to assess the attraction in becoming a foreign fighter or committing an act of mass violence. The ideology that attracts foreign fighters and lone wolves may play at a deep level, which meets fundamental human needs – epistemic, social and identity. A key premise underpinning marketing is that target audiences are not homogenous—rather, markets are comprised of individuals who have different beliefs (psychographics), geographic, demographic and behavioural characteristics. Moreover, individuals are shaped by the social and built environment surrounding them. A systems view suggests that any research enquiry and program targeting violent extremism need to understand not only the diverse needs of individuals to be targeted, but also need to understand the social and built environment surrounding the individual. According to current understanding of best social marketing practice, this understanding should be theoretically derived (Thackeray and Neiger, 2000). In terms of targeting individuals, theories such as the Theory of Planned Behaviour have been successfully used to explain behavioural intention in a wide range of settings (Schuster et al., 2015), enhancing capability to predict behavioural intentions such as communications of intent. Further, examples of theory to understand the wider social and built environment exist, namely socio-ecological models (Carins and Rundle-Thiele, 2015).

Design

Decisions need to be made on the program to be delivered to market (including pricing, human resourcing, composition) and how the program is to be communicated and delivered. In the case of CVE programs need to be created by and developed in consultation with the communities surrounding at risk individuals. Consequently, the design phase involves consultation and recently co-design methods (Dietrich et al., 2015) and systems thinking (Domegan et al., 2016) have been detailed ensuring that program design can orient on the individual ensuring barriers in the social and built environment surrounding the individual are overcome. The design phase involves articulating what can be done with the actors in the

communities ensuring that an environment is fostered that is not conducive to radicalisation, extremism, etc.

Implementation and Evaluation

Evaluation of interventions aiming to CVE will always be problematic given it is almost impossible to know if extremism has been countered (in terms of the definition of CVE not being traditional law enforcement anti-terrorism) as a direct result of the intervention. It is important to note that the term intervention in this paper does not refer to a one-off activity or event. This paper views an intervention as the impetus for change and in line with Domegan et al.'s (2016) views acknowledges that for the intervention to deliver behavioural change long time-frames are needed to deliver the co-creating change processes and to drive the relational and structural elements that need to materialise. We contend that evaluation of outcomes and impact should be accepted and that a broader suite of evaluation measures be considered to measure progress. For example, positive measures which warrant consideration to measure intervention success may include capturing new partnerships, the formation of new networks and structures needed within intervention communities and resultant outcomes from each relational and structural element.

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Adapting Bronfenbrenner's Bio-ecology Theory to Enhance Social Marketing.

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Abstract.

Social marketing has been criticised for mainly focusing on the individual and not wider environmental influences. This issue is being challenged by scholars of the domain who are now investigating the impact of incorporating ecological models within it. Bronfenbrenner's bio-ecological theory is one that is widely used in other disciplines. This study utilises a mixed methods approach with a single case study: examining why individuals living with diabetes chose to attend (or not) a structured education course (the social marketing programme) in England. It examines the attitudes of the patients, healthcare professionals and administrators of the NHS. The research identified that many of the propositions held within the bio-ecological theory are highly relevant to social marketing: they provide a means of explaining the antecedents of why individuals chose to engage in behaviour change programmes. Further studies will be required to test the macro and time elements of the bio-ecology theory.

Introduction

Social marketing has become an important way of using marketing principles to encourage positive behaviours amongst individuals and the society of which they are apart (Andreassen, 2002; Hastings, 2007 and Lefebvre, 2012). It creates a framework that integrates social influencing theories with the concepts of marketing (Wallack, 1990). Arguably the most prominent criticism of social marketing is that it tends to focus on the individual and not wider environmental effects (Collins, Tapp & Pressley, 2010; Helmig & Thaler, 2010; Rothschild, 1999, Wallack 1984 and Wallack et al., 1993). Social marketers have begun to challenge the issue by investigating the impact of incorporating ecological models into their work. There are many ecological theories that are being used in a variety of disciplines. Fundamentally, it examines how different aspects of the wider environment can influence or deter behaviours in different ways (Bronfenbrenner, 2005). This paper demonstrates how Bronfenbrenner's bio-ecological theory can be adapted to address the social marketing criticisms identified earlier. It uses a single case study: the engagement of structured education to influence behaviour changes of those individuals living with diabetes in England.

Bronfenbrenner's Bio-Ecological Theory

Bronfenbrenner began the development of the ecology theory back in the seventies (Bronfenbrenner, 1977, 1979): this gave rise to the

nested levels of systems (see figure 1). In the late eighties and early nineties, we saw the transition of the nested systems into the General Ecological Model (Bronfenbrenner, 1993; Bronfenbrenner & Morris, 1998): it was then developed into the 'Process, Person, Context and Time' (PPCT) concept, which proposes that the development (and thus behaviour traits) of an individual are linked not only to the context (as identified in figure 1) but to the process used, the time taken and the individuals themselves. The final iteration, which was called the bio-ecological theory, provided us with the concept of 'heritability': where it was proposed that the genetic variations in an individual would play a part in their development (Bronfenbrenner & Ceci, 1994). There are many other similar theories like, Pawson & Tilley's (1997) Context-Mechanism-Outcome (CMO) relationships model. It is my belief however, that the bio-ecological theory provides a more superior proposition because of its ability to segment specific groups and analyse the impact of different time frames. Before continuing I must confirm that the 'Process' element of the PPCT model relates to the social marketing campaign, the 'Person' (including the genetic element) the market segments, the 'Context' the micro, meso, exo and macro systems (as depicted in figure 1) and the 'Time' relates to the length of engagement with the social marketing campaign.

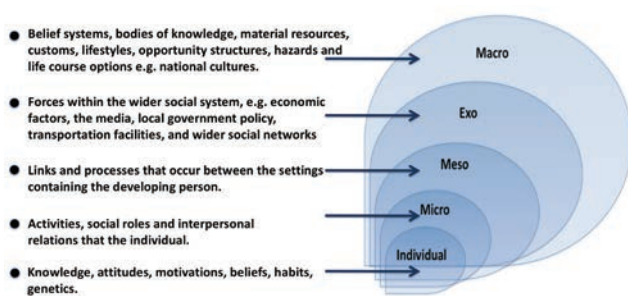


Figure 1: The nested levels of the Ecology Theory (adapted from Bronfenbrenner (1977))

Diabetes structured education in National Health Service (NHS) England.

In the UK, people living with diabetes are encouraged to take part in structured health education programmes (DoH, 2001). These programmes are designed to provide individuals with the knowledge and skills needed to manage their condition (NHS England, 2014). Diabetes UK (2013), a leading national charity within the UK, identified that the number of patients engaging with structured education was small: in 2012 only 4.2% of newly diagnosed people living with the condition took part in structured education. Diabetes UK have called for improvements to the provision of these courses. It should be noted that diabetes accounts for approximately 10% (£11 billion) of NHS England's annual budget (NHS England, 2014). When compared against Andreasen's (2002) benchmark criteria it can be demonstrated that structure education replicates the traits of a social marketing campaign, as such, it is a relevant case to be reviewed within the domain. In addition, diabetes structured education is an ideal example to test Bronfenbrenner's (2005) bio-ecology theory as there are two distinct segments that are genetically different: i.e., individuals living with Type 1 and Type 2 diabetes (note; Type 1 diabetics need daily insulin injections to survive whereas, Type 2 diabetics can manage their conditions by adjusting their diet and life style, but generally need some form of medication (NIH, 2013)).

Methodology.

The research utilised a mixed-methods approach, it was split into five distinct phases, phase one was a pilot study employing health educators from the Expert Patients Programme (a community interest company born from the NHS to deliver structured education). The objective of this phase was to establish a framework of questions that could be used for the interviewing of patients. Phase two was the surveying and interviewing of patients: they were recruited through Diabetes UK's member's database. Participants were invited to complete a simple questionnaire from which a purposive sample of 32 individuals was identified. This was made up of an equal proportion of Type 1 and 2 diabetics, individuals who had and had not attended a course, those who were

employed and unemployed (defined as individuals who had been out of work for over 12 months), Caucasians and South Asians (the comparison of South Asians was chosen because of the high prevalence of the disease in this group and the clear cultural differences they provided). The participants were also selected to provide an equal representation across the different counties in England. The data was analysed using a content analysis approach. Phase three was a policy review of diabetes care in England and was driven by the National Service Framework: a set of national standards for the treatment and care of people living with diabetes (DoH, 2001). Phase four was a census, utilising a Freedom of Information request, of the 152 Primary Care Trusts (PCTs) in England, which identified the extent of their provision of structured education. Finally, phase five was the interviewing of healthcare providers (HCPs) and Commissioners (the funders of the provision), focusing on establishing why they provided their chosen service profile. Here a thematic analysis approach was utilised and the sample size was determined through a theoretical saturation approach. Ethics approval was established from the author's research establishment, Diabetes UK and the NHS' Integrated Research Approval System.

Results and Findings.

The pilot study identified several reasons why an individual might choose to attend (or not) a structured education course. Using the bio-ecology theory as the theoretical lens, the following propositions were developed as the framework to quiz patients: individuals with Type 1 were more likely to engage with the programme because their condition was more life threatening, this would confirm the bio genetic element of the Bronfenbrenner's theory; an analysis of family life, work life and the course itself (which was the process) would give an insight to the pros and cons of the micro system; linking together family life with the structured education programme plus work life with structured education programme would give us two meso systems to considered; the structured education programme delivery formats would be the exo system to review; employment status and cultural backgrounds would be the differentiators to test the macro system; and finally, the length of the programmes provided by each PCT would relate to the time element.

The advert calling for participants to take part in the research yielded 281 valid responses: 161 Type 1 and 117 Type 2, of these, 93 individuals stated that they would be willing to partake in a face to face interview. 32 were selected, based on the purposive criteria discussed earlier. Unfortunately, the study was unable to engage with persons who were classed as long-term unemployed or South Asian (although with the help of the Expert Patients Programme, 5 South Asian were added to the cohort at the end of the study). A simple Chi squared test identified that Type 1s were more likely to engage in the process ($p > 0.001$). Based on the semi-structured interviews, a summary of the participant's perceptions to the ecological forces can be seen in table 1. Some explanation of the table is required: the pilot study established that certain health establishments provided either 'flexible courses' (ones where participants could select between a weekday, evening or weekend course) or 'non flexible courses' (ones that only offered courses between 9am to 5pm during the week), the numbers under the '+' represent those individuals who would engage with that option, the numbers under the '-' represent those individuals who would not engage with that option. The 'NR' represents a non-relevant response. So, as an example, of the 14 employed individuals who were questioned, 4 felt that being given an option of attending a non-flexible course would not deter them from attending but 10 felt that the same non-flexible courses would restrict their engagement; all 14 said that being given a flexible option would encourage them to attend. Using the 'work' microsystem as another example, 4 of the 14 individuals questioned who were employed stated that the 'work' microsystem was not relevant (NR) to them attending a course, but 10 felt that work commitments had restricted their ability to attend. Each response was followed up with a detailed discussion on the reasoning, which was reviewed using a thematic analysis approach: for parsimonious reasons the results will not be presented in this paper.

Person Total interviewed	Employed		Unemployed		Retired		Caucasian		South Asia		Dependents*		Non-dependents*	
	N	NR	N	NR	N	NR	N	NR	N	NR	N	NR	N	NR
Preschool	4	30			13	5	17	10	5	5	2	7	15	8
Non-Flexible Course														
Flexible Course	4	30			13	5	17	10	5	5	2	7	15	8
Macro-system														
Family	3	5	6		13	5	15	10	2	1	4	5	4	9
Micro	14	10	4		18	18	27	9	18	5	1	4	9	23
DMIC														
Macro-system														
Family - DMIC	9	3	2		11	7	19	9	5	1	4	4	9	14
Micro - DMIC	3	8	3		18	18	8	8	16	5	1	3	3	5
Macro-system														
Language specific courses	1	13			1	15	27	4	1	1	1	8	3	20
Gender specific courses	1	13			2	16	27	3	1	1	1	8	7	21
Time														
Long course (over 6.8 sessions)	14				18		27						23	
Medium length course (over 2 to 5 sessions)	14				18		27						23	
Short course (1 session half or full day)	14				18		27						23	

Table 1: Content Analysis Summary of Findings. Note: * Dependents refer to preschool children.

The policy analysis appraisal identified that structured diabetes education should be offered to every person and their carer(s) at or around the time of diagnosis, with annual reinforcement and review. These guidelines also state that, people and their carers should be informed that structured education is an integral part of diabetes care. Structured education courses also required certain standards: these are designed to maintain the quality standards of the programme. 89% of the participants questioned were not aware of this.

A summary of the census is illustrated in table 2. It should be noted that the study began during the period of transition of PCTs to CCGs (clinical commissioning groups) so the census focused on the last financial period that all PCTs existed as legal entities (i.e., the period from April 2011 to March 2012).

Delivery Profile By PCT: April 11 to March 12	Type 1	Type 2
Delivered Structured Education.	41	27.0%
Delivered Structured Education via other Trust.	25	16.4%
Did not know or did not deliver.	86	56.6%

Table 2: Summary of the Census Profile.

The final element of this study examined the thoughts of HCPs in relation to the delivery of structured education within their given PCT. The objective was to identify why they did what they did and their consideration of patient's needs. A theoretical saturation approach was used, it targeted PCTs that provided good and bad services in alternate stages (these good and bad services related only to the provision of structured education and were based on the perceptions of the patients that were interviewed). Theoretical saturation was achieved after 12 interviews (note: of the 12 interviewed, a total of 27 PCTs were contacted but as seen, 15 stated that they did not want to participate). The core theme identified was 'financial constraints': this was the primary reason why each PCT operated the way they did. This completes the analysis of results; the paper will now discuss the implications for these findings.

Discussions and Conclusions.

The results identified from the census provide some explanation to the concerns identified by Diabetes UK. The level of engagement with diabetics is not consistent across NHS England. Many PCTs had taken the decision to ignore the national programmes and delivery their own local variants, which had no clinical evidence to support it. A key reason for this disparity was the lack of financial support being offered to the departments. These disparities included an inconsistent range of services being offered across the country, which arguably causes inequalities in the quality of services being offered. This despite the National Service Framework giving clear guidance on how diabetes should be managed.

Looking at each element of the PPCT model we can also see that the 'person' aspect plays an important part of the behaviour change process. Arguably, the use of the bio-ecology theory could help social marketers identify the key segments they need to focus on. It can also be used to test scenarios through research. Interestingly the comparison of genetically different bodies (i.e., Type 1 and 2 diabetics) identified that Type 1 diabetics were more likely to engage in the change programmes (p>0.001). Detailed discussions with the participants identified that this condition required immediate behaviour changes otherwise major medical complications would ensue, this was the main reason why Type 1s were more engaging. Whereas those with Type 2 would not experience complications until many years later: these individuals were happier to take more risks. Knowing this could help social marketers decide on the appropriate behaviour change theories to incorporate within their programme.

A snapshot of those individuals living with diabetes also illustrated a range of reasons why individuals choose to engage or not with structured education. It demonstrates that the bio-ecological theory is an ideal way of identifying the good and bad practices that can enhance or detract social marketing campaigns. In this example, we can see that the process of providing courses only during a week day between 9am and 5pm was a major factor in explaining why certain groups chose not to engage with the courses. The primary reason why certain PCTs elected not to employ flexible programmes, i.e., ones that had the option of evening, weekend and day sessions, was down to the financial restrictions within their departments. This demonstrates that the exo system (an element within the 'context' category of the PPCT model) plays a big part in shaping the way individuals see the 'process' (or the social marketing campaign). There were however inconclusive elements to this report: the macro system, which the study had hoped to investigate cultural and social standing differences remains inconclusive. The research process was not able to recruit a representative number of individuals from the South Asian community or those who were classed as long term unemployed (i.e., greater than 12 months). Those issues identified in the pilot study regarding language specific courses and reaching individuals in the 'hard to reach' categories could not be investigated. It is concluded that the wrong sample frame was used for this group. Finally, the aspect relating to the 'time' element was also deemed to be inconclusive: it had been proposed from the discussions in the pilot study that the longer more detail courses would encourage more behaviour changes because participants would gain a better reinforcement of the required changes. The study identified that all participants could not articulate any benefits of attending a longer course, but it must be said that all these individuals only had experience of ever attending one type of course, so it may be that further studies are require with participants who can rate the different courses after attending them.

In conclusion, unlike the 'traditional social marketing' process, elements of the bio-ecology theory can be used as a post hoc or a-priori analysis of the likely events. It provides a new way of segmenting the target market, albeit the focus is on genetic differences, which will be more relevant to healthcare issues only. The theory introduces the concept of time, which Bronfenbrenner (2005) believes will have a significant impact on future behaviour profiles. Most importantly it provides social marketers with the opportunity of developing and/or accessing campaigns/programmes over a wider ecological domain as oppose to just focusing on the individual that requires the behaviour change.

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Intervention materials were developed and tested in the intervention community via focus groups and a second anonymous online survey. The intervention launched in October 2013 and ran for two years. The final evaluation (a repeat CATI survey) found significant improvements in intervention community in knowledge, particularly for over-estimations of the proportion of young people who drink and parents who provide alcohol; increases in the perceived acceptable age for young people to start drinking in their community; and the reductions in perceived community acceptability of underage drinking and parental supply. In contrast the control community showed no change, or weak evidence of a small change on these measures. Comprehensive community-based social marketing programs can play a key role in empowering young people not to drink alcohol.

Introduction/Background

In 2011, 53% of Australian high school students reported consuming alcohol; 34% of 15-year-olds, 48% of 16-year-olds and 59% of 17-year-olds Australians were current drinkers (consumed alcohol in the last month), compared to 11% of US 14-15-year olds and 25% of US 16-to-17-year-olds. However, this 53% compares favourably to the 64% of current drinkers in 2008; and is consistent with research that shows Australian teens are initiating drinking later and the proportion abstaining is increasing (Livingston, 2014). These same trends are evident in other countries. Unfortunately, the majority of teens over-estimate peer alcohol consumption and believe underage drinking is an accepted and expected behaviour.

There is a substantial body of social marketing research in the context of young adults' drinking. For example, research has explored factors that contribute to female university students' risky alcohol consumption (O'Hara et al., 2007); barriers and challenges to alcohol consumption social marketing campaigns among young adults (Bo and Kubacki, 2015); potential social marketing responses to countering the role of belonging served by hazardous drinking for young adults (Spotswood and Tapp, 2011) and the effectiveness of social norms social marketing campaigns targeting university/college students (Glider et al., 2001)

However, social marketing research in the context of underage drinkers is more limited. Social marketing interventions have typically targeted only the adolescents themselves, generally via school-based programs (Dietrich et al., 2015, Kelley et al., 2006) rather than concurrently targeting the community which facilitates and encourages underage alcohol consumption. The focus of adult-targeted campaigns has predominantly been on targeting retailer compliance (Kamin and Kokole, 2016); despite increasing evidence that parents and other adults have a substantial impact on adolescents by appearing to endorse youth alcohol consumption (Pettigrew et al., 2013). Successful social marketing interventions tend to be those that incorporate all the elements of social marketing rather than uni-dimensional 'communication' campaigns (Stead et al., 2007); and it is important that interventions target those who facilitate and endorse, as well as those who engage in, the problematic behaviour.

It is well-established that young people over-estimate the prevalence of teen drinking and that their own drinking is heavily influenced by these perceived social norms (Brooks-Russell et al., 2014, Voogt et al., 2013). There is a growing body of evidence that parents' decisions to supply are also influenced by social norms (Gilligan et al., 2012) and that, like adolescents, parents and other adults overestimate the prevalence and social acceptability of youth drinking and parental supply (Jones and Francis, 2015). Large-scale strategies to change perceived social norms around alcohol consumption have been used successfully to reduce alcohol consumption in other target groups including US university students (Perkins and Craig, 2006; Perkins et al., 2005). However, such successful social marketing strategies have yet to be employed in Australia for the complex issue of underage drinking.

The project reported in this paper aimed to reduce the perceived normative nature of underage drinking and supply of alcohol to minors among adolescents, parents and the broader community. Changing these perceptions has the potential to reduce intentions to consume (or supply) and thus, in the longer-term, reduce adolescent alcohol consumption. The Kiama 'Stop Underage Drinking Project' includes: a youth component that incorporates a range of school and community-based activities; a parent

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Can a Community Address Underage Drinking? Yes, It Can!

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Abstract

Social marketing research in the context of underage drinkers is limited, and there are few published evaluations of social marketing interventions that target the key influencers of underage drinking – parents and other adults – rather than focusing solely on the adolescents themselves. The project reported in this paper aimed to reduce the perceived normative nature of underage drinking and supply of alcohol to minors among adolescents, parents and the broader community. The Kiama 'Stop Underage Drinking Project' included: a youth component that incorporates a range of school and community-based activities; a parent component that includes online and environmental activities; and a community-wide social marketing campaign to alter social norms around underage drinking. Baseline data was collected via a computer-assisted telephone interview (CATI) survey in the intervention community and a matched-control community; a school-based survey in the intervention community; and an online and intercept survey in the two communities. Formative research, conducted in the intervention community, included interviews with key stakeholders; focus groups with teenagers, parents and community members; and an anonymous online survey of parents.

component that includes online and environmental activities; and a community-wide social marketing campaign to alter social norms around underage drinking.

Method

Baseline and Formative Phases

The primary baseline data was a computer-assisted telephone interview (CATI) survey of 610 adults (parents and community members) in the intervention community (Kiama) and 550 adults in a matched control community (Ballina). This survey was repeated at two time points in the intervention community and one point in the control community (see 'evaluation'). Data from adolescents was collected via a school-based survey of 241 students in the sole state secondary school in the intervention community (137 Year 10 and 104 Year 11 students). To obtain more in-depth data on alcohol-related beliefs and attitudes that was out of scope of a CATI survey or an in-school survey, we also conducted an online and intercept survey of 549 people in the two communities (221 teens, 104 parents, and 224 community members).

The formative research, conducted in the intervention community, commenced with six interviews with key stakeholders (police, doctors, and teachers); seven focus groups with teenagers; four focus groups with parents; and three focus groups with community members. As parents appeared reluctant to disclose that they had provided their adolescent children with alcohol, and thus could not be engaged in a conversation regarding reasons for this behaviour, we also conducted an anonymous online survey using a projective methodology to explore 'other people's reasons' for supplying alcohol to their children ($n = 180$).

Intervention Development and Implementation

A second round of focus groups was conducted to test three alternate message concepts. These groups utilised both participants from the baseline phase (to ensure we had correctly integrated their views in the message development) and fresh participants (to ensure that the messages were understandable on first exposure and did not convey unintended messages). A total of 15 focus groups were conducted in this phase (with adolescents, parents and community members). Again, we also conducted an anonymous online survey ($n=154$) to ensure that we provided representatives of the target audience with the opportunity to provide feedback that they may not have been comfortable expressing verbally in a group setting.

Implementation

The intervention commenced in October 2014, and ran for two years. The 'messaging' component – which targeted all three audiences – had three separate phases over the two-year period. This was both to avoid message wearout and to move the community along a discussion / decision process. Phase 1 ("Bad things happen to good kids too") was designed to introduce the issue of underage drinking as a matter of concern, and responsibility, for all members of the community. Phase 2 ("Can a community stop underage drinking?") provided the community with a call to action, in a six week 'teaser' campaign, followed by the addition of "Kiama can" on all communication materials and included customisable posters and banners to enable local groups to express their support for the campaign. Phase 3 ("Stand Your Ground") used local data collected in the mid-point evaluation to reinforce the positive changes evidenced in the community and encouraged teenagers and adults alike to stick to their principles and not be swayed by perceived social pressure.

Separate, but related, strategies were used to target the three key audiences. Adolescent-focused components included a social norms curriculum delivered to all students in years seven through ten (the first four years of secondary education); information sessions and presentations; a poster competition; and giveaways (such as hack sacks, wristbands, and compact mirrors). Parent-focused components included workshops (addressing issues such as how to talk to teens about drinking); parent information sessions at school events; and mail outs of information via the school.

The community-wide components were designed to raise the salience of underage drinking as a community concern and a community responsibility. During the two years of the intervention, we put up more than 3,000 advertising posters, 5 banners, and 140 corflutes. The project team was highly visible in the community,

attending over 100 community events (festivals, sporting events, monthly market days); distributing information and project merchandise and engaging in conversations with members of the community. The team distributed 8,000 booklets (easy-to-read facts on underage drinking and tips for parents); and a further 30,000 pieces of collateral, including hacky sacks, highlighter pens, glow in the dark wrist bands, shopping bags, wallets, pens, magnets, post it notes, and disposable coffee cups (provided to coffee vendors at markets/events). We also utilised local media; 50 paid media spots (advertisements in local newspapers), and 22 earned media spots (editorials on the intervention, opportunities for community engagement, activities and outcomes). As well as the project website – which included sections for each of the target audiences, downloadable materials, news and events – we established a Facebook page for the project for sharing of information.

Evaluation

A mid-point evaluation was conducted at the end of year one; repeating the CATI survey with 397 adults in the intervention community only. The aim of this mid-point survey was to assess any progress on changing perceived social norms and to provide updated local data for the final round of the messaging campaign. A final evaluation was conducted at the end of year two; repeating the CATI survey in both the intervention and control communities. In the intervention community this consisted of 249 people who had agreed to be re-interviewed and 364 new respondents, and in the control community 349 re-interviews and 201 new respondents.

Results

Baseline and Formative Research Findings

The key finding of the baseline CATI survey was that parents and community members were generally opposed to underage drinking and supply of alcohol to adolescents, but perceived general community attitudes to be more liberal than their own (Jones and Francis, 2015). Similarly, the student survey found that respondents over-estimated the acceptability of drinking and drunkenness amongst their peers, and perceived their own views to be more conservative than those of their peers.

In the focus groups, there was general consensus that the majority of teenagers are drinkers, despite consistent evidence from national surveys that this is not the case. There was also consensus that the primary driver behind youth drinking was the perceived need to fit in with peers (the social norm). The majority of younger teens reported that their parents would not let them 'drink' but would let them have small amounts of alcohol at home; and the older teens that their parents would let them drink in 'safe' situations. Parents' reports were generally consistent with this. Community members also agreed that it was normative to provide alcohol to young people, and the majority that they would probably do so. However, all three groups were critical of 'bad' kids who 'drink' and 'bad' parents who provide them with alcohol. Consistent with this, teens and parents expressed a preference for high-fear messages that targeted 'those' kids and parents and sought to address 'their' problematic drinking and alcohol provision. The projective study found the importance of children 'fitting in' with peers was the primary perceived motivator for both the mother and the father providing alcohol (Jones et al., 2015). This suggests some parents may perceive the risks of alcohol-related harm to be the lesser evil compared to the social isolation of not fitting in with peers.

Based on the findings from the baseline and formative research phases, the initial message execution focused on raising the salience of the message for 'good' kids and 'good' parents to ensure that our target groups were aware that they were in fact the target audience.

Evaluation Findings

The project website attracted 10,915 visits from 8,903 unique visitors; with 19,948 page views (the most popular page was the tab for downloadable fact sheets). The campaign's Facebook page reached 880 likes by the end of the campaign, with evidence of a far greater reach of posts on the page. For example, a post regarding the legal implications of supplying alcohol to minors reached over 19,000 people, with 384 likes, 51 comments and 132 shares.

The mid-point evaluation found a significant reduction in respondents' perceptions of the percentage of young people in the

community who are drinkers, at all three age levels.

There were also declines in the perceived proportion of parents who provide alcohol for their 16 year old to drink at home and away from home, although these did not reach significance. Additionally, there was a significant reduction in the perceived acceptable age for allowing children to sip or taste alcohol, and a non-significant reduction in the perceived acceptable age for a weak or watered down drink of alcohol.

The final evaluation survey found that campaign recall was high, with 77.2% of people surveyed in the intervention community reporting having seen campaign materials, with the most commonly recalled materials being signs on fences around the community (48.8%) and posters in shops, cafes and the local library (44.4%). Correct message recall was high, with the phase two campaign tagline being the verbatim response from 45.7%, and a further 31.3% recalling another campaign tagline and/or the underlying messages (such as 'we need to make it okay for young people not to drink', 8.7%).

Statistical comparisons of baseline and post-intervention data provided strong evidence that there had been improvements in knowledge, particularly for over-estimations of the proportion of young people who drink and parents who provide alcohol. For example, the average estimate of the proportion of 16-year-olds who drink declined from 53.2% to 44.4% and of 14-year-olds who drink from 25.2% to 18.1%. Similarly, the average estimate of the proportion of parents who provide alcohol for their 16-year-old to drink at home declined from 35.1% to 29.6%. We also saw substantial increases in the perceived acceptable age for young people to start drinking in their community; from 16.0 to 16.7 for a sip or taste and from 16.8 to 17.2 for a weak or watered down drink.

Finally, the campaign resulted in the desired changes in the perception of community acceptability of underage drinking and parental supply. For example, the proportion of people who believe that their community considers it unacceptable for a 16-year-old to drink alcohol increased from 75.4% to 87.8%, and for a parent to purchase alcohol for a 16-year-old to drink at home from 76.4% to 89.1%.

Discussion/Conclusion

While there is widespread recognition that children's and adolescents' drinking is strongly influenced by social norms, and increasing evidence that parents' and other adults' decisions to provide alcohol are likewise influenced, there are few published evaluations of interventions to address these norms at a community level rather than targeting one groups – typically the adolescents – in isolation (Jones, 2014).

This social-norms-based social marketing intervention was successful in reducing in misperceptions of descriptive social norms (perceptions that teens drink and adults provide) sustained and increased. Importantly, this was accompanied by decreases in perceived injunctive social norms (perceptions that others in the community think it is acceptable to for teens to drink and adults to provide).

Australia, like many countries, is currently observing declines in youth alcohol consumption. While the reasons for this change are not clearly understood, it is timely for communities and governments to build on this positive trend by providing environments that support not drinking as an acceptable and normative behaviour for adolescents. Social marketing can play a key role in achieving this outcome.

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Social countermarketing - advancing theory and research

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Abstract

Advancing Theory

Conceptual advancement underpins the progress of social marketing and, in particular, countermarketing research but has been neglected in recent years. This paper further develops an integrative framework of social countermarketing (SCM) concepts, techniques and defining characteristics. The new integrative conceptual framework provides clarity and consistency in the language used to describe social countermarketing practice and

research, offers a foundation for future research and social countermarketing practice. The SCM framework also directs attention to the range of theories to help researchers, practitioners and community groups plan and design social countermarketing interventions, predict result pathways, identify priorities for evaluation, and better interpret findings.

Advancing Research

We discuss our research agenda for SCM including the following themes:

- characteristics of current practice
- the use of theories in SCM (including social activism theory, community coalition action theory and community mobilisation)
- priorities for evaluation and SCM performance indicators
- characteristics of effective SCM campaigns
- mapping the new roles of social marketing practitioners and researchers in SCM
- effectiveness and cost effectiveness of SCM

Introduction/Background

At the University of Sydney, a multidisciplinary network known as @PRCSocMar works on social marketing and mass media research with particular emphasis on population health. Research teams in the network have undertaken research projects ranging from conceptual development and the use of theory, to the use of social media platforms by public health organisations as well as evaluation of the impact and cost effectiveness of major social marketing campaigns. In 2016 researchers from the network undertook research which led to the development of a new conceptual framework for social countermarketing, which we define as ‘a social change process, drawing on advocacy and social marketing techniques undertaken in opposition to existing marketing activity of a business organisation (or its representative agents), to wider socio-cultural norms, or to the policy positions of governments or decision-influential agencies, in order to create social, environmental, and/or health benefits for people and society as a whole.’ The framework comprises eight domains, shown in Table 1, while some examples of SCM within population health are provided in Table 2.

Table 1: A framework for Social Countermarketing

DOMAINS	DESCRIPTION		
Value	Public good: benefits accrue for people and for society as a whole		
Main theories and models	<table border="0"> <tr> <td>Individual/downstream focus Social cognitive theory [SCT] Theory of reasoned action/planned behaviour [TRA] Transtheoretical model [TTM] Elaboration likelihood model [ELM] Health belief model [HBM]</td> <td>System/upstream focus Community mobilisation Community Coalition Action Theory [CAT] Social Activism Theory [SAT] Survival-revenue-cost threat hierarchy [SRC] Hierarchy of effects model [HOEM] Social-ecological model [SEM] Diffusion of innovations theory [DOIT] Demarketing [DEM]</td> </tr> </table>	Individual/downstream focus Social cognitive theory [SCT] Theory of reasoned action/planned behaviour [TRA] Transtheoretical model [TTM] Elaboration likelihood model [ELM] Health belief model [HBM]	System/upstream focus Community mobilisation Community Coalition Action Theory [CAT] Social Activism Theory [SAT] Survival-revenue-cost threat hierarchy [SRC] Hierarchy of effects model [HOEM] Social-ecological model [SEM] Diffusion of innovations theory [DOIT] Demarketing [DEM]
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Techniques I [from marketing, activism, advocacy]	<p>Creation or co-creation by citizens and social networks: individuals, groups, networks, NGOs/CSOs taking action via advocacy/marketing hybrid intervention, including:</p> <ul style="list-style-type: none"> • re-purposing • crowdsourced funding • paid media • earned media • social media • publicity/PR events • calls to action • consumer-generated advertising [CGA] • protest rallies • letter/postcard campaigns • position statements 		
Techniques II [from social marketing]	<ul style="list-style-type: none"> • Integrated intervention mix: product, price, place, promotion (advertising, sponsorship, advocacy) • Competition analysis and action • Systems approaches • Insight-driven segmentation 		
Origination	Individuals (CGA), groups, networks, civil society organisations, government organisations		
Target audiences	Industry, Industry coalitions/associations, Industry representatives/Front groups, Legislators, Policymakers, Community/Community sub-groups		
Opposition focus	Harmful marketing activity(ies) of industry, Bogus Corporate Social Responsibility (CSR) activity, Socio-cultural norms, Government policy positions that conflict with the public good, cause harm, or fail to protect against harm		
Goals (change focus)	Support for public policy or regulation for one or more of: product, price, place, promotion (including advertising or sponsorship); change in or cessation of harmful marketing practices by industry		

Table 2: Examples of social countermarketing within population health

THEME	EXAMPLES
Excessive marketing	<ul style="list-style-type: none"> • The Citizens Advertising Takeover Service [CATS]
Marketing of sugar-sweetened beverages	<ul style="list-style-type: none"> • Rethink Sugary Drinks • Canzilla • Share a Coke with Obesity
Marketing of tobacco products	<ul style="list-style-type: none"> • #Truth • #yosifreeselfie: Take a Selfie: Take a Stand • Time's Up Tobacco!
Marketing of alcohol to young people/disingenuous CSR marketing	<ul style="list-style-type: none"> • GrogWatch
Marketing of energy dense, nutrient poor (junk) foods to children	<ul style="list-style-type: none"> • Parents' Voice • JunkBusters
Manipulation and distortion of science through industry funding	<ul style="list-style-type: none"> • Global Energy Balance Network (GEBN) • Unhealthy Marketing & Industry Interference Action Network (UMIFNET)

We developed the framework following a comprehensive review of oppositional forms of marketing in both commercial and social streams. This was complemented by a re-examination of developments in propositional forms of marketing, again both commercial and social. This included the development of social marketing from marketing, through to the evolution of de-marketing and counter-advertising, and on to the development of critical marketing and critical social marketing. This review led us to conclude that further conceptual development, specifically of countermarketing, could be of value in order to better understand existing practices and to accommodate new and emerging practice.

In the first quarter of 2017, the @PRCSocMar network will undertake key informant interviews and an expert consultation process to inform priority-setting and advance SCM research.

Method

Our previous work to develop the integrative SCM conceptual framework and preliminary research agenda was used to inform the planning and implementation of an expert consultation workshop. This in turn will inform the development of an online survey of social marketing and advocacy experts in Australia and internationally followed by in-depth key informant research interviews.

Results

The expert consultation and subsequent priority-setting research will help clarify SCM research priorities and allowed the identification of specific projects to advance research in this area.

Discussion/Conclusion

Citizen-centric and citizen-funded oppositional activity with the application of new media technologies have ushered in hybrid interventions and activities that draw upon the techniques of advocacy, social activism, coalition building and social marketing to create a new phenomenon, which we call ‘social countermarketing’. Social countermarketing represents a new paradigm with distinctive goals, originators and target audiences as well as a socially legitimised mandate deriving from its citizen-centredness and orientation to the social good. In 2016 we developed an integrative framework of social countermarketing (SCM) concepts, techniques and defining characteristics, together with a preliminary research agenda. The next phase will take this a stage further through research conducted with social marketing professionals and social policy advocates. We will describe the results of that research and the new suite of specific projects which are being undertaken by @PRCSocMar.

References

Please follow the referencing conventions as used by the Journal of Social Marketing

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Student/Academic paper for submission to the 5th World Social Marketing Conference (WSMC), 16-17 May 2017, Renaissance Arlington Capital View Hotel, Washington DC, USA

Track 3: Reducing crime and poverty and promoting safety and security: How to understand and develop effective and efficient programmes of action to promote development and reduce crime, violence and increase safety and security

Preventing Economic Abuse in Young Adults: Implications for

the Development of Social Marketing Strategies

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Jozica Kutin is a PhD candidate at RMIT University and is funded by an Australian Postgraduate Award.

50 Word summary for conference guide:

This paper investigates the development of social marketing strategies to prevent economic abuse occurring in young couple relationships. We report on practitioner perspectives associated with economic abuse in their abused clients, the prevention strategies recommended by practitioners, and further implications for the design of social marketing strategies for this cohort.

Abstract

This paper investigates the development of social marketing strategies to prevent economic abuse occurring in young couple relationships. Economic abuse is a form of domestic violence and has a significant impact on the health and financial wellbeing of victims. Perpetrators use their partner's assets, finances, and resources (or prevent their access to them) in order to exercise control in the relationship. In Australia, 15.7% of women have experienced economic abuse in a current or recent past relationship, and the prevalence peaks at 20.9% for women aged 40-49 years.

Economic abuse is experienced by the majority of women who seek assistance from family violence services. However, these services are particularly focused at the crisis and end stages of relationships. Prevention strategies need to focus on the pre- or early relationship formation stage. An increased risk of economic abuse is associated with low education, financial stress, disability or long term health conditions, or the presence of physical and/or emotional abuse in relationships, and is more likely to be identified at the relationship dissolution phase. Additionally young or 'emerging' adults (aged 18-29 years) are particularly vulnerable as they embark on new and potentially long lasting relationships, because they do not have 'life experience'. It is during this phase of development, that social marketing strategies focused on prevention could be most effective.

This research is part of a larger investigation examining economic abuse. The aims of this sub-project were to: investigate practitioner perspectives and experiences associated with economic abuse in their abused clients, to consider prevention strategies recommended by practitioners, and to consider implications for the design of social marketing strategies. We used an ecological and public health model to frame our research questions. To date, we have interviewed 22 practitioners from domestic violence (n = 13), legal (n = 2) and financial (n = 7) counselling services.

Practitioners identified several points of difference for young adults who experienced economic abuse compared to older adults. Young adults typically presented to services with debt problems generated by their partners because of gambling, telephone contracts, reneging on property rental leases, unpaid and exorbitant bills, damage to property, and being the loan guarantor for their partner's assets. Practitioners identified several reasons why young people were more vulnerable to economic abuse which were specific to their age group and social/emotional context: their lack of life experience, lack of income and assets, and lack of knowledge of matters financial and contractual. Other issues identified were valuing the relationship above money, risk taking, transitory relationships, money was just plastic and not 'real', acceptance of gender stereotypes, peer pressure, and gullibility. These themes are important to understand the costs and benefits of economic abuse for young adults and for shaping effective social marketing

strategies: young people were more likely to accept the abuse through fear of not being loved and not being in a relationship. The dominant practitioner view on prevention strategies for young adults was education about finances in the final years of secondary school. Recently developed economic abuse prevention materials for young adults were largely focused on information and awareness-raising about the behaviour and support services available.

Introduction/Background

This research focuses on how social marketing can be used to prevent economic abuse which is a form of intimate partner violence. The primary research question is how can economic abuse be prevented in young adult relationships? This paper will firstly examine the nature of economic abuse, how young adults experience economic abuse from the perspective of practitioners who see and counsel abused young adults, and the role social marketing might play in reducing such abuse.

Economic Abuse

Economic abuse in an intimate partner relationship is defined as the use of a partner's finances, assets or ability to accrue or maintain assets in order to control or manipulate that person (Adams et al., 2008). Economic abuse can be used as a very powerful tactic to manipulate, dominate and control a person in order to foster dependence (and hence they are less able to leave the abusive relationship) or to exploit him/her financially (Myhill, 2015; Sanders, 2015). Economic abuse has a devastating effect on victims' financial wellbeing and independence. Unlike physical and emotional abuse in relationships, the gradual increase in the loss of financial control is subtle and often goes unrecognised in relationships as abuse, until there is significant financial stress or the relationship breaks down.

In the general community, population based studies report prevalence rates of economic abuse from as low as 3% in Canada (Burczycka, 2016), 11.6-15.1% in the United States (Voth Schrag, 2015; Postmus et al., 2012a; Huang et al., 2013), to 21% in the United Kingdom (Sharp-Jeffs, 2015). In Australia the prevalence of economic abuse between current or recent past cohabitating intimate partners was 15.7% for women and 7.1% for men (Kutin et al., 2017).

Previous research has largely focused on women engaged in domestic violence services, or women who have separated or divorced and are experiencing ongoing financial abuse issues (or the beginning of them). In this context the prevalence of economic abuse is well established, and occurs among 79 to 90% of women engaged with domestic violence services (Adams et al., 2008; Postmus et al., 2012b; Postmus et al., 2015; Howard and Skipp, 2015). However, it is now timely to determine how to intervene at an earlier stage in relationships in order to aid in the prevention of economic abuse.

Young adults and Economic Abuse

Among young adults (aged 18-29 years) 9.7% of women and 4.6% of men in Australia reported economic abuse. The prevalence then doubled in the following age group (30-39 years) to 18.1% and 8.2% respectively, and peaked at age 40-49 where 20.9% of women and 10.3% for men had experienced economic abuse.

Little is published about how economic abuse manifests between young adults, despite the fact that it is an important transitional period between adolescence and adulthood (Arnett, 2000; Arnett, 2015). At this stage, young or 'emerging' adults experience "frequent change as various possibilities in love, work and worldviews are explored" (Arnett, 2000: 469). It is a key phase for the development of long term adult relationships and financial independence.

Young adults are now less likely to be married or have children than in previous generations. They have moved out of the teenage dating phase to developing more steady adult relationships (Arnett, 2015). It is therefore at this stage that they are most vulnerable, but also the most open to new ways of tackling problems, including navigating the world of money in relationships. While they have a multitude of possibilities, they are also open to a myriad of negative experiences, including the possibility of abusive relationships. For example, in a recent UK study, economic abuse most frequently began when the person moved in with their partner (25%), from the outset of the relationship (17%), or when they got married (15%)

(Sharp-Jeffs, 2015). This is significant as the median age at first marriage in Australia for men is 31.5 years and 29.6 years for women (Australian Bureau of Statistics, 2016), and 79.4% of those who married had lived together previously. What happens in this transition period is critical to understanding the development and prevention of economic abuse.

Social Marketing and Economic Abuse

Social marketing aims to achieve behavioural change by using marketing principles, tactics and strategies to create this change to the benefit of society (Brennan et al., 2014; Lee and Kotler, 2011). Social marketing strategies often incorporate communication programs and interventions designed to reduce social problems for targeted groups. The social marketing approach requires the development of a deep understanding of the target audience. Key is identifying the important behavioural costs and benefits of changing or not changing the problem behaviour. It uses a positive approach, where emphasis is on replacing the old behaviour with a more desirable new behaviour. Social marketing has been used to develop programs to prevent violence among young people at school (Quinn et al., 2007) and to reduce dating violence (Borsky et al., 2016).

In Australia, awareness and understanding of economic abuse in intimate relationships, whilst extensive in the domestic violence services, is largely unheard of in the general community – it is most often associated with the financial exploitation of elderly people, and not understood as a form of coercive control in intimate relationships. Given the low level of awareness of economic abuse in the community, public campaigns are in their infancy, and tend to primarily focus on awareness-raising. Local women's health services have recently developed resources in order to raise awareness of economic abuse: postcards, a short film, and a website.

Case A. The Keep Your Boat Afloat campaign, developed by a rural women's health service used postcards (both electronic and cardboard) with simple graphics and statements highlighting specific economic abuse behaviours on one side, and sources of referral on the other (Women's Health Goulburn North East, 2015). For example "I went guarantor for my boyfriend's car loan. He crashed the car, then he dumped me. Now I owe thousands". The messages on the postcards were developed in consultation with young women who had experienced economic abuse. The evaluation of these materials was limited to the number of postcard downloads and requests from organisations for printed postcards and posters.

Case B. Another women's health service in an inner city area of Melbourne produced a short film, *For Love or Money*, on economic abuse featuring a young couple who had just moved in together. The film depicts the escalation of financial control, the young woman then leaves the relationship, seeks counselling, and then the final images are of her enjoying a financially equal relationship with a new boyfriend (Bentwheel, 2014). To date (January 2017) the film linked to their website has had 1,031 views (Vimeo) over two years, however only 87 views on YouTube (WHIN Women, 2015).

Case C. An advocacy and support service for women developed a website for women, focusing on money and relationships: *Women Talk Money. Financial Literacy For Women (WIRE, 2016a)*. The website, based on the organisation's research into economic abuse, aimed to inform and forewarn women about economic abuse (Cameron, 2014). It uses a 'chatty' style and is designed for women at all stages of life. The website has one page dedicated to economic abuse which details the types of abusive behaviours, the warning signs and where to get help. Throughout other sections of the website there are references to the control of finances and links back to the economic abuse page. It also includes a brief video to describe economic abuse which to date (January 2017) on YouTube has had 346 views (WIRE, 2016b). This website was launch in July of 2016. Formal evaluations of these three initiatives have not been reported, the impact and effectiveness is not known.

Compared to these service developed videos, personal stories of economic abuse posted to YouTube attracted many more views. The most watched video (after searching "economic abuse") was one by an Australian woman telling her own story at the hands of a narcissist (30,367 views: Evans, 2015). The second most viewed video was an English woman describing her own experience (16,219 views: Bryant, 2016). Compared to the service developed

videos, these clips were much longer and far less polished, but described personal stories in detail.

In summary economic abuse is an emerging area of research and one that has been ignored for too long. Subsequently this research seeks to examine, through the lens of counsellors, health professionals and advisors, how young adults experienced economic abuse and how this was different to older adults. It further considers how social marketing may be employed to help prevent such abuse.

Method

Practitioner Interviews

We used an explorative qualitative research design (Grbich, 2013) interviewing practitioners to gain an understanding of the emerging adults' experience of economic abuse (Bogner et al., 2009). Interviews were conducted with practitioners from domestic violence (n = 13), legal (n = 2) and financial (n = 7) counselling services. Practitioners were questioned about their understanding of economic abuse behaviours among the target group, what motivated and maintained these behaviours, and whether economic abuse was expressed differently between young adults compared to older adults. Practitioners were also asked how economic abuse could be prevented in intimate relationships between young adults and how best to communicate these messages to those they counsel. Semi-structured interviews were conducted either individually or in a group context. Interviews were audio recorded and transcribed. Transcripts were coded for themes using the qualitative program NVivo (QSR International, 2012).

Results

Economic Abuse as Experienced by Young Adults

Practitioners identified a series of economic abuse behaviours that were typical in this age group. These included signing contracts and going guarantor for loans and hire purchase for the partner's assets (eg. Cars, electronic items), use of credit cards for gambling and other purchases, purchasing mobile phones and plans, always paying for day to day items, and having no control or access to their own money. In relation to housing, typically young women had only their name entered on the rental agreement, which often placed them at risk of total responsibility for debt when their partner left or damaged the property.

Analysis of practitioners' interviews identified several reasons why young people were more vulnerable to economic abuse. Young adults did not view economic abuse as abuse, they lacked financial knowledge and understanding of contractual responsibilities, they lacked significant income and assets, they had less life experience, and they valued their relationship more than money matters. Other issues identified were young people's propensity for risk taking, transitory nature of their relationships, money was just plastic and not 'real', acceptance of gender stereotypes, peer pressure, and gullibility. These results highlighted potential behaviours, beliefs, and attitudes for which differing interventions could be applied. These themes are important in order to understand the costs and enablers of economic abuse for young adults and for shaping effective social marketing strategies: young people were more likely to accept the abuse through fear of not being loved and not being in a relationship.

Practitioner views of what needed to be done focused on educational interventions. Practitioners suggested that young people needed to be taught at schools about financial contracts, loans, budgeting and saving. In particular, they needed to learn about managing money in the context of intimate relationships. Nearly all practitioners suggested that social media would be a useful medium to engage young adults.

Discussion

These findings have significant formative implications for developing social marketing strategies targeting young adults and economic abuse. Young adults were vulnerable to economic abuse because they do not recognise it as abuse, they do not have enough or any understanding of managing financial matters or understanding the responsibility of contractual or loan agreements, and they are not prepared to accept the cost of relationship loss to avoid economic abuse. Young adults may also be constrained by traditional role expectations and the norms and expectations among their own

peers. One expert identified a sudden trend in her rural community of young women signing mobile phone contracts for their boyfriends: everyone was doing it, and it was what their boyfriends expected. Social marketing faces the challenge of not only penetrating personal attitudes and behaviours, but also social norms and expectations.

Programs that are framed in a domestic violence, problematic relationship framework are therefore unlikely to draw interest from this cohort. These campaigns will be dismissed as irrelevant to them. For example the Keep Your Boat Afloat postcards highlight the negative behaviours, identifies young woman as victims, but offers no alternatives. The For Love or Money presents a dichotomy for viewers – make a choice, its money or its love: money problems in the relationship spell the end of that relationship. It does however give a glimpse of having financial control and a loving relationship: but this is associated with a different partner. A review of YouTube videos indicates that viewers are more interested in personal stories by real people. It is also important to note that the target audience has only focused on women. Work is also needed in engaging young men in the process of abuse prevention and social marketing research in this area (Jewkes et al., 2015).

Experts viewed financial literacy education in the latter years of secondary schooling as the primary strategy for intervention. Our previous work highlighted the significant association of economic abuse with financial hardship (Kutin et al., 2017). Social marketing therefore can play a significant role at promotion at these key early signs, such as material at banks (eg. credit card or hardship applications), utilities (overdue payment notices), phone plan providers and car finance and hire purchase agencies. Traditional didactic models of teaching may appear the “easy route” but this does not take into account the social world of young adults, nor how they consume information. Information needs to be relevant to their life stage: in the final years of secondary schooling they unlikely to have a significant income, nor have a significant intimate relationship. Coaching in the complexities of money and relationships at this stage is also likely to be perceived as not relevant.

The results from this analysis offer scope for further research and will be used to inform the structure of interviews with of young adults who have experienced economic abuse. Their insights into prevention strategies will be invaluable.

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Number: 54

Developing the UNICEF Malawi school handwashing with soap program

Abstract

Diarrhoea is one of the major causes of morbidity and mortality among children and immune-compromised individuals in Malawi. Handwashing with Soap (HWS) is the single-most cost-effective health intervention to prevent diarrhoea. To combat this problem and achieve large scale behavioural change, UNICEF Malawi has

adopted a social marketing approach. The insights from this formative study will inform the design of a social marketing program underpinned by the Motivation, Opportunity and Ability framework (MOA).

The study, commissioned by UNICEF Malawi, was designed by PSI Malawi and Griffith University and undertaken by PSI Malawi. Observations of primary school children after toileting and during breaks were conducted as well as interviews with school administrators and staff members to understand HWWS MOA factors. Less than half of the assessed schools had hand washing facilities. The most common hand washing facility observed was the bucket. Only two out of 60 toilets (boys and girls) observed had soap for hand washing at the time of the visit. Overall, 85% of primary school children failed to wash their hands before eating and after toileting.

Several barriers which may prevent students from engaging in HWWS were identified including a lack of the financial resources to buy soap and construct permanent hand washing facilities in schools. Many schools also experience a lack of support from both the community and the students themselves, as many are not aware of the benefits of HWWS. A whole of community approach is required to generate a change in HWWS culture. Changes to school and community infrastructure are firstly required to facilitate the performance of the behaviour. Supporting activities to encourage students to engage in HWWS and reinforcement strategies to sustain the behaviour over time should also be implemented. Students can then become agents of change for HWWS behaviour by reinforcing the selected hygiene practices within the home environment contributing to the achievement of the national objectives to reduce diarrhoea and thus leading to improved health and wellbeing for communities in Malawi.

Introduction/Background

Diarrhoea is one of the major causes of morbidity and mortality among children and immune-compromised individuals in Malawi (Malawi Demographic Health Survey 2010). On average, Malawian children experience diarrhoea six times per year, and 20 percent of deaths in infants and children under the age of five are due to diarrhoeal disease (Malawi Demographic Health Survey 2010). Handwashing with Soap (HWWS) is the single-most cost-effective health intervention to prevent diarrhoea (Bhutta et al., 2013). Public health interventions on hygiene education and safe water supply in Malawi have increased access to safe water with 79 percent of households having access to piped water, public tap, borehole or a protected well or spring. Relative to many other sub-Saharan countries, Malawi has a high level (75 percent) of access to some form of basic excreta disposal facilities (latrines). However, 11 percent of the population has no toilet facility and practices open defecation. Despite the increased access to safe water, diarrhoea continues to be a major public health problem in Malawi.

Numerous interventions have been implemented to reduce the incidence of diarrhoea among vulnerable groups including children in Malawi. While often passed over for more elaborate infrastructure interventions, hand washing with soap (HWWS) is the single-most cost-effective health intervention for diarrhoea prevention. It only takes \$3.35 to yield one unit (equivalent to one year) improvement on the Disability-Adjusted Life Years (DALYS) scale (Malawi Demographic Health Survey 2010; WHO, 2008). HWWS is effective because it breaks the transmission cycle by removing pathogens that infect people via hands that have been in contact with faeces and other body secretions, contaminated drinking water, unwashed raw food and unwashed utensils or smears on clothes. Reports from the World Health Organization (WHO, 2008) further show that the HWWS intervention cuts diarrheal disease incidence by nearly half, reduces the rate of respiratory infections by about 25 percent, and reduces the incidence of skin diseases, eye infections (e.g. trachoma), intestinal worms (especially ascariasis and trichuriasis) and enteric viruses. Despite evidence for HWWS, efforts to reinforce this behaviour have met with limited success in Malawi (UNICEF, 2011) due to most interventions relying on uncoordinated promotional activities both at a national and local level. The proportion of the population practicing HWWS at critical times (e.g. after toileting or before eating) remains very low, with studies indicating only three percent of the population practice the behaviour (UNICEF, 2011).

Both the Malawi Vision 2020 Plan (developed in 2003) and Malawi National Health Plan (2011-2016) (Malawi Ministry of Health, 2011) emphasise health improvement. Intended health outcomes of the five-year National Health Plan include reduced risk factors to health and improved equity and efficiency in the delivery of quality health services. Specifically these desired outcomes emphasise the creation of “healthy settings programs (workplaces, schools, and communities), and water, sanitation, and food safety interventions” (UNICEF, 2011). This proposed project, and accompanying baseline and end line studies, is in line with the efforts of both of these national plans. Therefore, the primary objective of this program is to: Increase number/proportion of school children practicing HWWS. To reflect this objective, children in primary schools form the key target group as their habits may be more easily moulded at a young age, and they may serve as agents of change by reinforcing the selected hygiene practices within the home environment

This study will provide invaluable data on the potential of school-going children to become agents of change, influencing hand washing behaviour and encouraging proper hygiene in their schools, households, and wider communities. A review of hand washing research in Malawi revealed no evidence of the opportunity, ability and motivation of school children to wash hands and to act as agents of change for hand washing. Developing a rigorous evidence-base is essential to support PSI's rollout of experiential social marketing events. The research will also support government, non-government and private sector to develop evidence-based programs during their engagement in the National Hand Washing Campaign. Thus the following research questions were proposed: RQ1: What hand washing facilities are currently available in primary schools and how often do the students use them? RQ2: What are the motivations, opportunities and abilities of primary school management to provide regular access to soap and hand washing facilities to their students?

Method

The study, commissioned by UNICEF Malawi, was designed by PSI Malawi and Griffith University and conducted by PSI Malawi. Ethical clearance was obtained through Griffith University. The baseline had two components; Observations of primary school children after toileting and during breaks and also Key Informant Interviews (KIIs) with school administrators and staff members to understand HWWS MOA factors (Rothschild, 1999) to provide regular access to handwashing facilities and soap to their school students. The baseline study was undertaken in ten schools from each of three Malawian school districts: Nkhatabay, Salima and Mangochi. All students (ages 6-12 years) who used the toilet during tea and lunch breaks were observed for HWWS during a one day visit to the schools. Data collection occurred in January and February, 2015. An informant observed student behaviour in cases where hand washing stations are open and their presence was not easily detected. School facilities were also assessed by informants to determine the availability of soap and water at hand washing stations, and the locations of hand washing stations in relation to bathrooms or places within the school complex where school students frequently eat snacks and meals.

Key Informant Interviews (KIIs) were conducted with one school administrator and one member of staff from each school participating in the UNICEF hand washing program across the three defined study districts to understand Motivations, Opportunities and Ability (MOA) factors around provision of soap and access to handwashing facilities in schools. Several questions were asked of the administrators and teacher at each school regarding prior hand washing programs or initiatives and their successes/challenges, level of excitement about the new HW program, and any challenges they foresee for the new program. KIIs interviews were transcribed and thematic data analysis was used.

Results

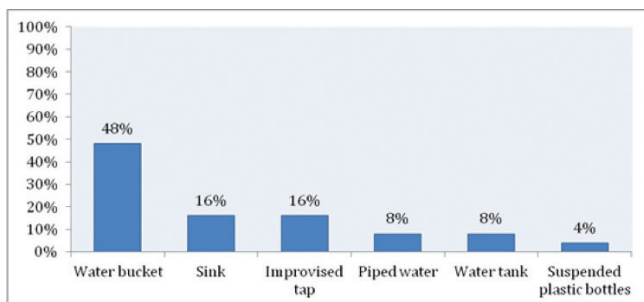
In total 3,675 primary school children (1,900 girls; 1,775 boys) were observed in terms of practice (hand washing vs. no hand washing, one hand vs. two hands) and method (water or water and soap). The school students observed were from the Lower (Standard 1 to 4) and Upper (Standard 5 to 8) grades, with 59% from Lower and 41% from Upper (see Table 1).

Table 1. School student sample characteristics

Gender	Girls	51.7%
	Boys	48.3%
School grade Distribution	Upper (Standard 5 to 8)	40.9%
	Lower (Standard 1 to 4)	59.0%
Observed Toilets	Girls	50.0%
	Boys	50.0%

Less than half (41.7%) of the assessed schools had hand washing facilities. In Nkhatabay district, 13 hand washing facilities were observed at the 10 schools and 12 were observed in Salima district, but no hand washing facilities were observed in Mangochi district. The most common hand washing facility observed was the bucket (48%) sinks and improvised taps were the next most common type of hand washing facility observed, and 16% of schools overall had these types of hardware. Piped water, water tanks, and suspended plastic bottles were less common (See Figure 1). Overall, 64% of the handwashing facilities observed were outside the toilets, 28% near the classroom and 8% were found outside toilet stalls. The study also found that 56% of the hand washing facilities had water and 76% of these had clean water. Only two (3.33%) out of 60 toilets (boys and girls) observed had soap for hand washing at the time of the visit. Hard soap was found in both schools where soap was available for hand washing. Interestingly, 85% of primary school children failed to wash their hands before eating and after visiting the toilet; while 14% of the observed students washed their hands with water but did not use soap. In Mangochi district, all students observed failed to wash their hands as there were no hand washing facilities found in any of the ten primary schools.

Figure 1: Type of hand washing facility at observed schools



N=30

The MOA framework was used to analyse the responses from school managers. Students are required to understand the benefits and importance of HWWS in order for them to be motivated to wash their hands after using the toilet and before eating. Habits take time to form and handwashing behaviour needs to be reinforced over time to allow students to form positive habits.

“We just need to sensitize them. We already do but when you give something to a kid, it takes time for them to realize how important the thing is to them. So we are busy teaching them the importance of using the facilities we place at the toilets.” Head Teacher, Nkhatabay District.

A range of factors were found to influence opportunity and strategies included schools providing equipment (buckets, water bottles and soap) to be used for hand washing. Teachers were resourceful in creating handwashing facilities when school infrastructure was insufficient.

“Aaah, the buckets are inadequate and that’s why we try to make additional resources by using those bottles because some of the buckets are used for drinking water and others for washing hands.” Head Teacher, Nkhatabay District

Several barriers which may prevent students from engaging in HWWS were also identified for example, many schools lack the financial resources to buy soap and construct permanent hand washing facilities.

“There are challenges. When we place the facilities at the toilets some people go and remove them. Termites also destroy the stands constructed. If we had a source of income we would have just

constructed the stands for the taps using cement so that we can just pour water inside and they can use the tap. But we fail to do so because of lack of money.” Head Teacher, Nkhatabay District

Teachers use grants and other funds to finance the purchase of soap and buckets to use in school hand washing facilities or toilets. Without available soap, even if school children know they should wash hands with soap post-bathroom, they are unable to, and so this prevents them from practicing healthy behaviours. Several organizations sponsored hand washing facilities in some schools including the Livingstonia Synod Program (LISAP), Canadian Physician Aid Relief (CPA), USAID, GTZ, Save the Children, World Vision, Mother Group, and the Malawi Government through school improvement grant (SIG). Water is also scarce in schools thus preventing students’ from using water for hand washing.

Students lack ability to wash their hands as they are frequently not aware of the benefits of HWWS and they lack knowledge about disease prevention. Furthermore they are not accustomed to HWWS in their homes as it is not a common practice and they have inadequate hand washing facilities.

“I think we can deal with this in several ways. First of all, this should not only be a responsibility for teachers. Parents should be involved as well. For example, the way you have come here you can also go into the communities to sensitize people that they are supposed to wash hands after using the toilet. The message has to reach out to parents and chiefs as well. If the parents and chiefs are well informed of the practice and here at school teachers also teach pupils that same thing I think it can work out because pupils will learn it at school and find the same at home.” Head Teacher, Salima District.

Discussion/Conclusion

The results of the baseline study have provided key insights into primary school children’s hand washing behaviours and provided an understanding of the motivations, opportunities and abilities that facilitate and inhibit hand washing with soap behaviours in Malawian primary schools. Across all districts, rates of hand washing at baseline were very low. Many schools lack facilities to enable handwashing with soap behaviour. A whole of community approach is required to generate a change in HWWS culture. Changes to school and community infrastructure are firstly required to facilitate the performance of the behaviour. Once the infrastructure is in place, segmented social marketing programs which offer something of value the students will readily exchange for can be developed. Using the results of this study, schools can be clustered into segments based on their current levels of infrastructure and their students’ current hand washing knowledge of, attitudes towards and actual hand washing behaviour and specific programs developed for each segment. For example, those schools where there is currently no infrastructure and no hand washing behaviour need to have facilities installed and supplies of soap purchased. This should be followed by an education program for staff, parents and students on the importance of HWWS and the correct process of HWWS. The local community also need to be included in the education program to enable a change in handwashing culture to take place. Supporting activities to encourage students to engage in HWWS and reinforcement strategies to sustain the behaviour over time should also be implemented. For example, incorporating a handwashing ritual prior to eating and rewarding students who wash their hands after toileting may encourage greater adoption of HWWS behaviour. Students can then become agents of change for handwashing with soap behaviour by reinforcing the selected hygiene practices within the home environment thereby contributing to the achievement of the national objectives to reduce diarrhoea and leading to improved health and wellbeing for communities in Malawi.

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Number: 55

Weighting for change: Consumers co-creating value in an online support group

Abstract

Investigating the impact of consumer-to-consumer co-creation of value in an online support group on consumers' well-being outcomes is critical from a social marketing perspective. This research used a netnographic approach to explore the value co-creation experiences of obese consumers in an online social support group for a weight management program to understand how they co-create value. Results revealed online support groups provide consumers with the opportunity to co-create valuable experiences with each other rather than just obtain information on weight management. The results reveal three sources of value were created by consumers including emotional, social and functional. This research has theoretical implications from a consumer dominant logic perspective and may provide a greater understanding of how value can be created by consumers or facilitated by service providers. The results of this study indicate social marketing or behavior change services may have the hidden capacity to encourage wellbeing on a broader scale. This research has provided a foundation for future research into an important and emerging domain in social marketing research at the intersection of stigmatized consumers and online health service providers.

Introduction

Health and education services aimed at achieving social behavior change are increasingly delivered via technologies such as the Internet and mobile devices (e.g., Castaño-Muñoz, Duarte, & Sancho-Vinuesa, 2014; Rai, Chen, Pye, & Baird, 2013). Investigating the impact of the technological transition of these health and education services on consumer well-being outcomes is thus critical from a social marketing perspective. To further understanding of the wellbeing outcomes of online health care services, this paper uses value co-creation as a theoretical lens (Loane, Webster & D'Alessandro, 2014) to examine online social support groups for weight management. Value co-creation has been defined as "the benefit realized from integration of resources through activities and interactions with collaborators in the customer's service network" (McColl-Kennedy et al. 2012, p.375). Sweeney and colleagues (2015) argue the importance of value co-creation stems from its focus on examining the resources integrated and shared by consumer-to-consumer interactions that can lead to the performance of pro-health and wellbeing behaviors. To date, however, there is limited social marketing research into the co-created value consumers experience and share in online social support groups, particularly stigmatized consumers such as those who are obese and attempting to lose or manage their weight. The purpose of this research is thus to explore the value co-creation experiences of obese consumers in an online social support group.

Online social support groups

Online social support groups have received significant attention recently as a mechanism for addressing the service needs of

stigmatized or isolated consumers (Loane et al., 2014; Yao et al., 2015), promising convenience, anonymity and non-judgmental interactions (Mo and Coulson, 2010). Studies have shown online social support groups are beneficial for supporting and improving the health and wellbeing of consumers who are overweight (Ballantine and Stephenson, 2011; Turner-McGrievy and Tate, 2013). Ballantine and Stephenson (2011) argue further research is needed to understand how online social support groups can be used to support obese or overweight consumers achieve their health and well-being goals. In particular, they propose greater understanding is needed as to how or why consumers value support made available through these groups.

Value co-creation

A small number of studies have identified a link between online social support groups and value co-creation and have used the concept as a lens to study the benefits members gain from interacting in online groups (Loane, et al., 2014; Yao, Zheng & Fan, 2015). Loane and colleagues (2014) identify social support as the mechanism through which consumers co-create and experience different types of value in online health support groups including information support, emotional support, esteem support, network support, instrumental support and community value. Other value creation studies for healthcare and well-being use dimensions of Sheth, and colleagues (1991) consumption values theory (Dodds, Bulmer & Murphy, 2014; Zainuddin, et al. 2013). This research adopts Sheth and colleagues (1991) conceptualization of value as its remains important to understanding healthcare and social marketing services (Zainuddin, et al.; 2013; 2016) and bares close conceptual similarities to online social support frameworks (Ballantine and Stephenson, 2011). In particular, Zainuddin and colleagues (2016) argue the Sheth and colleagues (1991) conceptualization is useful for understanding how consumers 'serve themselves' through self-service in the context of a healthcare service.

Sheth and colleagues (1991) posit value created in marketing exchanges is multi-dimensional, made up of functional, emotional, social, epistemic and conditional dimensions. Of these five original dimensions of value conceptualized, studies have found functional, emotional and social to be the most important to consumers and influential to performing health and well-being behaviors (Dodds, Bulmer & Murphy, 2014; Zainuddin, et al. 2013). However, to date it is unclear if such valuable support benefits are a result of consumer dominant interactions or service dominant. Current research in services marketing predominately embrace a service dominant logic (SDL) perspective, whereby innovation and the creation of value is co-created and co-produced by both the organisation and the consumer (Vargo & Lusch, 2008). However, there have been recent calls for a distinct new logic to capture the creation of value where little to no service organization presence is needed (Anker, Sparks, Moutinho & Grönroos, 2015). This is coined consumer dominant logic (CDL), whereby value is determined by the consumer, who creates, facilitates and experiences value (Anker, Sparks, Moutinho & Grönroos, 2015). For the purposes of this study, we take a CDL perspective to investigating online social support, as consumers often interact in this space with little to no interaction with service providers.

This study thus addresses recent calls for further research into online social support groups for weight loss (Ballantine and Stephenson, 2011) and the value which is co-created within them (Loane et al., 2014; Zhao et al., 2015). This study seeks to extend past research findings in online social support groups by identifying how participants in an online support group co-create value and the role other consumers play in this creation of value. Improved understanding of the manner in which stigmatized consumers use and experience online support groups relative to other consumers will provide insight into how these services can be optimized to create valuable consumer-to-consumer exchanges in service settings.

Methodology

We conducted a netnographic study to allow analysis of interactions between consumers in a real-life setting, mitigating some of the biases of interviews or other undisguised methodologies where researchers' prior expectations can influence the type of data collected and, subsequently, the insights generated (see Silverman,

2006). Communications among online support group members in a three-month weight management program were analyzed from the month of September 2015 for a 12-week period. The online support group had high levels of member interaction and was established as part of the weight management program before data collection commenced, providing a stable study context as recommended by Kozinets (2002). As part of program registration, members recorded their height and weight and were thus categorized according to BMI: normal weight ($n=72$, $BMI=18.5-24.9$), overweight ($n=102$, $BMI=25-29.9$), obese class I ($n=70$, $BMI=30-34.9$), obese class II ($n=41$, $BMI=35-39.9$) and obese class III ($n=23$, $BMI\geq 40$). All participants gave permission for their data to be analyzed when they accepted the terms and conditions of the online support group. Pseudonyms are used to ensure participants remain anonymous. Data analysis was undertaken using a deductive (theory-driven) method. This approach was useful for organizing and describing data within a pre-determined framework. First, thematic analysis was undertaken using the six categories of co-created value as noted earlier (Loane et al., 2014). Second, similar categories of co-created value were grouped together using Sheth et al., (1991) consumption value dimensions of emotional value, social value and functional value. The source of value was also identified related to each social support dimension to understand the role of other consumers in this creation of value.

Results

Emotional value refers to affective states which can be either positive or negative (Zainuddin, et al. 2013). Emotional value was found to be generated through emotional support and esteem support (Loane, et al. 2014). Online social support groups members would often first seek emotional value from other members, which could then be received via either emotional or esteem support. For example one participant stated "I am extremely scared to fail!", signifying the seeking of emotional support from other online social support group members. Online social support group members then created emotional support through empathy and compassion: Well done on taking the first step Krystal! I'm quite nervous about failing but also excited as well, so I know the feeling. Esteem support could also be created and provided to online social support group members seeking emotional value, whereby other consumers co-create feelings of self-worth which can be offered in the form of encouragement and praise, for example: I feel the same way myself. Good job on getting started!

Social value is the benefit acquired from a service's association with social groups including peers and family members (Sheth, et al. 1991). In online social support groups, social value was comprised of network support and community support (Loane, et al. 2014). Participants often expressed their desire to experience or receive social value via connecting with other members of the online social support group: Hi Guys, I have just moved to # Cremorne Sydney with my family and would love to get a group of likeminded [program]'s who live and work in the area together. So we can chat, do some training together and keep each other motivated through the next upcoming 12 weeks. Once social value was sought, network or community support was then created in the online social support group to assist this member seeking social value. Network support could be created whereby the service provider would welcome members to the online social support group: Welcome on board and thanks for sharing! If at any stage you feel like you are at risk of giving up, please share what you are going through! We are all here for you and believe in you 100%. Community support is demonstrated when participants' posts indicate that they find the social exchange within the online forum to be a valuable experience in itself. An example occurs when one participant, expresses appreciation of the online community experience, which has provided them informational and emotional support: I've missed being amongst the team here at the program. I considered trying it on my own this time but I know how much the support of this program helped me accomplish my goal of developing a healthier lifestyle...so here I am!

Functional value focuses on the functionality or utility provided by the service (Sheth, et al.1991). Members of the online social support group communicated their interest in receiving functional value in the form of information regarding diet, training and other tips to help their weight loss/maintenance seeking journey. The online social

support group would then create functional value via informational support provided by other members. Information support appeared to be consumer dominant and was shown when participants asked follow up questions which indicate co-created value of information support to the online community which in turn attracts praise and thanks. An example occurs when a participant posts a link to a website with factual information on dieting or workout programs. This then attracts favorable responses from participants along with esteem building comments such as: Thanks for all your messages ladies. Great to hear what everyone does to fit in a workout and this is great advice - thank you. Hence, functional value was created by informational support.

An analysis of different social support dimensions shows online support groups provide consumers with more than just information on weight management. They provide valuable emotional and social support and give consumers the opportunity to co-create valuable experiences which may assist them in their weight loss journey.

Discussion and conclusion

The purpose of this paper was to examine how consumers experience value co-creation on online social support groups for weight loss and the roles service providers and consumers play in this exchange of value. The research used a netnography approach which examined data from an online support group for weight management, containing normal weight, overweight and obese members, to improve understanding of how these consumers interact and give/receive support through the theoretical lens of value co-creation. In doing so, this research has begun to address calls for further research in online social support for weight loss and management (Ballantine and Stephenson, 2011), value co-created in online social support groups (Zhao, et al., 2015), and netnography approaches in social marketing (Brennan, Fry & Previte, 2015). The findings of this study have shown overweight or obese consumers obtain value from participating in an online social support group through the provision of support which can be created by fellow consumers. Further, it demonstrates the bi-directional nature of support value co-created in online social support groups whereby value can be sought but also created by consumers. This leads to two theoretical contributions of the study to the social and services marketing literature.

First, this study extends the social marketing research agenda by providing improved understanding of how value co-creation occurs in online social support groups between stigmatized consumers which may have the potential to improve their health behaviors. Whilst the confirmation of co-created value can be elusive, results demonstrate members of online support groups participate and experience the co-creation of different types of value through the exchange of social support. Specifically, the current study identified different forms of value co-created in an online social support group which were consumer dominant, which therefore contributes to recent discussions of CDL (Anker, et al., 2015) and is a second theoretical contribution of this research. It appears in the context of this research, a CDL perspective may provide a greater understanding of how value can be created by consumers. This also provides an interesting basis for future investigations whereby social marketers can create services where consumers can support their each other's behaviour change with little to no interaction with the organisation.

Practically this research shows that online social support groups can be used as a social marketing tool to facilitate the co-creation of value and support for stigmatized consumers. Furthermore, members of an online social support group may be more willing to participate in value co-creation in online social marketing or behaviour change services which allow for greater levels of anonymity. Social marketers can encourage participation in online support groups to enable consumers to interact with other stigmatized consumers with similar interests or experiences (Coulson, 2005) and share support strategies and information while still having the safety net of the program to provide information and network support. Therefore, the results of this study indicate social marketing or behaviour change services may have the hidden capacity to encourage wellbeing on a broader scale (Anderson et al., 2015). Social marketing and behaviour change service managers should therefore develop strategies to optimise their services enabling stigmatized consumers to co-create value thus

providing a non-judgmental environment with the end goal of improving their health and wellbeing.

This study has several limitations, first it only investigates one weight management program's online support group. To gain deeper insights into how stigmatized consumers engage with online support groups and co-create value we recommend other support groups be examined. Further, this study only examines data from a 12-week period however, this provides an opportunity for future research to gain a broader understanding of how stigmatized consumers give and receive social support over time to co-create value. We propose this value they co-create is likely to lead to improved wellbeing such as weight loss and more research is required to understand if this is indeed the case, thus a longer time period of data collection is recommended. This research advances theoretical understandings of stigmatized consumers and how they co-create and experience valuable support in an online social support group, providing a foundation for future research into an important and emerging domain in social marketing research at the intersection of stigmatized consumers and online health service providers.

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Social Marketing Interventions for Neglected Tropical Diseases: A Systematic Review

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Social Marketing Interventions for Neglected Tropical Diseases: A systematic review

Abstract

It is not yet known how social marketing has been used for addressing Neglected Tropical Diseases (NTDs). While there are several published reviews of social marketing, to date, no such reviews report interventions related to this category of disease. The primary objective of this systematic review is to review the evidence of the breadth of coverage and the effectiveness of social marketing interventions in influencing behavioral outcomes and behavioral factors at community, health facility and policy level, in relation to behaviors associated with NTDs. This review uses the hierarchical model of social marketing (French and Russell-Bennet 2015) to report the breadth of coverage and the outcomes of included interventions. The review is in progress and will be completed by April 2017. It is expected that it will fill a gap in the social marketing literature by addressing a disease category not yet included in systematic reviews of social marketing and highlight strengths and weaknesses of achieving behavior change and impact on the control and care of NTDs.

Introduction/Background

Neglected Tropical Diseases

Neglected Tropical Diseases, are communicable diseases that affect the lives of a billion people around the world and afflict the health of millions more (WHO, 2016). This disease category particularly affects populations living in poverty, having limited or no access to basic sanitation and living in close contact with infectious vectors and domestic animals and livestock (WHO, 2016). Amongst the vulnerable populations, women and children are disproportionately affected by these diseases (WHO, 2013, p. 21).

The World Health Organization recognizes 17 NTDs, including among others, Chagas disease, leprosy (Hansen disease), Schistosomiasis, and Human African trypanosomiasis (sleeping sickness); and also some zoonotic diseases such as Taeniasis/Cysticercosis and rabies (WHO, 2016). Five strategic interventions are recommended in order to make the control, prevention and even elimination of several NTDs feasible. These include the expansion of preventive chemotherapy, intensified case-detection and case-management, improved vector control, appropriate veterinary public health measures, and provision of safe water, sanitation and hygiene (WHO, 2010).

Cross-sector collaboration is needed as well as quality research about effective hygiene and behavior change promotion for both the control and care of NTDs (WHO, 2015). Moreover, in the case of neglected zoonotic diseases food is a relevant vehicle for zoonotic pathogens (Wielinga and Schlundt, 2013), therefore behaviors associated to food and water safety, such as not consuming raw meat or washing vegetables with clean water, are important to prevent this disease category (CDC, 2014).

Social Marketing Hierarchical Model

The Hierarchical Model of Social Marketing (French and Russell-Bennett, 2015) proposes a classification of the benchmark criteria (Andreasen, 2002; French, 2013; The National Social Marketing Centre (The NSMC), 2006) that consist of three categories with a hierarchical relationship. The first category is "Principle", defined as social value creation through the exchange of social offerings and it is supported by the second criteria, "Core social marketing concepts" that includes four elements: social behavioral influence, citizen/customer/civic society orientation focus, social offerings and relationship building. The third criteria "Social Marketing Techniques", consists of methods, models and tactics that are commonly used in social marketing interventions: integrated intervention mix, competition analysis and action, systematic planning and evaluation, insight-driven segmentation, and co-creation.

Rationale for the Study

Reviews of social marketing literature, often start with the premise "is this social marketing or not" by assessing adherence to the benchmark criteria before including a study or labeling an intervention as 'social marketing' (see: (Firestone et al., 2016; Janssen et al., 2013; Luca and Suggs, 2010; Stead et al., 2007; Wakhisi et al., 2011; Wettstein et al., 2013).

While there are several published reviews of social marketing, to date, no such review assesses social marketing interventions related to Neglected Tropical Diseases (NTDs). Evans et al (2014) published a systematic review of social marketing of water and sanitation products and reported on the four "Ps" of the marketing mix, but did not assess adherence to the benchmark criteria. Other systematic reviews of social marketing interventions focused on behaviors related to other categories of diseases such as HIV (Firestone et al., 2016; Luca and Suggs, 2010), NCDs (Gordon et al., 2006; Janssen et al., 2013; Stead et al., 2007), and reproductive health (Firestone et al., 2016; Luca and Suggs, 2010; Wakhisi et al., 2011). Most of them use the social marketing benchmark criteria to report and assess the effectiveness of social marketing interventions.

It is not yet known how social marketing has been used for addressing Neglected Tropical Diseases. Thus, the primary objective of this study is to review evidence of the breadth of coverage and the effectiveness of social marketing interventions in influencing behavioral outcomes and behavioral factors at community, health facility and policy level, in relation to behaviors associated with neglected tropical diseases – NTDS (e.g. water, sanitation and hygiene, food and water safety).

Method

As stated by Gordon, Russell-Bennett and Lefebvre (2016), "at the highest levels of rigor and persuasiveness are systematic reviews...". This systematic review is conducted following the guidelines of the PRISMA statement (Moher et al., 2009), and the International Prospective Register of Systematic Reviews (PROSPERO) where it will be submitted for publication in their platform.

Types of study to be included:

There are no restrictions on the types of study design eligible for inclusion. The studies must be peer-reviewed, published from January 1971 until December 2016, and must be written in English, Spanish and Portuguese to be eligible for inclusion. Studies published in different dates and languages will not be included. Studies will be included if they labeled the intervention as a social marketing program or used social marketing terminology in their title or abstract.

Considering that the criterion to evaluate the effectiveness of a social marketing intervention is behavioral influence, to draw evidence of the effectiveness the studies to be included must report on the evaluation.

Population:

Participants will include: (i) community leaders, (ii) community groups, (iii) patients, (iv) caregivers, and (v) policy makers, recipients of interventions implemented at community, health facility and public policy settings.

Intervention:

Interventions conducted at the following settings and reporting on their evaluation will be included: schools, places of worship, community-based organizations, public space, primary healthcare center, public policy settings.

A social marketing Intervention will be included if:

- Criteria 1 (C1): It aims at minimizing behavioral risk factors associated with NTDs.
- Criteria 2 (C2): It seeks to influence the following behaviors: Water, Sanitation and Hygiene: (i) increasing hand washing, (ii) increasing latrine use, (iii) improving faeces/excreta/stool disposal practices, (iv) using clean drinking water, (v) boiling drinking water.
Food and water hygiene and safety: (i) reducing the consumption of raw or undercooked meat, (ii) washing fruits and vegetables with clean water, (iii) preventing animals to have contact with human waste.
- Criteria 3 (C3): It is focused on building understanding around citizen beliefs, attitudes, behaviors, needs and wants; and it is also informed by research analyses to plan, deliver and review the intervention.
- Criteria 4 (C4): It offers products, ideas, understanding, services, experiences, systems and/or environments that provide value and advantage.
- Criteria 5 (C5): It provides evidence of engagement and exchange with the beneficiaries.

In addition to these five criteria, to be included an intervention must report on at least two of the following social marketing techniques:

- Criteria 6 (C6): Integrated intervention mix. Mix of interventions, marketing mix usually composed of: Product, Price, Place, Promotion, and when necessary also Partnership and Policy.
- Criteria 7 (C7): Competition analysis and action. Internal (e.g. internal psychological factors, pleasure, desire, risk taking, genetics, addiction, etc) and external (e.g. economic, social, cultural and environmental influences) competing forces to the behavior are analyzed and the intervention includes strategies to reduce their impact.
- Criteria 8 (C8): Systematic planning and evaluation. Using theory and models to construct interventions that include formative research, pretesting, situational analysis, monitoring and evaluation.
- Criteria 9 (C9): Insight-driven segmentation. Gain understanding about the key influences on the beneficiaries' behavior to identify "actionable insights", and use of demographic,

observational data, and psychological factors to identify groups that share similar views and behaviors and can be influenced in common ways.

- Criteria 10 (C10): Co-creation through social markets. Citizens, stakeholders and other civic and commercial institutions are engaged in the selection, development, testing, delivery and evaluation of interventions.

An intervention not informing about all the initial criteria (1-5) will not be included. An intervention informing about the initial criteria (1-5) but not reporting about two or more social marketing techniques (criteria 6-10) will not be included. An intervention reporting exclusively on the techniques (criteria 6-10) but not on the essential social marketing criteria (1-5), will not be included.

Interventions conducted in different settings (e.g. workplace, sports centers, nursing home, household) to those mentioned above, and not informing about their evaluation will not be included.

Comparator/control:

No comparisons will be made due to the heterogeneity of the study designs.

Outcomes

Interventions will be included if they report on their behavioral outcomes or on their behavioral outcomes and behavioral factors. Interventions that only provide evidence of their behavioral factors and not of their behavioral outcomes will be excluded.

Primary outcomes:

Behavioral outcomes are behaviors that could influence NTDs health outcomes.

Interventions will be included if they report on any or all of the following behavioral outcomes associated with any of the 17 WHO priority NTDs:

- Water, Sanitation and Hygiene: (i) increasing hand washing, (ii) increasing latrine use, (iii) improving faeces/excreta/stool disposal practices, (iv) using clean drinking water, (v) boiling drinking water.
- Food and water hygiene and safety: (i) reducing the consumption of raw or undercooked meat, (ii) washing fruits and vegetables with clean water, (iii) preventing animals to have contact with human waste.

Interventions reporting these behaviors but associated with diseases different to the 17 WHO prioritized NTDs, will not be included.

Secondary outcomes:

Behavioral factors are those that influence an individual to carry out the behavioral outcome, and include: changes in awareness, knowledge, skills and attitudes as a result of the social marketing intervention addressing the behavioral outcomes.

Information sources

A literature search will be conducted in the databases of PubMed, EbscoHost (i.e. CINAHL, PsycINFO), ProQuest (i.e. ABI/INFORM, MEDLINE, Journal of Social Marketing, PloS Medicine, PloS ONE, PloS Neglected Tropical Diseases) and in the journal Social Marketing Quarterly.

Studies that were identified during the scoping searches and that have potential to be included in the review will be incorporated to the screening process. Additionally, bibliographies of the selected studies will be manually searched to identify other relevant articles, and experts in social marketing and public health will be contacted to inquire about the existence of other published or unpublished studies about social marketing interventions about behavioral risk factors associated with Neglected Tropical Diseases (NTDs).

Search strategy

A search strategy will be developed for each database and will include terms related to or describing the population, intervention, outcomes and social marketing and NTDs key words (e.g. disease category, specific diseases).

Data management

The studies identified in the databases search will be imported to Covidence (Veritas Health Innovation, 2016), a Cochrane systematic review platform that will be used for the data and record

management.

Selection process

Two independent reviewers will be involved in the processes of screening, determining eligibility and inclusion of studies. Each reviewer will work independently using their Covidence personal accounts, and discrepancies during each phase of the process will be resolved through dialogue until a consensus has been reached.

Risk of bias in individual studies

The quality of individual studies will be assessed in the final stage of the review before data extraction and using Covidence. Due to the expected heterogeneity of included studies, the QATSDD Critical Appraisal Tool (Sirriyeh et al., 2012) will be used.

Data synthesis

Data will be synthesized qualitatively using thematic analysis.

More details of this research will be available in the published systematic review protocol.

Discussion/Conclusion

The results of this study will build the knowledge base about the use of social marketing to address behavioral factors related to Neglected Tropical Diseases (NTDs). Thus, it is hoped that it will contribute to the efforts made by international organizations (Uniting to Combat NTDs, 2013; WHO, 2015) to increase collaboration across sectors and to document lessons of research and practices related to NTDs.

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Gender Responsiveness of Social Marketing Interventions

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Gender Responsiveness of Social Marketing Interventions

Abstract

This is a conceptual paper that uses gender theory to guide the discussion about the use of gender in social marketing theory and practice, and proposes as a starting point the WHO (2011) Gender Responsive Assessment Scale (GRAS) and the Gender Assessment Tool (GAT) to plan, design, implement, monitor and evaluate gender responsive social marketing interventions initially about public health priorities, but with the potential to be used in any social issue that could be benefited by social behavioral influence. This paper will contribute to advance social marketing theory and practice.

Introduction/Background

The gender discussion began many years ago and after more than 30 years of work, in 1979 the United Nations General Assembly adopted the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979), placing gender for the first time in the global policy agenda. Over the years the focus

on women evolved and currently national and global policies prioritize gender, as it is reflected in global priorities such as the Millennium Development Goals (MDGs), where the third goal was to promote gender equality and empower women (United Nations, 2000); and the Sustainable Development Goals (SDGs), that includes a goal to achieve gender equality and empower all women and girls (SDG 5), and a goal to reduce inequality within and among countries (SDG 10) (United Nations, 2016), along with other priorities that include ending poverty (SDG 1) and ensuring healthy lives and promote well-being for all at all ages (SDG 3).

Health differences in women and men are determined by three associated factors: development, biology and gender, which “contribute to distinct health trajectories for individuals throughout the life cycle” (United Nations Statistics Division, 2015, p. 27). As defined by Keleher (2004, p. 277), gender, as a determinant of health, refers to inter-related dimensions of biological difference, psychological difference and social experience. Gender analysis in health examines how these dimensions interact to influence health behavior, outcomes and services and uncovers how gender inequality affects health and well-being (WHO, 2016).

Historically, gender work has focused on women. Although the status of women and the conditions for gender equality have advanced, when comparing women and girls with men and boys it is possible to observe that they remain in disadvantage (WHO, 2011). In public health, gender represents an important determinant. However, this still needs more visibility and attention in social marketing as expressed by Martam (2016, p. 1174), who stated “there is scant attention paid to gender issues, and the role of women in relation to social issues or social change”. This claim was previously presented by Robertson and Davidson (2013, p. 169) when they said that there is a “dearth of research examining the influence of gender-role depictions in ISMC [Integrated Social Marketing Communication] or examining attitudes towards the diverse range of gendered behaviors targeted by social marketing.”

Rationale for the study

It is not yet known to what extent social marketing interventions are gender sensitive, mainly focus on women or men, or reduce or widen gender discrimination. As Social Marketing is predicated on ethical principles that are equitable, it is important to understand to what extent they aim to and are successful at reducing health inequities across genders, incomes, and diseases.

The gender perspective should be considered intrinsic in any social marketing intervention as it aims to contribute to social change. Social Marketing fulfills its purpose as long as it responds to society’s identified and non-identified needs and it is nurtured by advances in other disciplines. The purpose of this paper is to open the discussion about the use of gender frameworks in social marketing theory and practice, and to present the WHO (2011) Gender Assessment Tool (GAT) and Gender Responsive Assessment Scale (GRAS) as potential tools to plan, design, implement, monitor and evaluate social marketing interventions that are gender responsive.

Method

This is a conceptual paper that uses gender theory guide the discussion about the use of gender in social marketing theory and practice. The World Health Organization (WHO, 2011), developed a manual for health managers that includes the WHO Gender Responsive Assessment Scale (GRAS) (see Table 1) to assess how programs and policies respond to gender-based health inequities. The GRAS consists of five levels; the first, gender equality relates to programs or policies that perpetuate gender inequality; in the second, gender-blindness, programs ignore gender norms, roles and relations. The third level is about gender sensitivity and is considered a “turning point” as it is here that policies or programs recognize the important health effects of gender norms, roles and relations for women and men. A program is gender-specific, the forth level, when it considers gender norms, roles and relations, and intentionally targets a specific group to achieve program goals. Programs or policies that are gender transformative reach the final level.

Table 1: WHO (2011) Gender Responsive Assessment Scale (GRAS) Criteria

Level	Description
Level 1: Gender-unequal	<ul style="list-style-type: none"> – Perpetuates gender inequality by reinforcing unbalanced norms, roles and relations – Privileges men over women (or vice versa) – Often leads to one sex enjoying more rights or opportunities than the other
Level 2: Gender-blind	<ul style="list-style-type: none"> – Ignores gender norms, roles and relations – Very often reinforces gender-based discrimination – Ignores differences in opportunities and resource allocation for women and men – Often constructed based on the principle of being “fair” by treating everyone the same
Level 3: Gender-sensitive	<ul style="list-style-type: none"> – Considers gender norms, roles and relations – Does not address inequality generated by unequal norms, roles or relations – Indicates gender awareness, although often no remedial action is developed
Level 4: Gender-specific	<ul style="list-style-type: none"> – Considers gender norms, roles and relations for women and men and how they affect access to and control over resources – Considers women’s and men’s specific needs – Intentionally targets and benefits a specific group of women or men to achieve certain policy or programme goals or meet certain needs – Makes it easier for women and men to fulfill duties that are ascribed to them based on their gender roles
Level 5: Gender-transformative	<ul style="list-style-type: none"> – Considers gender norms, roles and relations for women and men and that these affect access to and control over resources – Considers women’s and men’s specific needs – Addresses the causes of gender-based health inequities – Includes ways to transform harmful gender norms, roles and relations – The objective is often to promote gender equality – Includes strategies to foster progressive changes in power relationships between women and men

To operationalize the GRAS, the World Health Organization also presents in its manual the Gender Assessment Tool (GAT) (WHO, 2011, p. 49), that through a series of critical questions permits the rapid assessment of the level of gender responsiveness in policies and programs. Some adaptations are suggested to the tool (see Table 2), such as replacing “program or policy” for “intervention”, where intervention encompasses social marketing campaigns, strategies, interventions and programs. In addition, the GAT comprises questions related to the target audience as well as to the intervention team composition, as gender should be part of every component of a social marketing strategy.

Table 2: WHO (2011) Gender Assessment Tool (GAT) Questions Adapted

Original questions from WHO (2011)

1. Do the vision, goals or principles have an explicit commitment to promoting or achieving gender equality?
2. Does the intervention include sex as a selection criterion for the target population?
3. Does the intervention clearly understand the difference between sex and gender?
4. Does the target population purposely include both women and men?
5. Have women and men participated in the following stages: Design, implementation, monitoring and evaluation of the intervention?
6. Have steps been taken to ensure equal participation of women

and men?

7. Do both male and female team members have an equal role in decision-making?
8. Does the intervention consider the conditions and opportunities of women and men?
9. Does the intervention consider and include women’s practical and strategic needs?
10. Have the methods or tools been piloted with both sexes?
11. Does the intervention consider family or household dynamics including different effects and opportunities for individual members, such as the allocation of resources or decision-making power within the household?
12. Does the intervention include a range of stakeholders with gender expertise as partners, such as government affiliated bodies, national or international non-governmental organizations or community organizations?
13. Does the intervention collect and report evidence by sex?
14. Is the evidence generated by or informing the intervention based on gender analysis?
15. Does the intervention consider different health needs for women and men?
16. Does the intervention include quantitative and qualitative indicators to monitor women’s and men’s participation?
17. Does the intervention consider gender-based divisions of labor (paid versus unpaid and productive versus reproductive)?
18. Does the intervention address gender norms, roles and relations?
19. Does the intervention exclude (intentionally or not) one sex but assume that the conclusions apply to both sexes?
20. Does the intervention exclude one sex in areas that are traditionally thought of as relevant only for the other sex, such as maternal health or occupational health?
21. Does the intervention treat women and men as homogeneous groups when there are foreseeable, different outcomes for subgroups, such as low-income versus high-income women or employed versus unemployed men?
22. Do materials or publications portray men and women based on gender-based stereotypes?
23. Does the language exclude or privilege one sex?

The original tool includes Yes/No answers; we propose to include a third option “Not Available”, in the case of examining interventions that do not provide sufficient information. Moreover, we consider that these questions could be converted into a checklist to use when planning and designing interventions, to ensure that gender is embedded during all the stages of the process; the tool could also be used for rapid self-assessment. The WHO (2011) scoring guidelines indicate that if the answer is yes to the majority of questions from 1 to 18, the program could be considered gender responsive (gender sensitive, gender specific or gender transformative), but further analysis would be needed to determine the GRAS level for the intervention, as the GAT tool is intended for rapid assessment and does not provide deeper details as a more through gender analysis (WHO, 2011, p. 49). Additionally, if the answer is yes to the majority of questions from 19 to 23, the intervention may be either gender-blind or gender unequal, in other words, not gender-responsive. Furthermore, WHO (2011) does not provide more specific indications of what “majority” means, it could refer to any value, does not provide ranges of percentages, and does not refer about what would happen if an intervention has high scores in both ranges of questions, from 1 to 18 and from 19 to 23, but in spite of that, the GAT could serve as a starting point to start the discussion about how gender could be embedded in social marketing interventions.

Conclusion

This conceptual paper more than promoting the GRAS/GAT application in social marketing, intends to open the discussion about the inclusion of the gender perspective in social marketing beyond the simple disaggregation of data by sex, and considering the effect of gender norms, roles and relations of power and their relationship with behavior. Social Marketing theory and practice “require fresh

thinking and new approaches" (Kotler and Zaltman, 1971, p. 11) and this paper will contribute in advancing social marketing theory and practice.

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Number: 58

From systems to social marketing: The case of tobacco

Abstract

The paper pursues an interdisciplinary approach using the system dynamics method. Proper representation of complex systems behind wicked social problems are necessary in order to increase the chances of success of social marketing interventions. The paper presents the characteristics of complex systems and, using the example of the fight against tobacco, introduces a system dynamics model for the tobacco social ecosystem. Two simulations are reported, highlighting the role of the surgeon general's report as a catalyst force for change. The paper also discusses implications for similar challenges to social marketers, such as the upcoming fight against obesity and the sugar industry.

Key words: social marketing, system dynamics, complexity, tobacco control.

Introduction: From event-oriented to systemic approaches

Consumption of cigarettes throughout the world, although in steady decline over the last decades, is far from being a problem of the past. At least 30% of world's men population still consumes cigarettes on a daily basis, while the figures are around 10% for women (Ng et al., 2014). Worse, there seems to be a recent reversion in long-term trends as the tobacco industry started concentrating an increasing share of its marketing efforts towards growing and populous countries, such as China (Brandt, 2007). Thus, tobacco is still a major problem for our societies. Another tobacco-like problem is looming on the horizon of public policy: sugar, which is a major cause behind the growing obesity epidemics in the world. Sugar industry, to no social marketer's surprise, has been playing the same symphonies that made the fame of the tobacco industry: influence on research and agencies, promotion of misleading narratives and so on (Blackmore, 2016).

How can social marketers deal with such wicked problems (i.e., complex problems that resist simple interventions) whose effects take decades to play out? This paper presents a proposition to

answer that question. The systems that produce those problems are marked by dynamic complexity produced by their internal structure and by the interplay of multiple social actors in a continuous stream of mutual responses. There is need of proper conceptual frameworks to identify the true leverage points for change, which often require action at the upstream levels of the social fabric. System dynamics, which is a subset of complexity sciences, is a conceptual method adequate to represent complex social problems. System dynamicists look at a systems' structure, its feedback loops and the policies behind their dynamics. We illustrate the usefulness of that approach by modeling the evolution of the fight against tobacco in the USA.

Some social marketers have already identified the need of systems thinking in the discipline. A good example is Hastings and Domegan (2007), who claim that "social marketing can realign market structures with wider societal values, rather than just applying business models to the day-to-day management of social problems". Systems thinking, as defined by them, is the identification of the deep structures that govern and define how societies operate. A consequence of this upstream approach is the identification of key sets of influences (public policy decisions, corporate marketing decisions and civil society) and the search for networked partnerships of shared values. However, there are more elements social marketers should consider when thinking about systems. Those elements are neatly identified in the system dynamics literature. The first one is how decision makers and influencers construct their mental models.

Most public policy makers and relevant social actors tend to possess an event-oriented worldview (Sterman, 2000). Any undesirable effects following inadequate decisions are conveniently swept under the conceptual rug of "side effects". Figure 1 presents this traditional mental model. However, there are no side effects in the social world. There are only effects. Nobody makes decisions or follows policies in a vacuum. Systems have a natural tendency to "sabotage" interventions and push back. Social actors in adjacent or opposing roles (e.g., social marketers and the tobacco industry) respond continuously to each other's action, presenting a never-ending flow of new challenges.

Figure 1. Event-oriented worldview



Source: Adapted from Sterman (2000).

According to Sterman (2000), dynamic complexity in social systems arises, among other factors, because systems have different time scales interacting among themselves, tightly coupled actors, actions that feed back on themselves, nonlinearities and history dependence. Two additional characteristics of social systems, in special, defy the human mind and often lead to failed interventions. First, they are counterintuitive. Cause and effect are distant in time and space. The natural tendency of human beings is to look for causes near the events we seek to explain. Attention is naturally drawn to symptoms instead of actual causes. High leverage policies are often not obvious. Building more roads to alleviate car congestion, for instance, leads to even more congestion over a long but unforeseen time scale. The second additional characteristic is the policy resistance of systems. Their complexity overwhelms our ability to understand them. Managers and public policy makers employ event-oriented worldviews in their attempt to solve complex problems. The result is that many seemingly obvious solutions fail or worsen the situation.

Perturbations in social systems can also generate farfetched and unforeseen consequences, putting in motion a complex cascade of events. Trochim et al. (2006) describe the effects to this day of a crucial change in the tobacco social ecosystem, the 1964 surgeon general's report on smoking. They stress the role of a complex series of events leading to the production of the report. In turn, the report set off a cascade of events and changes downstream, making it impossible to determine the effects of that important event in isolation. According to the authors, the report was an important catalyst in creating a public policy climate that enabled the litigation and the Tobacco Settlement Agreement decades later. At the same time, the tobacco counteradvertising and legal restrictions on

smoking led the industry to adapt its strategy and even develop efforts to undermine tobacco control research. Other examples of cascade events include the smokers switching to the more lethal “light” cigarettes and the increasing focus on advertising and promotion of cigarettes in retail stores, leading, in turn, to more children being exposed to pro-tobacco messages.

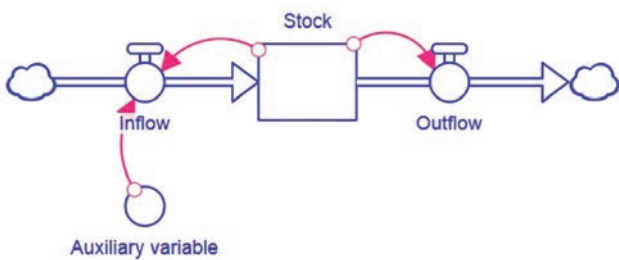
Similar processes of intertwined events occur in domains as disparate as technological (Arthur, 2013) and political change (Pierson, 2000). A web of interests and power as well as a continuous cascade of actions and reactions characterize such systems. Frequently, small changes and perturbations propagate their effects through them. In complex systems where equilibrium is unstable and tipping points (i.e., nonlinearities) exist, one can expect great rates of change in response to small perturbations.

Considering, thus, the complexity embedded in social systems where problems matter the most to modern societies (tobacco is one of a long list that comprises poverty, inequality, corruption, climate change etc.), social marketing can benefit from the adoption of this kind of interdisciplinary approach in order to increase the odds of social change.

Method

System dynamics is a simulation method pioneered by Forrester (1961) and explained in texts by Ford (2010) and Sterman (2000). It focuses on understanding the structures in a system that produces dynamically certain patterns of behaviors. The method is especially suited for modeling complex social systems. It propitiates a “10,000 meters” view of the system, portraying its structures and policies in an aggregate manner. The method represents the elements of systems using stocks, flows and auxiliary variables (figure 2). Stocks represent tangible or intangible assets (or states of the system) that accumulate over time. Flows change the stocks and auxiliary variables represent constants and policy elements embedded in the systems. Clouds represent everything that is outside the system.

Figure 2. Stock and flow representation

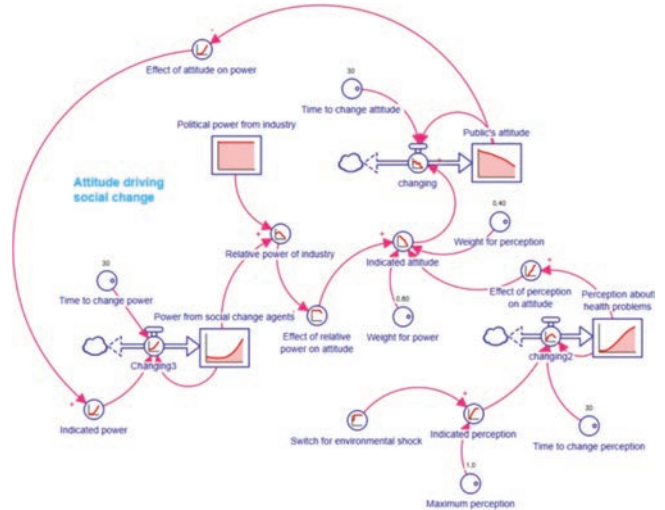


In the case of the tobacco social ecosystem, there seems to be at least four stocks driving the behavior of the system: political power from tobacco industry, power from opposing social actors, public’s attitude toward cigarettes and public’s perception about the health risks of tobacco. Figure 3 presents a stocks and flow model that represents those elements. By system dynamics standards, it is a small model – a model that represents the main structures at a higher level of abstraction. It is worth noting that there are several papers in the system dynamics literature modelling different aspects and interventions in the tobacco ecosystem (e.g., Zagonel et al, 2011). However, to our knowledge no paper has modelled explicitly the role of catalysts and the increase in power of social actors (including social marketers’ role) allowed by a change in social attitudes. The mental model behind the model comes mainly from the work of Brandt (2007) and Trochim et al. (2006). The modeling process followed the steps recommended by Ford (2010).

The model accounts for the effects of a known perturbation in the tobacco ecosystem: the surgeon general’s report of 1964, which we consider as a catalyst for change. As described above, that report produced a lasting change in regulations and marketing strategies. In the model, the variable “switch for environmental shock” is turned on in the year when the report went public. One important additional aspect is the time required to change perceptions, power and attitude. For the three types of stocks, we assumed it takes 30 years to change them. Attitudes and perceptions change slowly because of several factors: demography, denial of smokers, the time scale of cultural patterns and the sheer marketing efforts from the industry. As Brandt (2007, p. 237) remarks, “following the release of

the report in January 1964 and the resulting banner headlines throughout the country, it was widely assumed that Americans would give up tobacco (...) By 1973, tobacco consumption had not declined appreciably from 1964 levels”. The report was pivotal to change the course of events; however, the change took a long time to play out. In USA, cigarette advertising on TV was banned in 1971 (in Brazil, in 2000; in Mexico, only in 2003). Thus, we assumed political power from the industry as fixed throughout the simulation, considering their financial resources, lobby, marketing and public relations capabilities that remain as strong as in the past (Brandt, 2007). What changes is their relative power in comparison to social actors striving to fight tobacco consumption.

Figure 3. Stock and flow model of the tobacco ecosystem

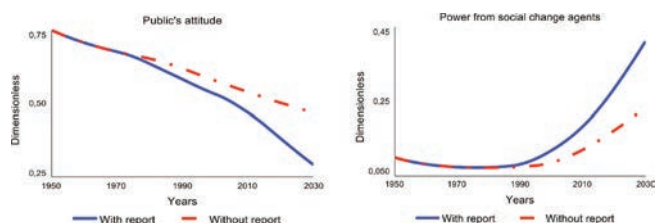


The software Stella Architect (Isee Systems, 2016) was used to create the model and run the simulations. Attitudes, perception and power are represented in the model as dimensionless variables, ranging from 0 to 1. We assume that values below 0.5 represent a predominantly negative attitude. Perceptions about the risks of tobacco to one’s health are a typical case of ambiguity in the private and social worlds. The effects have a long latency and the health benefits from quitting are often some decades in the future (Brandt, 2007). Moreover, as industry’s political power remains high, we assigned a lower weight (0.40) in changing public’s attitude to the change in perception of health risks. The relative power of industry remains the same (0.60) throughout the simulations, although it is reasonable to expect a decline in the future (the simulations cover the period between 1950 and 2030).

Results

The simulations considered a period of 80 years starting in 1950’. The model was not started in equilibrium – the change in attitude about smoking was assumed to be already in motion in the middle of the last century, when evidence of health effects had started to mount and “only” 45% of adult population in USA were active smokers (Brandt, 2007). Figure 4 displays the results of a fictitious scenario considering no “environmental shock” (i.e., no major input from the surgeon general) and the actual scenario where it effectively happened. What the model suggests is the role of catalyst for change the report had on the fight against tobacco. The report changed, over a long time span, the public’s perception about cigarettes, creating a true virtuous cycle: increase in negative perceptions led to an increasingly negative attitude, strengthening, in turn, the power of social change agents. The more power the latter had, the more resonance had social marketing campaigns and other efforts, influencing the public’s attitude against cigarettes, which would increase, again, the power of social change agents. The result of this cycle has been a continuous draining of public’s support for cigarettes².

Figure 4. Results of simulations



It is an open question whether catalysts are sufficient to generate change in all wicked systems or are what Carvalho and Mazzon (2015) call enabling factors – neither sufficient nor necessary conditions for change, but factors with a decisive role in accelerating systems' mechanisms towards new patterns of behaviors. The similarities between tobacco and sugar ecosystems are striking when it comes to the role of such catalyst factors. Blackmore (2016) quotes Dr. Robert Lustig, a famous anti-sugar activist: "And until medical science is on board, we will not see a true tipping point. People are catching on—there has been a sea change; there is a movement afoot—but we haven't reached a tipping point yet." Without the surgeon general's report, attitude about cigarettes would probably change, but not at a higher speed as illustrated in figure 4.

Conclusion

The paper contributes to social marketing literature by presenting an interdisciplinary approach to a wicked social problem. Systemic approaches in combination with social marketing are required to tackle problems like tobacco and soda consumption. The small model exemplifies how special perturbations in a social system can accelerate change, while at the same time evoking counter measures from opposing parties (tobacco industry in the case). In hindsight, it is easy to identify the role the surgeon general's report played in such ecosystem. It is an open question how to identify similar catalysts for change in other social ecosystems.

The simple structure depicted in the model could also illustrate the current the soda/sugar problem, which is still awaiting for a catalyst factor to set in motion a faster change in public's attitudes. Thus, social marketers can benefit from this approach by targeting specific actors in upstream efforts to change social ecosystems. Examples are the key leaders in the health domain.

An important limitation in any modelling process is the incompleteness of the result. As Sterman (2002) synthesizes, all models are wrong, but some are more useful. The main goal of the modelling effort is, first, to expose mental models, and second, to proportionate learning to all stakeholders through simulations and actual interventions in the system. To this end, we note that the small model presented in the paper is only a first step in a continuous iterative process. Therefore, its improvement and the development of complementary approaches to map the main elements of the tobacco ecosystem remain as suggestion for future studies.

¹ The complete set of equations and parameters can be obtained from the first author.

² Although it may seem implausible that only one major feedback loop would drive the change, it is worth noting that it is possible to detail such change through more specific loops. Zagonel et al (2011), for instance, modelled the same phenomenon through five feedback loops connecting two stocks: awareness of health consequences and smoking prevalence. The choice of the level of abstraction constrained how we defined variables and the loops. We thank one of the reviewers for pointing this possible shortcoming.

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Number: 59

Inclusive Promotion of Health and Wellbeing in vulnerable population groups (PROMEQ)

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Abstract

Current efforts to reduce the inequalities seem not to reach the most disadvantaged groups, and one reason may be the lack of focus on their needs. This research plan considers equality as the central goal of health and welfare policies, and capability as the central resource for change. Capability refers to the individual's ability to perform actions in interdependence with conditions and opportunities in order to reach goals she or he has reason to value. In the research plan, health and wellbeing inequalities are seen as the result of complex interrelationships between individual and societal factors, and as a mismatch between the individual quality of life (QoL) and the social quality of society. This research project develops novel cost-effective methods for HWP in four vulnerable population groups: young people not in education or employment; persons receiving basic unemployment benefit; refugees at early resettlement; and older multi-users of social and health care living at home. Social marketing (SM) is used to tailor interventions and to implement them in local and regional public-private-people-partnerships. The research project employs both descriptive and explanatory methods with quantitative and qualitative data obtained from registers and from the interventions. This purpose of this paper

is to describe the PROMEQ research plan and its ongoing first research stage. Moreover, the results of the focus groups, workshops and baseline studies will be available in the congress.

Introduction

There is a wealth of research evidence on health inequities and the connection with “where people sit on the social scale”(Marmot, 2010). Low education, low income, multi-morbidity, unemployment, unequal access to care and social exclusion are linked with poor health and QoL (Martelin et al., 2014), and are costly in human and monetary terms. Current efforts to reduce the inequalities seem not to reach the most disadvantaged groups, and one reason may be the lack of focus on their needs. Robinson emphasizes that “social, health and environmental behaviors are intractable because they are part of complex, “wicked” or messy social problems (Robinson, 2009). That’s why they are still with us. They are intractable for very good reasons: they are fixed firmly in place by a powerful matrix of institutional, technological and social factors. To be effective, change programs must therefore do more than just communicate persuasive messages, they must aim to modify those factors. Typical HWP strategies are not enough; communicative and persuasive approaches have to be complemented by strategic SM embedded in social policies and including interventions for social change (Hämäläinen and Michaelson, 2014). WHO (WHO, 2014) is calling the governments to take a comprehensive health and welfare policy approach to reduce inequalities in health. The Marmot’s Review (Marmot, 2010) asserts that to reduce the health inequities, universal action is needed with an intensity proportionate to the level of disadvantage. While the PROMEQ –project focuses on the development and demonstration of novel methods for groups at the disadvantaged end of the scale, its results will also inform universal application.

Based on the existing research evidence, four groups are selected for tailored interventions: (1) young people (NEET’s, i.e. not in education, not in employment, not in training); (2) persons living on basic unemployment benefit; (3) refugees with the permission to stay in Finland, and (4) older multi-users of social and health care with multiple needs. Essential objectives are to identify their special problems, needs and living conditions, their points of interest, and the factors that may motivate and help them to achieve better health and quality of life. The challenge and overarching scientific and societal objective is to demonstrate whether this systemic approach to HWP, combined with SM and targeted support actions works with the most disadvantaged groups and can improve the effectiveness of HWP and enhance QoL.

The purpose of this paper is to present the PROMEQ research plan, which objectives are: (1) contribute to a better understanding of socio-economic differences in health and wellbeing, and of the interconnections between individual and societal factors within, (2) using SM as the strategy for change to develop inclusive, empowering methods to promote equality in health and wellbeing in the groups with high risk of lowered health and QoL, (3) test these methods in real-life interventions for their effectiveness; (4) evaluate the cost-effectiveness of these interventions, (5) provide policy recommendations and models of good practice and future strategies for HWP, (6) disseminate the results nationally and internationally. The approach is comprehensive and systemic by exploring the interdependencies and synergies of promotions and interventions addressing different target groups and involving a broad spectrum of stakeholders and services. Finally, the first stage results of the focus groups, workshops and baseline studies will be available and to be presented in the congress.

The theoretical framework: QoL, health and wellbeing inequalities

A multi-dimensional QoL model (Vaarama et al., 2008; Skevington et al., 20014) - consisting of physical health, cognition, psychological and social wellbeing and sufficient living conditions - together with the theories of capability (Sen, 1993) and societal quality(v.d. Maesen and Walker, 2012) give a broad framework to the research, suggesting that the better these conditions are the better the actual possibilities of individuals for healthy lifestyles and achieving positive life transitions.

The guiding hypothesis is that a theory-based, systemic and participatory approach to HWP will support the development of new and effective practices not only for the most disadvantaged groups,

but also for their supporting social and health care services and for society as a whole. A holistic and systematic approach to the HWP raising awareness for interdependencies and synergies is developed that meets these deficits and aims at improving both the societal and people’s own resources and capabilities for positive transitions. (Figure 1).

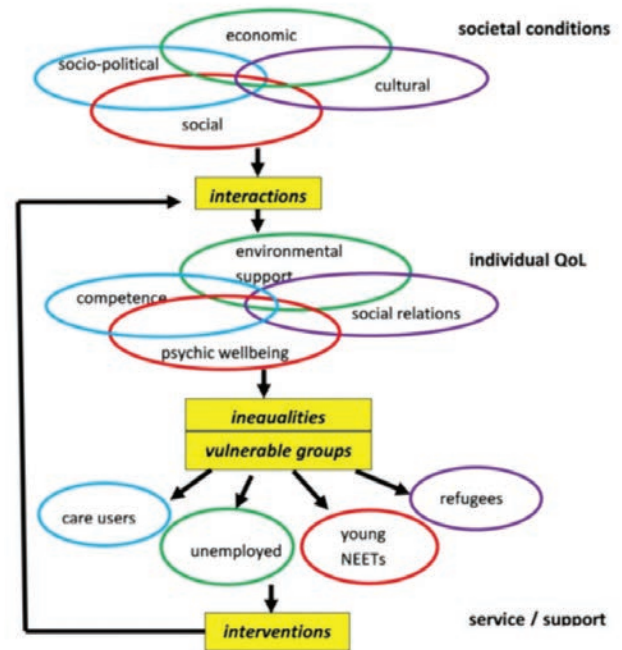


Figure 1. The four domains of Quality of Life and Social Quality – Framework for health and wellbeing inequalities applied in the PROMEQ

Social marketing (SM) for vulnerable population groups

Initially, SM has been understood narrowly as a strategy applying commercial marketing principles to communication and persuasion of social ideas, values and objectives. More recently, SM has been strategically embedded in social policies and community development with an enriched understanding of individual motivations to personal change and an engagement of a broad spectrum of stakeholders influencing social change (French and Gordon, 2015; Lefebvre, 2013; Weinreich, 2011). Especially, when dealing with disadvantaged groups the need to involve supporting social networks, public services, and initiatives by private business is acknowledged.

Digital media and the internet have been used extensively to deliver online social marketing interventions (Shalowitz, 2009; Israel et al., 1998; Lev-Wiesel, 2003). This method has been widely used internationally, specifically in health promotion (Riboli-Sasco, 2015; Stead et al., 2007), but also in addressing broader social issues (Horsfall et al., 2010; Andreasen, 1995; Boehm and Itzhaky, 2004; Kotler and Lee, 2008; Pollard, 2006), and in promotion of attitudinal and behavior change with health and social care professionals and providers (Gadomski et al., 2001). There is extensive evidence on its effectiveness (Riboli-Sasco, 2015; Stead et al., 2007), but the method has also been criticized for not being able to reach the population groups with most needs, and for the lack of sufficient attention to issues of health equity (Gurrieri et al., 2014; Langford and Panter-Brick, 2013).

Critical points - recognized and addressed in SM - are that communication alone is not very effective in changing behavior, and the segmentation of target groups by itself does not imply engagement with or interaction with them. Target groups should be engaged to ensure that the efforts are clear (understood by target groups within their own background), positive (offering improvements and incentives), relevant (relating to concrete needs, living conditions and opportunities) and valued by the target groups (co-creating values and respecting cultural identifications). (Basu and Wang, 2009) The PROMEQ-project will take these lessons further and implement SM in a participatory manner engaging the target groups, providers and NGO’s, evaluating the cost-effectiveness of interventions, and developing policy

recommendations based on the experience with a systemic approach.

Descriptive and explanatory methods

The PROMEQ research plan employs both quantitative and qualitative data obtained from registers and from the interventions. The research methods include sophisticated multivariate analyses and statistical modelling, RCT, quasi-experimental design, and focus groups interviews with qualitative content analysis. To measure the effectiveness of the interventions, two to three measurement waves (baseline, intermediate, final) are implemented using same instruments across target groups allowing comparisons: (1) a lifestyle questionnaire (nutrition, mobility, smoking, drinking, social activity) (Koskinen, 2012); (2) scales on health and wellbeing (WHO QoLBref (Skevington et al., 20014), UCLA Loneliness Scale (Russell, 1996); Resilience (Losoi et al., 2013) and Social Cohesion (Secker et al., 2009) Scales). Additionally, group-specific scales and methods are employed (e.g. focus group methods).

Co-creation and co-design of tailored interventions

The PROMEQ research plan takes place in the context of a reform of the Finnish social and health care system under principles of new public governance involving a broad scope of stakeholders and partnerships. The ultimate goal is to improve the integration of health and social care for better quality and accessibility. Both the use of information (context information) and how information is shared (process information) are vital in HWP. These are in our core interest studying the role of health and welfare information in strategies and strategies-as-practices.

Hence, on a first level of national and regional cooperation, the project will invite managers, directors, leading authorities and decision makers of HWP to groups to discuss and share their views about health and welfare information, strategies and practices. Steering, interaction and governance between various administrative levels are needed to change traditional behavior, to increase deliberation, and finally to promote future strategies and policy recommendations. For each target group there will be a cooperation of relevant services and stakeholders on the level of the municipalities and institutions organized by a social interaction and communication plan including cross-cutting exchanges between interventions. The proceedings of the project will be documented, evaluated and the results summarized in recommendations to policy makers and stakeholders. On the second level, the interventions will be prepared, designed, monitored and evaluated in a participatory process with the target groups and relevant partners (Table 1).

Table1. Co-creation, co-design, implementation and evaluation of the tailored interventions

(1) Recruitment of target groups and control groups in cooperation with relevant services			
Young people not in education or employment	Long-term unemployed	Older multi-user of care	Refugees
Young people (aged 16 to 29 years) are recruited through youth and social workers. total target group N=60 control group N=60	Long-term unemployed and older persons using multiple home care services are recruited in collaboration with the local social and health care professionals and employment services. Long-term unemployed N= 180 control group N=180 Older multi-users of care N=180 Control groups N=180		Refugees recruited through social workers, community settlement houses, asylum reception center and NGO service workers total target group N=100 control group N=100
(2) Co-creation of needs and resource profiles for intervention designs			
Young people not in education or employment	Long-term unemployed	Older multi-user of care	Refugees
focus groups interviews and workshops N=10-15	focus groups interviews and workshops N= 10-15	focus groups interviews and workshops N=10-15	focus groups interviews and workshops N=10-15
(3) Co-design of the interventions and social marketing means with the target groups outlining solutions from the point of view of the target groups and generating motivation for positive behavior transitions			
Young people not in education or employment	Long-term unemployed	Older multi-user of care	Refugees
focus groups/workshops tailored intervention N=10-15	focus groups/workshops for details of 2 pre-defined interventions N=10-15 in both target groups		focus groups/workshops for details of 4 pre-defined interventions N=10-15
(4) Co-design of tailored interventions in public-private-people-partnership in joint focus group sessions of target groups and representatives of social and health care, employment services, social workers and relevant private enterprises and NGO's of their community or region; support for the design and implementation of promotional social marketing activities by the project utilize a variety of visual aids and activity-based methods in all groups. The co-design process ends at the end December 2016.			
Young people not in education or employment	Long-term unemployed	Older multi-user of care	Refugees
Participation in one-off-workshops to share their thoughts of priorities in life, ingredients of health and wellbeing, needs concerning support, sources of inspiration as well as ideas on the potential of social media as a platform for receiving and giving support. The data collected in workshops will be used to(re-)define the interventions.	Discussion on quality of life, preferences, problems, wishes, and living habits. Discussions are taped and post-it pads classified and all data will be analyzed, resulting to the needs, resource and motivation profiles of each target group. With long-term unemployed and older multi-users of care intertwined interventions are pre-defined but co-designed in detail, i.e. the former will participate in an activation program, where they help the latter in meeting the unmet needs related to domestic errands leisure activities as defined and co-designed.		Community Forums and planning sessions for each intervention: 1) Social participation together with ANTI Contemporary Art Festival, 2) Employability together with North Carclia Society for Social Security, 3) Language acquisition together with Immigration Unit of the City of Kuopio, and 4) Access to education together with University of Eastern Finland..
(5) Implementation of Interventions			
Young people not in education or employment	Long-term unemployed	Older multi-user of care	Refugees
The implementation will execute the designed interventions from 1.1.2017 and ending by the 31.1.2018. The cooperation with partner services and stakeholders will accompany the process with regular meetings and workshops.			
(6) Evaluation			
Young people not in education or employment	Long-term unemployed	Older multi-user of care	Refugees
2 measurement waves (baseline-end) with common and target group -specific questionnaires, focus groups for intervention evaluation, multivariate statistical analyses and modelling, documentation and analysis of project communications and interactions of all partners over the course of the project			

Results

The present paper describes the research plan of the PROMEQ study in its initial stage early October 2016, when the study is entering the co-creation and co-design phase, and the instrumentation of the formative research is under refinement. The results of the preparation (steps 1-4) will be available at the end of the year 2016, and baseline results in May 2017. These results of preparation and baseline results will be presented in the Congress, and this paper will be updated in conjunction with the presentation.

Conclusion

To conclude, the hypothesis of the PROMEQ study is that the engagement in tailored interventions, where diverse SM efforts are combined with concrete social and healthcare support, will increase the capabilities of the four target groups in making positive transitions in their health and QoL. Currently the integration between HWP-activities and social and health care is not optimal; the research results are expected to provide models for more integrated and effective practices of HWP. The potential of PPP-partnership in HWP is not yet properly recognized, and our research will help in discovering these potentials and open new avenues for collaboration. Our analyses should help to fill in the knowledge on cost-effectiveness of HWP.

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Social Marketing Intervention Effects on Children's diet

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Abstract

Background. Unhealthy nutrition is an important risk factors for various health conditions. When promoting healthy diet it is particularly important to address children, as poor nutrition in childhood is a leading factor to poor nutrition in adulthood. The FAN Randomized Controlled Trial was developed to improve dietary habits of families with children aged 6-12 years old in Ticino, Switzerland. Rates of adherence to guidelines for both behaviors were low in adults and children. Research shows that the use of e-mails and SMS in addition to a website intervention can have positive effects on nutrition behavior. The aim of this study was to examine the effects of a social marketing healthy nutrition program on children's food intake and if that differed by intervention group

Method. The intervention lasted eight weeks, during which participants received tailored communication about nutrition and physical activity. Families were randomly divided into three groups: Group 1) web only, Group 2) web + e-mail reminder; and Group 3) web + SMS reminder. Children received a print letter. Children's food intake was assessed at baseline and immediate post intervention using a 7-day food diary. Daily averaged frequency of consumption of nineteen food categories was assessed.

Generalized linear and logistic mixed models with intervention and time as main effects and intervention by time interaction were used.

Results. The analyses were conducted with a sample of 605 children. Fruit intake significantly increased from baseline to follow up (+0.18 times per day); sweets consumption decreased (-0.11 times per day). Consumers of junk food decreased by 45% and consumers of sauces increased by 131%. Significant differences in the effect of the intervention were found between groups for sauce (-58% for the e-mail group) and for vegetables (+0.12 time per day for the SMS group).

Discussion and conclusion. Solely participating in the FAN social marketing program improved children's diet in terms of increasing daily intake of fruit and decreasing that of sweets and junk food. Overall, sending additional SMS or email reminders to parents does not seem to provide further benefit to a well-designed web-based intervention aiming to improve dietary intake among children aged 6-12.

Introduction

Promoting healthy diet in children is very important because unhealthy diet is a known risk factor for several non-communicable diseases and because dietary habits acquired during childhood have been shown to persist in adult life (World Health Organization, 2014).

Interventions to change children's diet are quite heterogeneous in that they have taken places in different settings (schools, homes, communities), used different study designs (cohort studies, randomized control trials), were informed by different theories (Theory of Planned Behavior, Social Cognitive Theory, etc.) and followed different approaches (social marketing, health promotion etc.). Several programs and interventions focused on improving children's diet by increasing the consumption of fruit and vegetables or by reducing the consumption of sugar sweetened beverages (Avery, Bostock, & McCullough, 2015; Ganann, et al, 2012). Interventions aiming at changing children's nutrition have often involved parents, who, as role models and providers of food, have been shown to exert a powerful influence on children's diet (Golley, Hendrie, Slater, & Corsini, 2011; Van Lippevelde et al., 2012).

Social marketing has been found to be effective in changing health related behaviors (Gracia-Marco et al., 2012) and, more specifically, in promoting a healthier nutrition (Carins and Rundle-Thiele, 2014).

Research suggests that using Information and Communication Technologies (ICTs) for nutrition and healthy weight interventions can have positive effects in prompting behavior change (Hutchesson et al., 2015; Kohl, Crutzen, & de Vies, 2013). Apart from computers, other channels can be used, such as short messaging service (SMS), e-mail, videos and forums. Often, SMS and e-mails are used as reminders and cues to action to improve engagement with the intervention, and/or to reinforce behavior change (Hutchesson et al., 2015). While there are studies showing that text messaging can be effective in promoting adherence to treatment, appointments, and improving behavior, it is not clear to what extent SMS or e-mails can serve as cues to help parents improve their child's eating behavior.

The first aim of this study was thus to examine the effect of a social marketing healthy nutrition program on children's food intake, since the children themselves received the same intervention. The second aim was to examine if this effect differed by intervention group, that is, whether the additional communication that parents received through different channels translated into more change in terms of children's nutrition.

Method

The social marketing, family-based program FAN "Famiglia, Attività fisica, Nutrizione" was designed to promote a healthy lifestyle (physical activity and nutrition behaviors) among Ticino families (Rangelov & Suggs, 2015). FAN was a project funded by the Ticino Health Department and Health Promotion Switzerland, and as such, all eligible families willing to participate were allowed to enroll. Families were invited through a brochure and information letter distributed to children in all but four elementary and all middle schools of Canton Ticino.

FAN lasted eight weeks, during which children and their parents received tailored information regarding nutrition and physical activity behaviors. All the content used was based on pre-existing material, and repackaged for the different communication channels used. Every week, all children received a tailored letter directed to them in their mailbox. The content of the letters included nutrition information and games, and it was tailored to the grade in school and gender of the children. To keep consistency, the content was similar to that delivered to their parents.

The main channel used to communicate with the parents was a website that was updated every Tuesday morning with a new theme related to nutrition. The first week was about the recommendations and definitions of a healthy diet. In the following weeks, breakfast, lunch and snacks, and dinner time were discussed. Two weeks were about modeling behavior and support in changing behavior. The final week was dedicated to the importance of water. Additionally, e-mails and SMS were sent every Tuesday at 11 AM local time as reminders. Further information on FAN and on its development using the social marketing framework can be found in Rangelov and Suggs, 2015.

To determine what type of communication parents would receive, they were randomly assigned to one of three groups (website only, website and e-mail, or website and SMS) using Excel random draw command. The final sample included 450 parents and 605 children, divided as follows: 1) web only (n=161 parents; n=215 children), 2) web + e-mail (n=144 parents, n=196 children), and 3) web + SMS

(n=145 parents; n=194 children).

Gender, age, height and weight of the children were collected at baseline (BL). Food intake data were collected at both BL and at follow up (FUP). Age and gender-specific BMI cutoffs from the U.S. Centers for Disease Control and Prevention, validated for Swiss children, were applied (Zimmermann, Gubeli, Püntener, & Molinari, 2004).

For each day of the week, children reported what they ate at three main meals (breakfast, lunch, and dinner) and three snack moments (morning, afternoon, and evening), using a 7-day food diary. A registered dietician helped creating the categories and subcategories of food consumed by children, based on the Swiss Society for Nutrition (SSN) (Swiss Society for Nutrition, 2010). Portion sizes were not recorded since children of this age range have been shown to be unreliable in accurately quantifying their food intake (Foster et al. 2009). Instead, frequencies of consumption of a particular food were calculated. Therefore, the mean daily intake was measured in terms of frequency of consumption

Nineteen food categories were included: water; fruit (including 100% fruit juice); vegetables (incl. 100% juiced); starchy foods; whole grain starchy foods; animal protein-rich foods: meat; fish; and eggs; plant proteins (legumes, tofu, quorn); dairy products; probiotic dairies; fats (including olives and unsalted nuts); sauces; fat meat and fish (including bacon, cold cuts, and fried fish); fast food; junk food; sweets; soft drinks; and puff pastry.

Intention to treat analyses were performed. The effect of the intervention was assessed using mixed models. Continuous data (i.e. daily frequency of consumption) were analyzed using linear mixed models while categorical (consumers / non-consumers) data were analyzed using logistic mixed models. In both cases, mixed models included time (before / after), intervention and time-by-intervention interactions in the fixed part and participant's identifier in the random part. Analyses were performed on cases who completed the food diary for at least four days out of seven. All analyses were conducted using Stata version 14 (Stata Corp, College Station, TX, USA).

Results

The baseline characteristics of the children included in the study by intervention group are presented in Tables 1 and 2. The mean age of children was 8.5 (SD = 1.9), 49.6% were boys and the majority was healthy weight (72%). The groups did not differ for most variables of interest, except for fish, fat meat and puff pastry consumption (see Table 2).

Table 1 Children's characteristics at baseline by intervention group.

Characteristics at BL	Total (N=605)	Web (n=215)	e-Mail (n=196)	SMS (n=194)	p-value
Boys (%)	49.6	51.2	45.4	52.1	0.357
Age mean (SD)	8.5 (1.9)	8.4 (1.9)	8.7 (1.8)	8.3 (1.8)	0.138
	Total (n=587)	Web (n=212)	e-Mail (n=184)	SMS (n=189)	
BMI (%)					0.079
Underweight	10.4	14.6	8.1	7.9	
Healthy-weight	72.1	67.9	77.2	72.0	
Overweight or obese	17.5	17.5	14.7	20.1	

One-way ANOVA for continuous variable; χ^2 -tests for categorical variables

Table 2. Frequency of consumption and percentage of consumers at baseline by intervention group

	Web (n=215)	e-Mail (n=196)	SMS (n=194)	p-value
FOC [mean (SD)]				
Water	1.428 (1.016)	1.543 (0.974)	1.510 (1.071)	0.597
Fruit	0.953 (0.624)	0.824 (0.589)	0.922 (0.651)	0.095
Vegetables	1.211 (0.431)	1.161 (0.446)	1.133 (0.472)	0.204
Starchy Foods	2.747 (0.580)	2.723 (0.550)	2.827 (0.570)	0.177
Meat	0.729 (0.280)	0.747 (0.337)	0.757 (0.313)	0.648
Fish	0.188 (0.169) ^a	0.178 (0.172)	0.147 (0.156) ^a	0.038
Eggs	0.154 (0.167)	0.149 (0.149)	0.149 (0.149)	0.940
Dairy products	1.671 (0.532)	1.754 (0.631)	1.709 (0.560)	0.362
Fats	0.821 (0.416)	0.825 (0.424)	0.884 (0.472)	0.277
Fat meat and fish	0.246 (0.210) ^a	0.301 (0.248) ^a	0.260 (0.202)	0.035
Sweets	1.675 (0.584)	1.711 (0.604)	1.716 (0.595)	0.744
Soft drinks	0.565 (0.573)	0.591 (0.632)	0.555 (0.646)	0.836
Consumers (%)				
Whole grains	16.6	15.8	10.8	0.197
Plant proteins	30.7	30.6	32.5	0.903
Probiotics	4.6	7.6	9.3	0.179
Sauce	40.5	38.3	40.7	0.860
Fast food	40.5	43.4	41.7	0.837
Junk food	36.7	37.2	41.2	0.601
Puff pastry	13.5	20.4	23.2	0.034

FOC, frequency of consumption. Statistical analysis for continuous variables by ANOVA with pairwise comparisons using Bonferroni method (or K-Wallis test plus Dunn's pairwise comparison for whole grains, fish, eggs and water). Categorical variables were analyzed using χ^2 -tests (Fisher's exact test for probiotics). Groups with a superscript differ significantly between them.

The results of the generalized linear and logistic mixed models are reported in Table 3. The intake of fruit significantly increased (+0.18), while that of sweets significantly decreased (-0.11). Logistic linear mixed models were run to estimate the effect of time, intervention and time by intervention interactions on the likelihood of being a consumer of selected food categories. The intervention significantly decreased the likelihood of consuming junk food (-45%), but increased that of consuming sauces (+131%).

Overall, the effect of the intervention did not vary according to the intervention groups, with just two exceptions: consumption of vegetables and likelihood of consuming sauces. The change in vegetables consumption was significantly different for the SMS group. In Group 1 and Group 2 the intake of vegetables decreased from BL to FUP, whereas in the SMS group the intake of vegetables increased at FUP (+0.12). The effect of the intervention on the likelihood of consuming or not sauces was weaker for the e-mail group compared to web group.

Table 3 Regression coefficients and odds ratios for overall effect of the intervention, and by intervention group.

Regression coef. (St. Err.)	Time	e-Mail	SMS	Time*e-Mail	Time*SMS
Water	0.04 (0.09)	0.10 (0.11)	0.08 (0.12)	-0.08 (0.12)	0.01 (0.12)
Fruit	0.18* (0.01)	-0.13 (0.07)	-0.03 (0.07)	-0.07 (0.09)	0.08 (0.09)
Vegetables	-0.04 (0.04)	-0.05 (0.05)	-0.08 (0.05)	-0.03 (0.06)	0.12* (0.06)
Starchy Foods	-0.05 (0.05)	0.01 (0.06)	0.12 (0.06)	-0.01 (0.07)	-0.09 (0.07)
Meat	-0.03 (0.03)	0.02 (0.04)	0.03 (0.03)	0.05 (0.05)	0.01 (0.05)
Fish	-0.02 (0.02)	-0.01 (0.02)	-0.04* (0.02)	0.00 (0.02)	0.03 (0.03)
Eggs	-0.02 (0.02)	-0.01 (0.02)	-0.01 (0.02)	0.03 (0.02)	0.00 (0.02)
Dairy products	0.04 (0.06)	0.08 (0.07)	0.04 (0.06)	-0.02 (0.07)	-0.03 (0.07)
Fats	0.08 (0.06)	0.00 (0.05)	0.06 (0.05)	-0.00 (0.08)	0.00 (0.07)
Fat meat/fish	0.03 (0.03)	0.05 (0.03)	0.01 (0.02)	-0.05 (0.05)	-0.03 (0.04)
Sweets	-0.11* (0.05)	0.04 (0.07)	0.04 (0.07)	-0.11 (0.08)	0.01 (0.08)
Soft drinks	-0.11 (0.07)	0.02 (0.07)	-0.01 (0.07)	-0.02 (0.08)	-0.04 (0.08)
Odds ratios (St. Err.)					
Whole grains	0.67 (0.26)	0.93 (0.32)	0.53 (0.20)	0.69 (0.40)	2.21 (1.26)
Plant proteins	1.09 (0.33)	0.96 (0.29)	1.12 (0.32)	0.88 (0.38)	0.88 (0.37)
Probiotics	0.80 (0.51)	1.90 (0.99)	2.39 (1.24)	0.74 (0.65)	0.64 (0.53)
Sauce	2.31** (0.62)	0.89 (0.22)	1.01 (0.25)	0.42* (0.16)	0.74 (0.28)
Fast food	1.24 (0.29)	1.13 (0.23)	1.05 (0.21)	0.57 (0.20)	0.75 (0.25)
Junk food	0.55* (0.16)	1.03 (0.25)	1.26 (0.31)	1.10 (0.44)	0.63 (0.26)
Puff pastry	1.03 (0.39)	1.86 (0.63)	2.32** (0.78)	0.72 (0.37)	0.91 (0.46)

Discussion and Conclusion

Solely by participating in FAN, children increased their intake of fruit, and decreased their consumption of sweets. The likelihood of consuming junk food also decreased after the intervention. On the other hand, however, the likelihood of sauce consumption increased after the intervention.

Children's dislike of vegetables might explain the difficulty in increasing their daily intake. This is consistent with a previous study showing that it is easier to increase the intake of fruit in children rather than increasing the intake of vegetables (Appleton et al., 2016).

Although we cannot rule out the possibility that the effects we found are partly due to other causes (for instance, children may have

become more aware of their food choices and changed them simply because they had to complete a diary), the short time span between baseline and follow up should have minimized the threats to internal validity (Dimitrov and Rumrill, 2003).

Between group analyses show that those children whose parents received a reminder via e-mail decreased their sauce intake, and that those children whose parents received a reminder via SMS improved their vegetables consumption compared to the other groups.

However, overall, the intervention equally affected all children participating in FAN. A well-designed web-intervention for parents complemented with tailored letters sent directly to children seems to be enough to improve children's eating behavior. Adding SMS or e-mail reminders does not seem to provide further benefit.

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How We Should Communicate with Immigrants: Lessons from the Seguro Popular Healthcare Project

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How We Should Communicate with Immigrants: Lessons from the Seguro Popular Healthcare Project

Abstract

This project started with officials from the Seguro Popular Program in Mexico visiting Robert Smith (the PI on this project) at the City University of New York, and asking if Mexican immigrants in New York would use this government health program in Mexico. Do migrants even know about the program? And could we approach Mexican immigrants in New York to promote use of this program by their families in Mexico? These officials suspected that migrant families were not using Seguro Popular as much as they could, and that returning migrants were not using it at all. This study aligns with the Mexican government’s increasing efforts to develop what Smith (2008) calls “diasporic bureaucracies,” to cultivate links with its migrants abroad and promote the positive integration of Mexicans in the US, especially in the last 25 years. Seeking to address the research questions, we conducted surveys, interviews, and focus groups with immigrants all over the five boroughs of New York City. Halfway through our project, we were led to take on social marketing theories and tools that led us to two main findings about the program’s framing and language. Grounded in our empirical research, a social marketing approach also led us to suggest three policy recommendations about immigration, healthcare, and transnational communication. Given the growth in the immigrant population in the US and other traditional receiving countries in recent decades, it is imperative for governments and institutions to know how to effectively communicate with immigrants and their children to promote positive integration into their new societies.

Introduction

Our project does three kinds of analytical work. First, it describes the Seguro Popular (hereafter, SP) Research Project in New York, presenting new research on what immigrants knew about the program, and what factors affected immigrants or their families’ knowledge or use of this health policy. It offers a demographic and social profile of Mexicans in New York as critical information for Mexico to use in approaching its diaspora. Second, we analyze the SP Project as an intervention by a diasporic bureaucracy—an institution created by a home country to work with its immigrants abroad—specifically to learn more about how to engage with immigrants abroad and promote programs improving the wellbeing of immigrant families in Mexico and the US.

Third, our research offers insights into how governments and institutions should communicate with immigrants and their families, including what language and methods should be used in their approaches. Our project examines how immigrants and community leaders understood SP to develop approaches and language about the program that could ensure better comprehension and use. The first part of our project was primarily survey based and sought to document the level of knowledge about SP among immigrants in

New York City (and the factors that affect that level of knowledge), but we later focused on how immigrants and their leaders understood and misunderstood SP to propose strategies SP and similar programs could use to promote more positive, accurate narratives about such healthcare initiatives in immigrant communities (we will focus this paper exclusively on this second part of our project).

Our project’s two main findings have relevance to the social marketing of such programs. Immigrants in our research rejected the form of address the Mexican government has been using for two decades in its Programa Paisano (a program designed, among other things, to thwart the extortion of returning migrants by Mexican customs officials), Programa 3 x 1 (a community development matching fund programme with collective remittances), Grupos Beta (the humanitarian corps/agency to assist and protect migrants in Mexico), and other federal programs. The term “¡Migrante!” (Migrant!) was rejected by immigrants in our study since, for them, it emphasized the difference in power between immigrants who were forced to come to the US and Consular personnel who came voluntarily.

At the same time, our informants rejected Seguro Popular when it was discussed as a “social right”—the framing Seguro Popular uses, based in the Mexican Constitution—but embraced it when reframed as “a paid insurance policy,” based on exchange (e.g. getting a service because you pay for it). Defining this program as a social right highlighted what many immigrants thought was the Mexican government’s broken social contract that had forced them to leave their country to begin with, whereas the payment for service framing made them contractually equal parties. This implies that to better assess what communication and social marketing strategies governments, institutions, and organizations seeking to convince immigrants to take action, e.g. enrolling in healthcare programs, should do specific kinds of applied research to understand how their audience will interpret language choices.

Our conversations with immigrants about their own or their families’ possible or actual use of SP opened up questions about how diasporic and other bureaucracies and organizations should talk to immigrants, and how they might get them to act in their own interest. This is a significant problem facing governments and private institutions seeking to mobilize immigrants and others toward some goal. The key is that these institutions must talk to immigrants in ways that will get them to listen, and to hear intended rather than unintended messages. This issue plays out in many public policy issues, from how to get people to wear seat belts, to increasing sign-ups for the Affordable Care Act (Blanding, 2014).

Method

Given the brevity of this conference paper, we do not have space to go into all the details from the first part of our project (the surveys) or the extensive methodological work we carried out to construct this overall project (we’d be happy to cover any further details or questions at the conference session), but the main point is that we found a great deal of misinformation and misunderstanding existed among immigrants in New York City about the Seguro Popular program. This finding led us to conduct follow-up interviews and focus groups with immigrants and community leaders at the Mexican consulate and in community centers all across New York City, on what kind of social marketing might best lead Mexicans in New York to both comprehend and sign up for the program. We will focus on this part of the project in the following sections. Figure 1.1 shows the locations of the focus groups.



Figure 1.1: Our Focus Groups

Findings

A key finding emerged from both the consular and community-based focus groups, and was essentially the same across all the groups. All of the participants wanted more actionable texts: information that would allow them to take concrete steps, make decisions, and offer advice to relatives in Mexico. They wanted to know where to go to get such information, how to contact people who had this information, and what exactly to tell their relatives in Mexico to do. Moreover, all the groups thought that SP was a good program, and their appreciation of it rose when it was presented as a policy rather than as a social right, which, in their minds, implied unlimited coverage for all health conditions and highlighted the broken Mexican social contract that forced them to migrate in the first place. As discussed, another key finding was that terms used throughout the SP literature to describe their very identities, such as “migrant,” should be replaced with terms they actually take pride in, such as “Mexicans of New York.” While the project initially was framed using the literature on policy narratives, we switched to a social marketing approach because it offered a broader set of theoretical and empirical tools for applied research—it moved us beyond efforts at dissemination or “awareness” in favor of behavioral, actionable outcomes, and the structural and community changes that support them.

We interviewed and sought to help 39 cases where an immigrant family member had an issue with SP or wanted more information. We took notes and followed up with the families after consulting with Consular or SP personnel. We also interviewed Mexican community leaders about their knowledge of SP and their use of the program, especially organizations helping with access to healthcare. Most immigrants knew nothing about SP. Many didn’t believe it actually existed, or refused to believe it would cover them. Many who had migrated years before said things like, as one man related, “They don’t worry about us in Mexico. That’s why we are here! All that corruption. They only want our money.” This story was repeated many times. People told us: Those in power in Mexico keep everything for themselves, and this corruption made it necessary for us to migrate to the US. Why would we believe they are doing something for us now? What is the political gain in it for the government? The people who had concrete experience with SP often reported complications. We recorded 39 cases where respondents had ill relatives in Mexico. Most greatly appreciated being able to refer their loved one to SP. In six of our 39 cases where someone was ill, the immigrant’s family perceived a problem with SP. In one case, an immigrant’s father was ill and had been unable to locate a SP clinic in or near his hometown. In another case, an immigrant’s wife was sick and could not figure out how to register for SP, and related that the employees of SP did not help her do so.

The response from Seguro Popular staff with whom we discussed these cases was telling. One official said these cases were proof of why we needed a Seguro Popular initiative in the US: if immigrants in the US had wider knowledge of Seguro Popular, they could help their relatives in Mexico by, for instance, helping them find a nearby Seguro Popular clinic. The official asked us to imagine how the family member who reported that Seguro Popular administrators would not help him register could learn from the immigrant family

member that he has a right to do so and could find out where to go, or at least enlist the local municipal authorities to help. While this positive scenario could come about, it would require the immigrant family to act as empowered consumers of healthcare, and for the SP and other authorities to respond to them as such.

We also conducted anonymous interviews with community leaders to discuss their impressions of SP, of how immigrants understood it, and how it might best be disseminated. Interviews with three community leaders were particularly important in constructing our social marketing approach to Seguro Popular. The first was critical of SP and the Mexican government, and knew the health care system in New York well. The second was open to SP’s benefits, but worried about misunderstandings and cracks in the program. The third focused on the vulnerabilities immigrants faced in their health care decisions when they had to return to Mexico due to illness. All of these leaders focused their discussion on cases that occupied the lion’s share of their attention with SP: sick immigrants who were considering returning to Mexico or staying in the US for treatment.

Immigrant leaders’ interpretations were strongly affected by the unequal knowledge they had of SP and the New York health care system. Community leaders also pointed out that New York City offered good access to care, even for the poor and undocumented. Immigrant leaders have become knowledgeable about this medical safety net, which they believe is: 1) much more comprehensive than what is offered by SP; 2) involves less risk of coverage (that is, it is easy to know for certain if one is covered or not, in contradistinction to the ambiguity surrounding what Seguro Popular covers, especially for migrants); and has 3) few hidden financial liabilities, which they perceived to be a problem with Seguro Popular. In this context, one leader told us: If we don’t know what is covered (in SP), and we don’t believe that it will be covered—and we know that healthcare will be covered nearly free here—why would we send them back to Mexico? Leaders worried that immigrants who were seriously sick would learn about SP on their own and decide to return to Mexico on a mistaken belief that everything is covered.

We encountered the dilemma of seeking treatment here or returning to use SP in our research for a variety of conditions diagnosed in the US, including: a child’s autism, a man with leukemia, and several people with diabetes, heart disease, or related chronic illnesses. In each case, the families were trying to establish the extent to which their own or their loved ones conditions would be covered and how fully, but were not able to do so before returning to Mexico. Yet a primary positive effect could have been for SP to act as a subsidy for the family, enabling individuals or families to spend money on something else that they might have spent on, for example, medicine, which is now covered by SP. Overall, we concluded from all of our academic research findings that some policy recommendations to the Mexican healthcare program were needed to help immigrants more easily parse out many of these important distinctions.

Discussion and Conclusion

Building from our focus group research in the second part of the Seguro Popular project and relevant social marketing literature, we conclude with three interconnected strategies aimed at promoting a more accurate understanding of SP and similar initiatives. At its core, we highlight what more motivating, actionable strategies could be implemented with transnational Mexican communities and in comparable campaigns. These lessons can be applied, in modified form, to other areas of diasporic bureaucratic activity. They could also promote the positive integration of immigrants into US institutions, to be used in interactions between immigrants and US schools, local governments and related institutions:

1. Promote a Clearer Idea of What Seguro Popular Is, So That It Is Not Rejected for What It Is Not. The single most important issue arising from our research involved the conflicting perceptions and experiences our research participants shared about SP. El Seguro Popular presented itself as a “social right” for all Mexicans. This echoed other government pronouncements; for example, a 2011 report on human rights in Mexico proclaiming the government’s goal to “make real the right to health.” In the context of SP, many immigrants and their leaders understood the term “social right” as promising that everyone was always covered under all conditions, for free. But in practice SP offered an insurance policy to everyone

who was not otherwise covered, an insurance policy with incomplete coverage. The irony was that SP had accomplished something very important—to offer, or at least make a reasonable attempt at offering, minimum health insurance coverage to Mexico's entire population—but the perception still existed that the government was not to be trusted. This led to an unnecessary dynamic in which SP was sometimes rejected for not being a panacea, instead of embraced as a much better medical insurance program than existed before. It was rejected for not being all encompassing rather than embraced for offering everyone something. This problem can be alleviated by providing unequivocal clarity across communications about what exactly is “free” or simply “low cost.” A lot of SP messaging conflated these two concepts in ways that our focus groups described as off-putting and lacking in credibility. If audiences find such messaging unclear or confusing, they cannot be expected to enlist in SP or healthcare programs like it.

2. Use Local Organizations in Immigrant Life to Orchestrate Face and Place Based Strategies. Following the last strategy, our research suggested that intensive face-to-face counseling sessions could be organized through the organizations of immigrant life, rather than extended only through costly mainstream media campaigns. This often underutilized campaign strategy was also highlighted during many of the focus groups. Contrary to what many people believe, compared to advertising and other forms of influence, “persuasion is most effective in face-to-face interaction. . . . influence attempts tend to operate less conspicuously in interpersonal encounters” (Gass & Seiter, 2011: 9). These longstanding findings have been well known in the communication field, but are frequently bypassed in practice. Overall, if the choice exists, influence efforts “should definitely choose the interpersonal arena” (Wenbun & Wilmot, 1973: 28; Glynn et. al, 2004).

Building from our last recommendation, it is critical to meet people where they are already at and work with trustworthy and likeable “face-to-face” messengers or “midstream” community leaders such as church leaders and organizers of sports events to provide opportunities to sign up for SP (Gass & Seiter, 2011; Lee & Kotler, 2016). As much as possible, social norms marketing—which applies perceptions that similar “others” are engaging in targeted behaviors (Lee & Kotler, 2011)—should be used to leverage group pressures toward SP and similar programs. Focus group participants provided a perfect example, mentioning that flyers should be distributed around schools, mostly likely via or to mothers. Audiences should come into contact with such individuals on a frequent basis, and social norms supporting behaviors should be made as visible as possible (Lee & Kotler, 2011), planning for social “diffusion” as a part of SP’s promotional design (Rogers, 2003).

3. To Reduce Barriers to Programs like SP, Move from Cost/Benefit Promotions to Identity-Based Social Marketing. SP and similar programs could use more specific identity appeals in their communications. To create more persuasive, influential messages, we needed to find out what kind of identities our participants would take pride in, because naming target audiences is not a neutral process. Indeed, over five decades of research supports this strategy (Cialdini, 2008; Freedman & Fraser, 1966). James March (1994) calls this a move from a “consequences” to an “identity” model of influence: rather than motivating audiences by outlining costs/benefits, we need to appeal to who they think they are first. Our focus group results identified audiences for SP’s communication efforts. These included “Mexicans in New York,” and “personas de escasos recursos” (referring in part to them and to family members in Mexico), and “Mexicans in New York who may return to Mexico for vacation or to visit family.”

Whether it is immigration, healthcare, education, or one of the many other pressing issues in public affairs, our biggest goal should be, as Dervin and Foreman-Wernet (2013) put it, “to build and sustain genuinely and iteratively responsive communication systems” (160). As such, we advocate that governments, local bureaucracies, and other organizations should aim higher, crafting stronger engagements with immigrant communities within the U.S. and across the world.

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In the Moment: Using Innovative Mobile Technology to Uncover Breastfeeding Insights

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Abstract

In 1995, the U.S. Department of Agriculture’s (USDA) Food and Nutrition Service (FNS) launched a well-known social marketing campaign, *Loving Support Makes Breastfeeding Work*, to help increase breastfeeding (and breastfeeding supports) among women who participate in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). In 2013, FNS engaged Hager Sharp to develop a research and social marketing strategy to update the campaign to better serve their clients. To understand the unique barriers and supports for low-income women who want to breastfeed, we have embarked on an innovative approach to formative research: mobile ethnography. Ethnographic research is used to understand audiences in their natural settings and capture the immediacy of emotions and behaviors without recall and other biases associated with focus groups and interviews. We are using a mobile platform for ethnography that, given the high smartphone use rate among WIC mothers, offers convenience and efficiency over in-person ethnography without sacrificing effectiveness.

Forty participants ranging from 37 weeks pregnant through 8 weeks postpartum shared feedback in the form of text, photos, audio, and video through a smartphone app. Women participated for six weeks, covering critical moments (birth in the hospital, the first few days at home, and returning to work). WIC moms are prompted through the app with questions like “(Audio response) Describe how the baby’s father or other family members have impacted your decisions about feeding your baby,” “Take a selfie photo wherever you are and ‘tag’ it with how you’re feeling right at this moment,” and “(Text response) How do you feel about seeing a mother breastfeeding in public?” Additionally, WIC moms participated in pre- and post-journal phone

calls to probe for clarification and additional insights.

This research methodology provided insight into sensitive or private moments that are often forgotten over time or too uncomfortable to share with researchers through other methodologies. Results from this phase of the research are being used to inform the development of a new social marketing plan for the WIC breastfeeding campaign.

Introduction/Background

Loving Support Makes Breastfeeding Work is a social marketing campaign launched in 1997 to help low-income women served by the U.S. Department of Agriculture's (USDA) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) breastfeed. Currently, formative research is being conducted by Hager Sharp through a cooperative agreement to determine how to update the campaign. This submission focuses on one component of the formative research: mobile ethnography.

Ethnographic research is used to understand audiences in their natural settings and capture the immediacy of emotions and behaviors without recall and other biases associated with focus groups and interviews. For this project, Hager Sharp used a mobile, smartphone-based platform for ethnography that enabled us to better understand the barriers and supports WIC moms face when breastfeeding—in the moments they were happening. This innovative approach offers convenience and efficiency over in-person ethnography without sacrificing effectiveness.

While the behavioral objective for the Loving Support campaign is to increase breastfeeding rates among WIC moms, the objective of the mobile ethnography was to yield information and insights that address the following research questions:

- What barriers, motivations, and opportunities do WIC moms face during breastfeeding decision-making points?
- What knowledge, self-efficacy, and perceptions exist for WIC mothers at critical breastfeeding decision-making points?
- What supports do they need and are likely to use?
- What are the knowledge gaps or pain points that negatively affect WIC mothers' experiences with exclusive breastfeeding?
- What challenges emerge among WIC moms that cause them to reduce or stop breastfeeding their babies?
- What exclusive breastfeeding benefits resonate most strongly with WIC moms?
- Who or what are the influencers affecting WIC mothers' interest in, commitment to, or success with exclusively breastfeeding their babies?
- How well is WIC supporting mothers' efforts to exclusively breastfeed?

Method

The mobile ethnography was conducted with WIC participants who:

- Were pregnant or had just given birth.
- Expected/planned to exclusively breastfeed (either first time breastfeeding, or, if not successful at exclusively breastfeeding a previous child, were planning to try again)
- Lived in a mix of urban, suburban, and rural residences in seven states (Illinois, Texas, New Jersey, Pennsylvania, Arizona, Georgia, Kansas)
- Mostly first-time mothers
- Smartphone owners and savvy users, successful in installing and using the app
- A mix of White, African American, and Hispanic

Mobile ethnography participants were segmented into four cohorts based on their due date and/or baby's birth date, as shown in the following figure.



Participants engaged in the study in three ways: a 15-minute pre-phone call to brief them on the project and conduct a short interview, the mobile journal itself, and a 30-minute follow-up interview. Once the participants began the mobile journal, we engaged with them over the course of six weeks by releasing a series of questions through a mobile journal app every four to five days during each respondent's period of participation. Examples of questions/prompts include:

- Describe how the baby's father or other family members have impacted your decisions about feeding your baby.
- Take a selfie photo wherever you are and 'tag' it with how you're feeling right at this moment.
- How do you feel about seeing a mother breastfeeding in public?

Each response, whether it was in the form of text, photo, audio, or video, was recorded directly into the app. Moms were able to answer the questions and share their experiences whenever they wanted—in between feedings and naps, or as the emotions occurred—which provided convenience and allowed the responses to be more robust.

Results

The innovative mobile ethnography approach 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. By sharing their mobile journal responses in text, audio, photo, and video, participants enrolled in the research helped to co-create stories, messages, and product enhancements for WIC's breastfeeding promotion and support efforts. The rich data shared through the mobile app and in pre- and post-journal phone interviews effectively becomes the content upon which offerings are created and refined.

The mobile ethnography provided key insights into WIC moms' breastfeeding experiences—from the knowledge gaps that exist to the emotional challenges they face to the role the larger environment plays. These insights will allow the updated WIC breastfeeding campaign to be audience-centric and address the unique needs, desires, and barriers of the target population.

The results and insights are also informing recommendations for behavioral objectives, audience segmentation, messages, and intervention strategies around the 4Ps—all with the goal of increasing breastfeeding rates among WIC participants. For example, possible segments for the WIC breastfeeding campaign audience include breastfeeding intention (exclusive breastfeeding, formula only, or combination feeding) or levels of knowledge, attitudes, beliefs, and motivations.

Discussion/Conclusion

Findings from this research will be used to further inform the development of the overall social marketing plan for the program as a whole and include evaluation recommendations that will allow for process and outcome assessments.

Ultimately, the campaign will offer an improved breastfeeding experience with a series of products to facilitate behavior change. There have been drastic changes in technology since the campaign launched nearly 20 years ago, so the products will likely include digital tools and resources. In fact, we heard from the mobile ethnography participants that the research platform used to gather

data could be evolved into an effective product offering.

The findings from the innovative research approach discussed in this paper are informing the development of a social marketing plan that is built on the 4 Ps framework. We are using the insights generated as the foundation to provide recommendations for:

- Product—enhancing WIC products already being offered and suggesting new ones;
- Price—overcoming the psychological, physical, and emotional barriers to breastfeeding;
- Place—improving access and convenience for breastfeeding; and
- Promotion—increasing awareness of the updated WIC breastfeeding campaign, its messages, and any changes made to the products, including more incentives and greater accessibility.

Number: 90

Connecting the Inner Motivation of Target Audiences to Desired Behaviors to Increase Child Survival in Mozambique

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UNICEF Mozambique

Abstract

In Mozambique, the under-five mortality rate is one of the highest in the world. Chronic malnutrition affects 43% of children, 410 new HIV infections occur every day and an exceedingly high number of girls become child brides every year. As a response, UNICEF developed its Facts for Life Communication Initiative to provide vital messages and information to caregivers and communities to help them protect the lives of children. This paper describes the multi-media Ouro Negro, conceived as the Facts for Life flagship program, that makes life-saving messages accessible to a low-literate target audience. The central program component is a national Entertainment-Education radio drama. Other components include local radio call-in shows, PSAs, community theater productions, story discussion guides and digital media. While evaluation end-line survey results are not yet available, both coverage measurement and feedback received from government, civil society, radio producers and stakeholders are very encouraging. Results from the first seasons of the radio drama indicate that approximately 1.5 million people (15 years+) were reached. According to quantitative rapid assessment surveys, the audience satisfaction is as high as 90%, 43% of respondents reported discussing Ouro Negro with others and 70% reported behavior change.

A recent case study revealed key success factors and valuable lessons learned with regards to the radio drama production process. One notable success factor is the innovative story-based writing format (in contrast to individual episodes). This provides the perfect environment for adding on multi-media program components, expanding partnerships and achieving sustainability. Another key success factor is the strong creative leadership responsible for producing a high-quality product that attracts listeners and stakeholders involvement. Lessons learned include changes in the review process to optimize partner engagement, improved rehearsal techniques with actors to enhance the recording quality, and implementation of pilot phases to launch new program components.

Introduction/Background

Each year, around 6 million children die from preventable and treatable illnesses before reaching their fifth birthdays (UNICEF, 2016). In Mozambique, the under-five mortality rate is one of the

highest in the world (97/1000). Chronic malnutrition affects 43% of children, 410 new HIV infections occur every day and Mozambique has one of the world's highest child marriage rates. More than two-thirds of enrolled children leave school without basic literacy skills and only 1% of girls make it to college (USAID Mozambique, 2016). Half of the people in Mozambique have no access to safe water and about 80% have no access to adequate sanitation facilities (UNICEF, 2016). As a response, UNICEF developed its Facts for Life (FFL) Communication Initiative --a behavior change communication strategy in the form of a handbook that provides vital messages and information for caregivers and communities to use in protecting the lives of children.

After an initial pilot phase, in 2014, UNICEF partnered with Radio Mozambique, PCI Media Impact, the World Food Program and UNFPA to produce and broadcast the multi-media program Ouro Negro (Black Gold) in Mozambique. Ouro Negro is conceived as the FFL flagship communication program that makes these life-saving messages accessible to a low-literate target audience. The central program component is an Entertainment-Education (EE) radio drama, but also includes radio call-in shows, PSAs, community theater productions, story discussion guides and digital media. The program aims to improve maternal and child health and social well-being through increased dialogue, a positive shift in knowledge, attitudes, and behaviors, and through linking inner motivations of the target audiences with desired behaviors. Target audiences primarily include women aged 15-35, as well as their partners and adolescents.

Method

The vision that forms the basis of Ouro Negro is that debate equals change. Lasting change is only attained when an individual has the inner motivation to change and is convinced the change will bring something positive in their lives. This process is stimulated by debate--both internal debate and interpersonal communication within families, communities and nationwide. Cross-cutting life skills are promoted through all stories and include knowledge of a relevant theme, having an opinion about that knowledge, having courage and self-esteem, knowing how to communicate opinions, negotiate positions, and create strategic alliances and partnerships, whether it is in business, politics or in the family.

In the EE drama or community theatre production, the story is the message. The audience sees the main characters being confronted with a 'live threatening event'. This is a call for action that challenges them to make a decision and take action. The character then takes off on a journey that often leads him or her further away from the solution, until s/he finally addresses her/his personal flaw(s), overcomes barriers and takes action to change her/his life for the better. Role models in Ouro Negro are not interesting because of who they are or what they have achieved. They are interesting because of how they learned to achieve and the mistakes they have made in the learning process on their way to their goal. The major strength of the drama is that the audience creates an emotional link with the characters up to the point that they perceive them as family members or close friends that share their experiences and life lessons. The experiences, struggles, errors and victories that we, and our nearest friends, go through, shape us most in life. In telling the characters' stories, the E-E dramas share their life lessons with the audience, and fuel further exchanges on negative and positive life experiences among the audience.

Each story of Ouro Negro follows a rigorous design and production process. For the pilot, scriptwriters and actors were carefully selected in order to ensure a high-quality production. A 50-page production book serves as a resource for all involved production members and artists, providing an overview of the overall program vision and purpose, program features, the target audience, and the history of the world of Ouro Negro. The first 4 episodes underwent substantive pilot testing, resulting in a number of creative choices on language, character and style. Contrary to many other drama productions, Ouro Negro does not write episodes, but stories. The stories are then sliced-up and packaged into episodes for radio broadcast. Each episode contains 4 story lines. This unique set-up allows Ouro Negro to single out stories, and the addressed theme within a story, and use them in other formats, such as community theatre.

UNICEF contracted Drexel University to conduct in-depth impact and process evaluation activities, with local research support provided by GfK Intercampus. Both the project design and evaluation framework are theoretically grounded in the social ecological model, which considers the complex interplay of personal and environmental factors that determine individual and collective behaviors. The impact evaluation was conceptualized in two arms by Drexel. First, a quantitative baseline arm utilized survey research with a population-based, longitudinal, pre-post panel design. Drexel interviewed 2,250 women ages 15-34 in five provinces prior to the launch. Because some respondents will not listen to the program regularly (or at all), these respondents will become non-listeners at end-line (Summer 2016). The impact evaluation also looks into the affect Ouro Negro has in triggering conversation and interpersonal communication. A qualitative arm, meanwhile, engaged approximately 300 men and women over 15 years old in focus group discussions using three participatory activities: Complete the Story, Social Network Mapping, and Social Norms Table. In addition, four process evaluation activities were implemented throughout the broadcast, including structured key informant interviews with staff, content analysis of selected episodes, output data analysis, and quantitative rapid assessment surveys of listenership.

A recent case study documents the design and production of the long-running, multi-media EE program. Interviews with 17 stakeholders aimed to obtain a deeper understanding of the specific methodologies and practices applied that have been used to produce and promote Ouro Negro, and represent a departure from other classical EE production processes.

Results

The formative research was key to designing the intervention. The pretesting of selected episodes confirmed that the audience understood the main content of the stories and identified with the stories narrated – a critical requirement for behavior change. The process evaluation revealed the extent to which audiences had listened to the program and whether or not the program was available to audiences. Results from the first two seasons (episodes 1 - 84) indicate that between 25 – 30% of the program's potential radio audience has been exposed to the drama, approximately 1.5 million people (15 years +). According to the quantitative rapid assessment surveys, 50% of listeners follow regularly, with the great majority tuning into new episodes every week. The audience satisfaction is very high, at 90%. This includes 56% of the respondents who reported strongly liking the drama.

The post-broadcast influence of Ouro Negro is high. Some 43% of respondents reported discussing Ouro Negro with other people. Of these respondents, 67% stated that they had discussed the topics covered in Ouro Negro. This finding is important for two reasons. First, it suggests that when respondents talked about Ouro Negro, they discussed the carefully designed messages of the program. Second, it demonstrates that Ouro Negro has been successful in fulfilling the objective of an EE program by stimulating the interpersonal communication that is crucial to promoting behavior changes. Of those that reported discussing Ouro Negro topics, respondents were most likely to discuss topics with their friends and neighbors (56%), followed by a spouse (30%), a sibling (12%), or "other" (12%), which included family, journalists or colleagues. About 29% listened alone to the program, but a considerable amount listened with family members (67%), most of them spouses, and about 12% tuned in with friends and neighbors. The most common message discussed with others was "keeping children in school," followed by "eating healthy foods," "vaccinating children," "hand washing with soap," "preventing HIV/AIDS," and "registering the birth of children."

Many of the listeners participating in the rapid audience survey (70%) reported behavior change and 44% knew at least one other person who had changed a behavior,--most often this was a friend or neighbor. It is important to note that this is self-reported data and, therefore, will need to be verified in coordination with the external evaluation results now under review by Drexel University researchers. Results show that most self-behavior change was in the "Other" category (26%), which included items such as general change in behavior, disease prevention and following Ouro Negro messages. Other reported self-behavior change included HIV/AIDS (19%), Child Protection (17%), Nutrition (16%), WASH (14%),

Improved Social Behavior (13%), Child Health (7%), and others.

While the impact evaluation will not be completed until Winter 2016, the results from the baseline indicate that radio appears to be a common source of health information with over 80.9% of respondents reporting having heard health information on the radio. A disaggregation of the data, however, reveals that nutrition and child protection related behaviors are the least discussed in Mozambican radio debates.

The recent case study identified key success factors and lessons learned producing Ouro Negro. A big success factor of Ouro Negro is that it is set up to function as a permanent communication vehicle with a large established audience and distribution network that allows different partners and topics to come on board and sustain the movement. Another crucial part of the expansion and sustainability strategy of the program is based on the fact that the creative team is developing stories rather than episodes. Stories can be sold separately to new partners and streamed to segments of the target audience independent of the other existing stories. The repackaging of developed stories into a different format leverages developed communication products to their fullest potential, increases program exposure among target audiences and uses scarce resources wisely. Complex health and social issues can be tackled from different perspectives over the course of multiple stories. Partnerships were listed as important success factors, such as the partnership with Radio Mozambique which allows for 168 annual broadcasts free of charge on national and local radio stations. Creative leadership throughout the processes is another success factor. Team members receive professional guidance, feel respected and responsible for creating high-quality products. The goal is to create a program that does not have to be pushed onto audiences and stakeholders, but that is so entertaining and well produced that people want to consume it or be part of it.

One lesson learned is the need to alter the meeting structure for the technical review with partners. Meetings were initially held in chronological order based on the script development and included all partners. This practice was very time-consuming for partners and technical experts and led to review fatigue. The improved meeting structure organizes meetings around story topics and invites only relevant partners and technical experts for review. Another lesson learned is the value of establishing a group reading with all actors at the studio before a story is recorded. Actors are involved in multiple engagements beyond Ouro Negro and might not always come fully prepared to the studio. The reading allows actors to understand the full story, not only the scenes in which they appear, and to find their way back to their characters. The producer mentioned how this rehearsal enhances the quality of the drama by getting the actors in the right mindset and evoking emotions beforehand. In general, most learnings arise from piloting new Ouro Negro program components. For instance, following the implementation of the community theater pilot last year, it became clear that local theater groups sought to tweak the content to according to their artistic styles and interests. This is the price the program has to pay in order to create a movement on the ground that is feasible and sustainable. The Creative Director expressed that a peer-monitoring system is currently being developed and tested to guide use of the program contents in the best possible way.

Discussion/Conclusion

While it is too early to claim success, both coverage measurement and feedback received from government, civil society, radio producers and stakeholders are very encouraging. Results from the impact evaluation will determine whether Ouro Negro has been successful in reaching the target audience, reinforcing interpersonal communication, and achieving behavior and social change contributing to reduce stunting. The case study revealed answers to the questions how Ouro Negro is designed and produced, how it applies Entertainment-Education and how it became the longest running and popular broadcast intervention in Mozambique. Key findings circle around the inner motivation of the target audiences and enabling them to make choices that allow them to live their lives as they wish. Key success factors include the innovative writing format that creates stories rather than an episode, which provides the perfect environment for adding on multi-media program components, expanding partnerships and sustaining the program. Another key success factor is the strong creative leadership that

allows the program to develop a high-quality product that people want to listen to and stakeholders want to be part of. Lessons learned include changes in the review process to optimize partner engagement, improved rehearsal techniques with actors to improve the recording quality, and implementing pilot phases to launch new program components.

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Conference Track

Academic Submission - Advancing theory, research and technology in social marketing

Title

The Uses of Neuroscience Methodologies to Improve Communications Effectiveness

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Abstract

There is no single methodology that researchers employ to gauge advertising effectiveness. Yet marketers want assurance that their creative assets are as effective as possible before spending large amounts of money to put them in market. In the commercial marketing sector, some advertisers and market researchers have embraced neuroscience-based methodologies—registered by EEG readings, eye-tracking, and other bio-metrics—over traditional research methods such as focus groups or copy testing, where participants are presented with stimuli (advertisements) and asked to articulate their reactions. In contrast, in neuroscience studies, participants are exposed to various advertisements and while neurological readings are simultaneously recorded and subsequently interpreted. The argument is that these data are ‘unfiltered’ by a participant’s need to consciously articulate a response, and are therefore more accurate predictor of their response to the advertisement in ‘real life’ outside a lab setting. The counterargument is that neuro data and other bio-metric data in relation to advertising are not fully understood, and therefore especially prone to over-interpretation or misinterpretation.

The Ad Council, in partnership with Nielsen Neuro, embarked to see whether neuro-testing of public service ads holds promise. Over the course of 24 studies on 24 different campaigns, we found that it does. In particular, it is especially helpful in identifying executional tactics and ‘red flags’ that we may not have identified through traditional testing methods. Oftentimes, we were able to make edits to improve the effectiveness of particular spots, or apply learnings to the next round of campaign production. This paper presents conclusions of tactical, executional ‘tips’ gleaned from a meta-analysis of these 24 studies.

Introduction/Background

Over the past decade, investigating subconscious emotional responses to advertising has become increasingly popular (for overviews see Genco et al, 2013; Ramsay, 2014). Traditional methods of evaluating communications materials, such as focus groups and copy tests, have sometimes been criticized because the very act of asking participants for their reactions to stimuli—particularly their emotional response—may in fact be leading to misleading results. Not only do people struggle to verbalize their emotional response, but participants may also feel pressure, due to the research setting, to exaggerate either their positive or their negative emotional response.

Insights from psychology and neuropsychology have supported the idea that physiological measures may better predict decision making than conscious articulations. Individuals are seldom aware of their instinctive response to stimuli – i.e., what is referred to as ‘system 1 processing’ in behavioural economics.

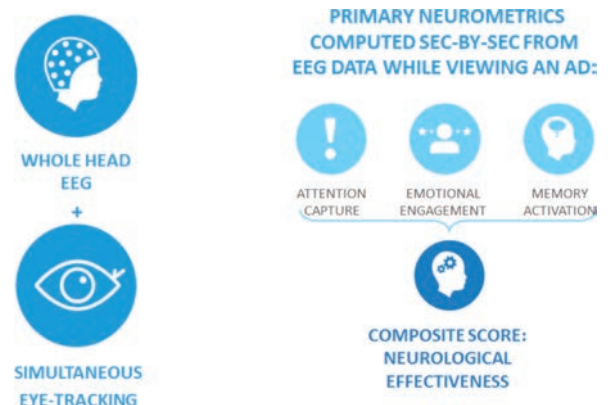
In 2013, Nielsen’s consumer neuroscience unit, “Nielsen Neuro,” partnered with the Ad Council to employ new neuroscience methodologies to better assess the effectiveness of social marketing messages. Nielsen Neuro is one of the major leaders in using neuroscience research to improve communications, using a number of physiological measurements to evaluate audience responses to stimuli.

Through a meta-analysis of 24 campaign-related studies with Nielsen, the Ad Council identified a list of creative best practices, with conclusions further supported by existing research in the fields of neuroscience and advertising research. These findings are mostly restricted to executional recommendations for visual/video advertising but several have larger strategic implications for social marketers.

Method

Public service ads on a variety of subjects were included in the tests, ranging in topic from the promotion of recycling to safe firearm storage to the awareness of autism. Each message was exposed to respective members of its target audience, as defined in Appendix A, with an average of 24 participants exposed per ad.

EEG: Laboratory research was conducted using electroencephalographic (EEG) measurements while participants were exposed to stimuli – Ad Council advertising. By placing sensors on the scalp, the EEG can measure at a distance the mass effect of rhythmic current flows between the principal cells or neurons in the brain. In the context of advertising research, past research has established that the EEG can be used to track attentiveness and subjective interest (Smith & Gevins, 2004; Reeves & Thorson, 1986), emotional engagement or “approach motivation” (Ohme et al, 2010; Silberstein & Nield, 2012), and the memorability (e.g. Rossiter & Silberstein, 2001; Rothschild et al, 1990; Smith & Gevins, 2004. Vecchiato et al, 2010) of commercial messages. In the current series of studies such measures were used to evaluate the degree of cognitive interest (attention), affective response (emotional engagement) and degree of memory system activation (memorability) occurring continuously throughout a spot across a target sample of participants. Collectively, these three measures provided a score for overall neurological effectiveness.



Eye Tracking: Eye-tracking provided supplementary insights into the specific stimulus causing each physiological response.

Combined Measures: Measures such as action intent, comprehension and novelty were calculated using a combination of the primary metrics list above. Resonance shift was also used to measure the strength of association caused by exposure to stimuli. This metric was derived from the change in amplitude of “event-related potential” (ERP) brainwave elicited by a campaign-specific keyword.

Results

A meta-analysis of these results indicate that certain executional tactics improve or harm memory, attention and message reception.

A. Tactics to Enhance Cognitive Interest (Attention)

1. Present Novel and Unexpected Imagery

Motion that is biological or that implies animacy automatically captures attention. Motion that is physically predictable (rolling downhill) and nonthreatening (objects headed away from the viewer) do so much less. The Recycling spot “Journey” provided a clear example to support this. When inanimate objects begin behaving on screen as if they were animated, viewers become attentive to the material.

2. For contentious issues, don’t attempt persuasive copy too early

Controversial messages suffer when there are early indicators of persuasive intent in the ad. When testing the Safe Firearms Storage ad, “Do It For Us,” Nielsen Neuro found that the opening line “If you store your guns properly” became an early warning of a persuasive attempt which may have undermined the appeal for gun owners. An immediate drop in effectiveness scores among gun owners (compared to viewers who did not own guns) suggested that the early warning of persuasive content resulted in counter-arguing, a defensive response to persuasive material that contradicts existing beliefs.

3. Use social cues to guide attention

People will automatically orient their attention according to the direction of another person’s gaze. When a person, or even an animal, on screen is looking in a particular direction, the audience’s gaze will follow that cue.

4. Address the Audience Directly

There’s a higher chance of neurological effectiveness (a measure comprised of attention, emotion and memory scores) when characters in the ad “broke the fourth wall” and addressed the audience directly. Developing a relationship between the viewer and the story helps to directly involve the audience.

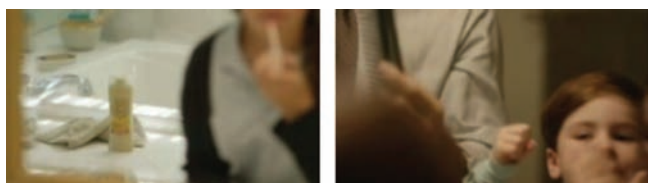
B. Affective Response (Emotional Engagement)

1. Depict physical bonding

Generally, people are emotionally engaged by depictions of interpersonal touch; the mirror neuron system, which fires when someone observes another’s actions as if those actions were their own, consequently engendering an emotional response. In particular, women tend to be more strongly engaged by these types of images. Still, physical touch should be treated both carefully and mindfully – in certain instances it can be misconstrued as being inappropriate rather than affectionate.

2. Images of Faces Are Effective, But Only If Unobstructed

Emotional engagement is accelerated by full-on facial display and direct eye contact and communication between actor and viewer (Senju et al, 2009). Hence, visual occlusions tend to disrupt viewer engagement. Visual occlusions occur when the view of the main character is obstructed and faces are occluded or cut out from the frame. These instances can occur if a person walks in front of the camera, a character’s face is not in full focus, or if a head or face is cropped out of the shot.



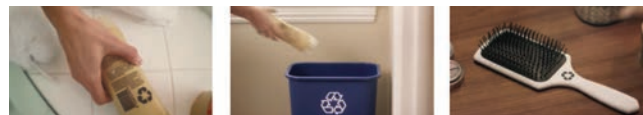
Interestingly, neurological research tells us that the emotional processing regions of the brain are activated equally strongly by both human and dog faces (Blonder et al, 2004) and that people are

good at detecting a dog’s emotional state from its facial expression (Bloom & Friedman, 2013). The Shelter Pet Adoption spots received particularly high marks for emotional engagement during key moments of exposure to the animal’s face.

C. Memory System Activation (Memorability)

1. Show Branding/Logos Early and Repeatedly

As demonstrated by tests of spots from the Recycling campaign, early and frequent showcasing of the “Recycle” logo created multiple encoding opportunities for the audience, helping commit the ad message to memory (Hintzman et al, 1971). Likewise, for the Goodwill campaign, the two spots that yielded strong brand resonance, good competitive differentiation, and emotional engagement exhibited extensive branding of the Goodwill logo early and often.



2. When Possible, Frame Messages in a Positive Light

For the most part, ads in these tests performed better if both the language and the imagery took a positive approach. In the Childhood Hunger campaign, the opening includes a voice over stating, “Every day, a network of good Samaritans gather excess food in food banks....” Other spots immediately stated the prevalence of the problem. Nielsen Neuro researchers concluded that the positive framing of “Good Samaritans” may have contributed to higher levels of message comprehension. When a campaign includes a charitable appeal, this kind of positive frame can improve an audience’s reception of the ad message.

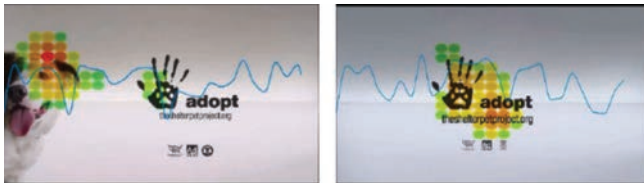
However, some campaigns target harmful behaviors and habits related to safety and health, and it becomes harder to develop strategy that frames the issue in a positive light. One strategy is to induce guilt or anxiety but then quickly offer an action to remedy it. Results from one of the Nielsen Neuro reports on the Emergency Preparedness ad, “Medley” uncovered this tactical solution to this issue. After the children in the ad address the viewer as “Mom” or “Dad,” and create a sense of guilt for the viewer, the voice over then offers a means of redemption: “Talk to your family about what you would do in case of an emergency.” The EEG results for this ad showed that effectiveness scores increased when the ad provided a means for the parent to remedy their guilt.

3. Avoid Incomplete or Ambiguous Storylines

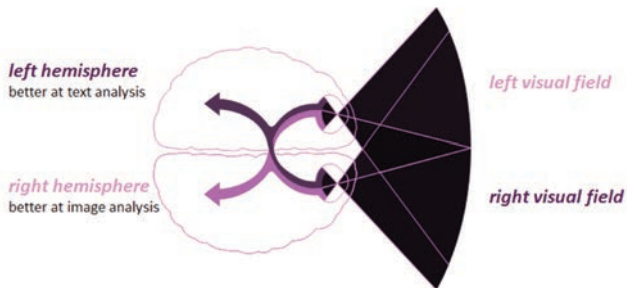
Consistent with past research on narrative comprehension (Borrow & Morrow, 1990), storylines with too many actors or too many scenes are often difficult for the audience to follow. With too many characters to piece together in a short amount of time, the viewer is distracted, and misses the ad message.

4. Optimize Perceptual Processing

Advances in sensory neuroscience indicate that perceptual processing is most powerful when the inputs from different modalities are complementary and synergistic rather than competing – this is known as “dual processing.” Consequently, the use of multisensory integration, or voiceover that is synchronized with text on the screen, is a highly encouraged executional tactic. Messages that ‘compete’ with imagery, either as voiceovers or as secondary text on the screen, act as distractors, drawing the cognitive resources necessary for conceptual analysis away from the primary messaging. For example, due to directionally competing stimuli, the spots redirected gaze away from the website URL. Addressing this issue in Pet Adoption spots by reducing the competition between actors and the text shown on screen dramatically improved effectiveness and attention to key messaging during those specific scenes when the ad was retested. In addition to avoiding directionally competing stimuli, end frames are most effective when they are simple.



Lastly, it is important to optimize ease of processing by putting images or faces on the left side of the page or screen, and text on the right, since the right hemisphere of the brain is better at image analysis, and the left hemisphere is better at textual analysis.



D. Gender Considerations

1. Women Tend to Be More Receptive to Charitable Appeals

Charitable appeals are perhaps more compelling for female audiences. For example, both Childhood Hunger ads, which call for the viewer to support Feeding America to end childhood hunger, received higher effectiveness scores for female audiences than male audiences.

2. Avoid a Negative Tone or Sarcasm when Targeting Women

Women use less sarcasm and perceive sarcastic comments more negatively than do men, and are also more likely to remember stressful experiences than men.

3. Avoid Showing Inept Males to Male Audiences

Portraying inept males does not resonate with male audiences. Both Adoption from Foster Care spots display a parent struggling to execute a particular activity with his or her adopted children. The key difference is that "Treehouse" features an inept father while "Roller Skates" features an inept mother. At least from an unconscious perspective, male viewers empathized less with the ineffectual male protagonist.

Agencies should anticipate that spots focused on family interactions will be more positively received by female viewers.

Conclusions & Implications

The implications of these case studies are primarily relevant to the advertising industry, explicitly outlining a list of executional tactics that can either improve or harm how an ad is received. It is in the best interest of creative agencies to apply these findings to their own spots and to continue to elevate the level of creative that is being introduced to the market. In instances in which an ad was retested after edits were made to improve copy according to initial Nielsen Neuro findings confirmed that these methods effectively evaluate persuasive media.

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The future of Indonesian tobacco children: Implications for tobacco control policy

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The future of Indonesian tobacco children: Implications for tobacco control policy

Abstract

This study aims to explore the Indonesian public perception towards the ethics of tobacco marketing activities, and their implications on

young people. 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 marketing activities are directly and indirectly targeted at young people, and therefore considered to be unethical. Children and teenagers are perceived to be vulnerable groups who do not understand the persuasiveness of marketing methods and messages adopted by cigarette companies. The study is concluded by offering a number of tobacco control measures that prioritise the well-being of these vulnerable groups.

Introduction/Background

In 2010, the world discovered the "smoking baby" who at only two years old was smoking almost 40 cigarettes per day. Following significant media attention, he was rehabilitated by a local charity and, at only four years old, became the youngest person in the world to receive tobacco addiction treatment. Six years after the worldwide media attention, not much has changed. Recently the media broadcasted a six-year-old Indonesian boy who was praised by his parents for scaling back his nicotine intake from two packs to five cigarettes a day (Chan 2015). It is not uncommon to witness underage Indonesian children smoking cigarettes. Over the past 20 years, the number of children aged 10 to 14 who smoke has doubled and it has at least tripled for five- to nine-year-old children (Dhumieres 2015).

The fact that the tobacco industry has been one of the principal sources of tax revenue for the Indonesian government has given it considerable political and financial influence (Amin 2015). There are limited restrictions placed on cigarette advertising and marketing activities in Indonesia, but even those that exist are frequently disregarded by the cigarette firms. Indonesia is the only country in South East Asia that has not ratified the Framework Convention on Tobacco Control (FCTC). The leniency of Indonesia's tobacco marketing regulations results in local and global tobacco companies aggressively expanding their operations (Tjandra et al. 2014). The aggressiveness of tobacco marketing in Indonesia is in line with the increase of smoking prevalence amongst adolescents in Indonesia (Prabandari & Dewi 2016). A recent study finds that 20 per cent of Indonesian adolescents aged 13-15 years old are currently smoking (World Health Organisation 2015). Furthermore, even though Indonesian boys between 13 and 17 years old can repeat the health warnings on cigarette packs, they believe smoking one to two packs per day is not harmful to health (Barber et al. 2008). This study aims to explore the Indonesian public's perceptions towards the ethics of tobacco marketing, and its direct and indirect implications on young people. Whilst past studies have investigated Indonesian adolescents' smoking perception and behaviour (e.g. Ng et al. 2007), and perception towards cigarette advertising (e.g. Prabandari & Dewi 2016), only a limited number of studies have explored the Indonesian public's perception towards the ethics of tobacco marketing (Tjandra et al. 2015) and its implications for young people.

Cigarette companies tend to design marketing strategies which are aimed at young potential smokers, targeting them not only with pro-tobacco messages, but also with sales promotional features (e.g. King & Siegel 1999). This is one of the main reasons that WHO promotes bans on advertising, promotion and sponsorship as a mechanism to address global tobacco epidemic (Henriksen 2012). Adults may choose to smoke, even if they are well-informed about the danger of cigarettes. They may smoke for various reasons such as to alleviate anxiety, combat weight gain or simply for pleasure. In most contexts, adults are permitted to make harmful choices that are primarily self-regarding (Thomas & Gostin 2013). Nevertheless, the ethical implications of marketing campaigns directed at well-informed customers are different to those targeted at children, who may not be able to make well-informed decisions, and who may not understand the persuasive content of advertising (Nicholls & Cullen 2004). Furthermore, teenagers' intention to smoke can be linked to their receptivity of advertising (e.g. Hanewinkel et al. 2010). In particular, Ng et al. (2007) find that Indonesian boys perceived smoking as a way to reaffirm their identity as a man.

In order to reduce children's exposure to tobacco marketing campaigns, the Indonesian government advises that cigarette advertising on TV and radio is restricted to the hours between 21:30 and 05:00 local time. Despite this restriction, children are still

exposed to aggressive cigarette advertisements on street billboards, or during sporting events and music concerts. Children may also see cigarette logos during the sporting events and music concerts, which are not broadcasted on television. According to a survey conducted by Indonesian National Commission on Children Protection (Komnas Anak), 93 per cent of Indonesian children are exposed to cigarette advertisements on television, and 50 per cent regularly see cigarette advertisement on outdoor billboards and banners (Sagita 2013). In recent years, Indonesian cigarette companies also incorporated sponsorship and CSR into their marketing strategies to help augment any negative image associated with the harmful nature of their products. A recent study suggests that CSR activities can encourage Indonesian customers' positive perceptions towards cigarette companies (Arli et al. 2015). Nevertheless, it must be questioned whether cigarette companies are sincere in their motives to better society (Yoon et al. 2006). This study explores how the Indonesian public perceive the ethics of tobacco marketing activities, and their implications on children and teenagers.

Method

The paper adopted qualitative methods through focus group and individual interviews with smokers and non-smokers. The study was conducted in eight urban villages (kelurahan) in the city of Yogyakarta, Indonesia: Brontokusuman, Catur Tunggal, Gedongkiwo, Gondokusuman, Keparakan, Muja Muju Patangpuluhan, Rejowinangun and Wirobrajan. Community leaders of these districts were contacted in advance to help the researchers recruiting potential participants. In general, participants have different backgrounds in terms of age, gender, occupations, and interest. There were 41 participants for the focus group consisting of five groups of 7 and one group of 6. Focus group participants were categorised into three groups of smokers and three groups of non-smokers. The number of interview participants was 30, which consisted of 15 smokers and 15 non-smokers. The qualitative data was analysed thematically by using Nvivo's software.

Results

The findings presented in this paper are a part of a larger study which evaluates Indonesian public perception towards the ethics of tobacco marketing. One of the main themes identified in the study is the participants' concern over cigarette advertising, promotion and sponsorship that directly and indirectly target children. A participant summarised, "if children are addicted to cigarettes, how are they going to be like in 10-year time? 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."

The majority of the focus group and interview participants explain their concern over cigarette advertising that cover up the danger 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". They believe that the cover up and hidden messages in cigarette advertising could mislead children and teenagers, because they do not understand the persuasive content of cigarette advertising, as suggested by a participant "Children and teenagers, they do not think about things many times. They will think about it only once and how cigarettes make them happy".

A number of smokers and non-smokers in the study comment on how cigarette advertising does not influence their intention to smoke. However, they believe that cigarette advertising is targeted at young people by promoting attractive themes, such as enthusiasm, persistence, bravery, identity, enjoyment, masculinity, success, politics, humour, youth, adventure, bravery, adventure and family. Participants gave various examples on how these themes also impose desired identities that could attract young people who are in the journey of finding their identity. For instance, "When seeing a cigarette advertisement with a slogan "Men have a taste" [i.e. Gudang Garam International brand], teenagers in their puberty, may think that I want to look like an adult or more masculine, so I will smoke that cigarette".

The majority of participants also comment about the broadcasting time and channel of advertisements. Despite cigarette TV advertisement being permitted to broadcast only between 9.30 pm and 5am (bedtime for children), there is concern about advertising through non-electronic modes. The participants suggest that "The

restriction does not have much impact. Children who don't watch TV during the restriction hours already know about cigarettes because of the environment around them. In their environment, cigarette advertisements are very common. They go to shops, they can easily see cigarette advertisements being displayed". Furthermore, restriction of cigarette TV advertising might become less effective because children are also being exposed to tobacco marketing in a subtle way of sport, music and education sponsorship as well as corporate social responsibility (CSR). The participants argue that these activities are intended to build their positive image among young people. Furthermore, they have witnessed infringements where cigarette companies giving out free packs of cigarettes to adults, as well as children, "This is not good for the young people. Because usually for music concerts, they buy tickets and get cigarettes in return. It's the same like selling cigarettes but using the concert as a cover up. There is a hidden agenda".

The majority of participants comment that sponsorship and CSR activities directly and indirectly target young people. Whilst some participants recognise the financial power of cigarette companies, others argue that cigarette companies' contribution through sponsorship and CSR activities is only a small percentage of their profit, and therefore "[they] are not pro-society. They only care about making profits and don't bring benefits to the society at all".

Perhaps much more subtly, participants suspect that sales of a single unit of cigarette is another channel that particularly reaches children. Selling single cigarettes has been favourable in making buying cigarette more affordable, and in enabling sellers to fulfil market demands of people with lower income. But the concern is that this approach opens an opportunity for children and teenagers to buy cigarettes quite easily. Despite the formal regulation prohibiting selling of cigarettes to anyone under 18 years old, participants have witnessed many infringements, deliberately or not, of this regulation.

"I think it will be difficult to do anything about selling individual cigarettes. If there are regulations, it could be different. If the sellers do not want to sell cigarettes to children, it's their right. But to stop them, I think it depends on their own awareness. Parents should stop the children [buying cigarettes]. I don't think we can blame the sellers because it's the parents who ask their children to buy cigarettes. The children can say to people that his dad told him to buy cigarettes. So, I don't think the regulations can stop that."

Discussion and implications for tobacco control policy

Utilising qualitative research methods, this paper has aimed to explore how the Indonesian public perceive the ethicality of tobacco marketing, more specifically, in relation to young people. The findings will become the foundation of proposing a number of stricter tobacco control policy that prioritises young people's well-being. The findings indicate that the majority of participants believe that cigarette advertising, promotion and sponsorship are targeted at young people, and therefore considered to be unethical. Confirming past studies (McNeal, 1992; Nicholls & Cullen, 2004), almost all participants considered children and teenagers to be more vulnerable and less able to understand the persuasive content of cigarette advertising. The participants comment that the exposure of Indonesian teenagers and children to cigarettes and its 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. Therefore, it is in the best interest of the Indonesian children and the future generation, that the Indonesian government must adopt stricter measures on the country's tobacco control policy.

The Indonesian tobacco control regulations imply that cigarette advertisements should not show cigarettes, cigarette packs, or the use of cigarettes or tobacco. However, 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.

Past studies found that cigarette companies utilise sponsorships and CSR to enhance their image and maintain legitimacy with the public, press, and regulators who are increasingly against their business practice (e.g. Jura & Velasco 2011). The current regulations allow tobacco companies to engage in sponsorship and CSR activities if the contribution does not use tobacco product trademarks and logos, and does not intend to promote a tobacco product. In addition to witnessing a number of infringement of these activities, the participants comment that sponsorships as well as CSR activities are intended to project the companies' positive image amongst young people. Whilst participants suggest that this is not ideal and unethical, they recognise to have the financial capabilities of funding these activities. Nevertheless, some participants further argue that the money spent on the sponsorship and CSR activities is only a small proportion of their overall profit. Therefore, the activities do not benefit the society at large. By funding sponsorship and CSR activities targeted at young people, the intention of cigarette companies is not about contributing to the society, instead, it is about marketing their harmful products to vulnerable groups. Therefore, in line with the WHO's suggestion, the Indonesian government must consider banning cigarette companies' sponsorship and CSR activities which become a marketing vehicle to build its popularity and positive image among young people.

Even though there is a restriction for selling cigarettes to children and teenagers under the age of 18, participants have witnessed retailers selling cigarettes to children and teenagers. The participants believe that without the awareness and willingness of the parents, retailers, and members of the public, the regulations alone are not adequate to stop young people's access to cigarettes. Indonesian children with low budgets can easily access individual cigarettes as cheap as USD 0.05, or purchase a pack for USD 1. Therefore, the Indonesian regulators must increase cigarette prices so that it will be too expensive for children and teenagers to buy. By increasing the cigarette tax, the Indonesian government may be able to use the funds to help tobacco growers and workers to switch to a different industry. It is evident that the Indonesian government needs to increase the public's awareness about the danger of smoking to children and implement stricter regulations and penalties for selling cigarettes to children and teenagers. Enforcing severe penalties to retailers who sell cigarettes to children and teenagers can reduce the underage cigarette sales. Whilst the pictorial warning on cigarette packaging could educate young people about the detrimental effects of smoking, plain cigarette packaging and banning the display of cigarettes in shops will make it harder for cigarette companies to use its packaging as a marketing tool.

This study presents that the Indonesian public perceive tobacco marketing activities that directly and indirectly target young people are unethical. This finding provides support for the Indonesian government to adopt stronger tobacco control measures. Long-term cigarette smokers started when they were children and the detrimental health, social and economic impacts of smoking have been recorded in the literature. We propose that in order to change Indonesian young people's perception and attitudes towards smoking and to protect their future, the government must remove their access to cigarettes as well as its marketing activities. This study provides insight on the Indonesian public's perception towards the ethics of tobacco marketing activities in relation to young people. Future research should explore Indonesian young people's perception towards the ethics of tobacco marketing and its effects on smoking perception and behaviour.

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Segmentation and Targeting in Social Services: Addressing and Preventing the Issue of Cream-off Effect with Interest/Power/ Level of Social Exclusion Matrix (IPSE Matrix)

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Abstract

This paper discusses the importance of segmentation and targeting when developing social marketing interventions in social services organisations. Research shows that social services are prone to target easily accessible groups or so called low hanging fruits, which leads to the risk of skimming (also cream off, creaming), where hard-to-reach target groups are systematically overlooked. To overcome the issue of creaming this paper proposes practical tool addressing sensitive issues of target group interest, level of their social power and level of social exclusion they might face and that can influence their motivation and ability for behavioural change (IPSE Matrix).

Introduction/Background

Social marketing is rather unknown to social work theory and practice, even though they share common goals. Core mandates of social work profession include promoting social change, social development, social cohesion, and the empowerment and liberation of people (see Global definition of social work IFSW, 2014). They are based on the premise that social work interventions are continuously challenging social conditions, either on the level of individual, family, group or society, that contribute to stigmatization, discrimination, marginalization, social exclusion, and oppression of people, especially vulnerable individuals and groups. These mandates are predominantly (but not exclusively) followed in social services, where majority of social work endeavours are taking place. Public or private social services organisations should therefore co-create with service users and other relevant stakeholders' plethora of interventions targeting not only individuals, but also meso-, ekso-, macro- and chronosystems.

The hallmark of modern social work practice is the process of identifying, adapting, and implementing what we understand to be the best available strategy for change, that can range from person-centred approaches enhancing social and life skills of individuals to cope with life challenges, to complex programs comprising from individual, group, community-based to policy-level initiatives. Social work interventions should involve a variety of agents and actions that may yield outcomes at the individual, family, group, organizational, community, or other systems level (see Fraser et al., 2009). Such approach can present a challenge to number of social services organisations mainly relying on face-to-face social work interventions with vulnerable individuals, families, groups or communities. According to Payne (2005) one of the greatest challenges facing social work today is how to address the gap between the commitment for social change and the fact that main approach to social work practice is focusing on individual, often overlooking serious social, economic or structurally induced problems of the individual (more on social work methods see Staub-Bernasconi, 2009).

Lack of effective and efficient tools that would take into account not only complexity of life challenges service users are facing, but also recognize interconnectedness of upstream, midstream and downstream factors, can influence the ability of organisations to make a difference and create viable strategies of change. Frequently organisations resort to strategies that address only easy-to-reach target groups, developing programs that are giving the illusion of success and progress. This practice, also known as cherry-picking or creaming is ethically questionable and calls for sustainable solutions.

This paper addresses the problem of creaming, a need to identify relevant agents and to develop inclusive as well as comprehensive strategies that will address broad range of identified relevant target

groups in inclusive and sustainable manner. Paper proposes practical tool to address the sensitive issues of target group interest, level of their social power and level of social exclusion they might face and that can influence their motivation and ability for behavioural change (IPSE Matrix).

Method

When designing social marketing interventions in social work and social services it is crucial to identify and analyse all relevant stakeholders, to understand incentives and disincentives that are influencing their current behaviours. Only depth understanding can lead to targeted interventions that are meaningful, engaging and beneficial to them. Complexity of individual and societal problems addressed by social services can be disempowering, since broad range of possible stakeholders, ranging from individuals to policy makers, their level of influence, competing interests, presence or absence of different sources of position and personal power and the level of social exclusion, can greatly influence outputs and results of social marketing interventions.

To gain deeper insight of contents strategies and discourses of various practices in social services, including principles, criteria and methods of social marketing, we conducted qualitative semi-structured interviews with representatives of social services organisations in Slovenia in 2014 and 2015. In total we included 24% (N=22) of all organisations providing services and programmes to vulnerable individuals and groups. We narrowed the subject of our research to social marketing principles, criteria and presence of specific social marketing tools. We used the method of triangulation to enhance credibility of the results and included qualitative semi-structured interviews with representatives of line ministry (Ministry of Family, Labour, Social Affairs and Equal Opportunities, N = 3) and marketing agencies (N=3).

For the purpose of this paper we will present gaps in existing practices of segmentation and targeting in social services and introduce IPSE Matrix, a practical tool developed to address this gaps.

Results

Results show that social service organizations are often focused on the provision of services to the primary target group, where predominantly methods of social work with individuals, families, groups or communities are practiced. Additionally interventions where limited range of social marketing principles can be identified are primarily targeting easily accessible groups or so called low hanging fruits, which represents the risk of skimming (also cream off, creaming), where hard-to-reach target groups are systematically overlooked even though they might represent crucial target group for social service aiming to develop and implement effective, equitable and sustainable upstream, midstream and downstream social marketing programmes.

Cream-off as a practice is affecting the ability of organizations to effectively practice social marketing. To overcome this, we suggest the use of influence/power/level of social exclusion matrix (IPSE matrix), taking into account the social and economic determinants of potential target groups. The matrix can serve as an aid in the identification of target groups and to design appropriate social marketing interventions in social services.

Research showed that the use of social marketing mix in social services and programmes is not strategically planned or complementary to other programs, but is rather fragmented. Interviewees defined changes that as organizations are trying to achieve in general descriptions (combating discrimination, fighting stigma or prejudice), and are mostly defining target groups, which should change the behaviour as "general public". From this it is possible to derive the assumption that the organizations don't involve in audience research, segmentation and targeting. Although all respondents explicitly stressed the importance of cooperation with different target groups, they are mainly targeting their activities on three most prominent groups: users, public policy makers and the media.

As a main reason for the focus on fewer target groups they pointed out lack of financial means and human resources. At the same time research indicated towards worrying gap – organisation are addressing more easily accessible target groups to provide better results. Comparative research of programmes targeting long-term

unemployed in Great Britain, Germany, Denmark and Netherlands showed that project financing of such programmes, with clearly stated expected results benchmarks (eg. 25% of all participants should be employed after finishing the programme) is leading to creaming of possible candidates who are later invited to join the programme. Organisations are rationally selecting those service users who have better odds for success. Achieving planned results leads to new funding and promotion of programme as “successful one” (Van Berkel & Van der Aa, 2005). Such practices are increasing the influence of funding agencies and donors, decreased professional autonomy and systematically excludes people who would benefit from such programmes, but would at the same time need additional support to achieve results. We recognized this practice as one affecting the ability of organizations to effectively practice social marketing. To overcome this, we suggest the use of IPSE matrix, taking into account the social situation and the social exclusion of potential target groups.

One of the most important questions which needs to be addressed by non-profit organisations providing services and programmes to vulnerable groups of people relates to the degree to which services or programmes are actually reflecting the needs or wants of target groups. In order to gain needed insights organisations should constantly review their endeavours asking themselves: “Are we trying to create positive social change which will benefit our primary service users (eg. survivors of domestic violence, refugee and migrant children) or are we principally trying to benefit organisation (eg. visibility, attracting donors and/or policy makers)”.

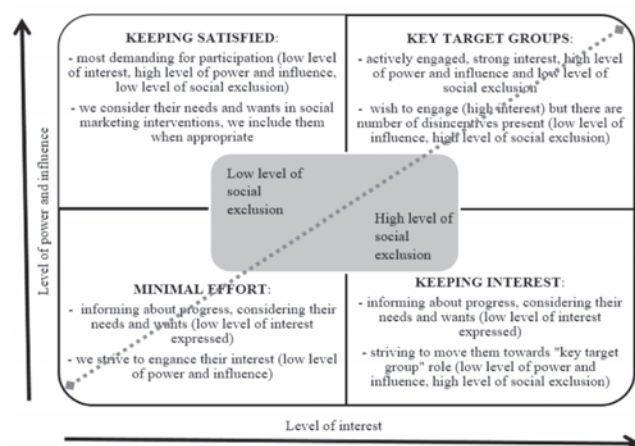
To be able to avoid or control negative aspects of creaming, influencing possible outcomes of social marketing intervention, we developed IPSE matrix as an extension to two existing and widely used classification tools:

- Segmentation of audience to non-audience, apathetic, latent, aware and active audience (Grunig and Hunt, 1984), taking into account level of motivation among people or groups, presence/absence of enabling or disabling factors as well as presence of services and product which support formation of enablers.
- Power/interest matrix (Mendelow, 1991) referring to stakeholders power, that is their ability to affect public policies and their actual desire to influence public policies for greater social good (aspect of interest).

IPSE matrix is addressing problem of overlooking hard-to-reach and hard-to-influence target groups (Figure 1), where classification on basis of audiences and power/interest should be elevated with the aspect of social exclusion, which can be defined as non-participation in key social activities such as consumption, production, political engagement and social interactions (Hills, 2004; Alcock, 2008). Direct results of exclusionary practices is poverty, intersectional discrimination, etc.

Qualitative research on presence of interventions based on the principles of social marketing in social service organisations (ibid.) showed that identification, segmentation and positioning, which we understand as one of the key, conditional aspects that enable social marketing interventions, is not present in social services organisations in Slovenia.

Figure 1: IPSE matrix



Matrix can serve as visual tool which takes into consideration process of segmentation and its final result – identification of different audiences and classification of target groups on the basis of identification process. This enables us to develop and implement tailor-made interventions. Matrix contains four quadrants, where we can place target groups (audiences) on basis of three criteria:

- Exhibited interest towards certain topic. It is important to define if interest is positive or negative one, is it personal or target group is maybe representing interests of a third party.
- Power and influence they are possessing. At this point we define sources of power – is the source of power positional (legitimate, reward and coercive power) or personal (expert, referent power) (see French and Raven, 1959).
- Level of social exclusion they are experiencing (actual and perceived). Exclusion from consumption refers to possibilities of individual to purchase goods and services, exclusion from production of waged labour refers to possibilities of individual to participate in economic and socially valued activities. Exclusion from social interactions refers to possibilities of individual to interact with family, friends, local community and relevant decision makers (see Hills, 2004; Alcock, 2008).

Target groups that can be positioned in quadrant “key target groups” should be prioritized by organisation. In social services two types of key target groups can be identified:

- Those who are expressing high interest for cooperation with organisation and are actively engaged on topics covered by organisation (eg. mental health, prevention of child abuse, integration of refugees and migrants) and are at the same time possessing high level of power and influence and low level of social exclusion.
- Those who are expressing high interest and engagement, but they are lacking power and influence, as well as experiencing social exclusion.

If target groups who are not possessing power or interest could be discarded as irrelevant in commercial marketing, this is not the case for non-profit social services and programmes. Organisations should engage those whose level of interest is high, but they are not powerful with aim to assist these target groups to achieve visibility and attention.

Role of social work is to create opportunities for people to engage in order to gain power and influence and to encourage those holding power and influence to constructively take advantage of it to create opportunities for positive social change. Here we can also refer to Arnstein (1969) ladder of citizen participation, who is taking into account relationship among different actors, and where different levels of participation are identified, ranging from non-participation, via degrees of so called “tokenism” towards citizen power. Tokensim refers to giving access to information without supporting and accessible services or engaging consultancies without combining insights with participatory engagement of people, meaning target groups are considered as beneficiaries of conditioned services. On the other hand citizen power is when service users have power to “make the target institution responsive to their views, aspirations, and needs” (Arnstein, ibid.).

Jobin Leeds and AgitArte (2016) are writing about practicing solidarity in a way that enable socially excluded individuals and groups to lead and speak on their behalf, and enable those with privileges with opportunities to organize positive social change alliances in their circles of privilege.

With target groups positioned in a quadrant “maintaining interest” we attempt to keep relatively satisfactory level of interest by keeping them informed about the work of organisation, proceedings of social marketing interventions and results achieved with them. In this process we consider their needs and wants. In this quadrant are also target groups that are constantly facing high level of social exclusion and low level of influence and power. In the process of co-creation we collaborate to empower them and to strengthen their influence in order to nudge them towards the quadrant “key target groups”. We have to consider some exceptions to this rule: there can be groups present whose interest is high, but motivational factors are triggered by negative feelings and behaviours towards the issue and people related to the issue (eg. neo-Nazis attitude towards Roma population or refugees in Europe). In such cases

organisation should put additional efforts to move such hate-target groups towards quadrant “minimal effort” or should connect with key target groups to work on common agenda of eliminating negative impacts of such attitudes and behaviours.

In quadrant “minimal effort” there are target groups with low level of power and influence, as well as low level of interest. Difference in the quadrant can occur solely in relation to the level of social exclusion. If our efforts are directed towards the target group members (subgroup of a target group) who are not experiencing social exclusion, this most of the times means that we are communicating with low level officials and less influential individuals in policy arena. In such cases we approach them through short, targeted advocacy activities (eg. informing them about activities and actions, progress and results). This actions are aiming to increase their interest, however we should control our activities accordingly in non-intrusive manner to avoid contra productive effects (French, 2011). In case of a target subgroup in this quadrant which is not possessing any interest, power and is socially excluded, we need to further investigate what are possible reasons for their lack of interest – maybe they don't consider the issue as relevant (lack of ownership) or they do not identify with work of our organisation? Simply rejecting such target groups as irrelevant to achieve meaningful behavioural and social changes pursued by social services and programmes would indicate problematic reorientation from basic theoretical concepts of social work and step towards skimming of possible target groups.

Fourth quadrant “keep satisfied” is inhabited by groups of people who possess high level of power and influence and are not facing any kind of social exclusion, but at the same time do not have any interest to engage in social change programme. Similarly to target groups from the quadrant “minimal effort” who are not facing social exclusion, we keep them informed in short non-intrusive way, aiming to keep good relationship with them, keeping in mind that we might at some occasion need their engagement or support on some matter or issue.

In order to create effective, efficient and targeted interventions, we need to avoid so called “spray and pray” logic, present in many social services – creating unified appeal, distributed through existing channels, hoping that things will work out well for us and results will follow naturally (European Centre for Disease Prevention and Control, 2014).

Discussion/Conclusion

Social marketing is, similarly to social work, striving for positive social change, mainly focusing on voluntary behaviour change. Different definitions of social marketing emphasize the importance of social marketing principles and concepts in achieving a voluntary change of behaviour. Principles and concepts of social marketing can be abridged to a few basic criteria, such as a focus on target groups, focus on the achievement of (voluntary) changes in behaviour, audience and partnership insight and segmentation, use of commercial marketing technologies and the integration of different theories.

With respect to constructivist theories and the concept of co-creation social marketing seeks to impact negative views, attitudes of people and prejudices regarding major societal issues. It aims to achieve behaviour changes on individual levels of selected target groups (service users, other target groups related to service users, funders, media, etc.), as well as changes in social structures (attitudes, beliefs, practices, social norms, environments, systems, processes, services, experiences, products, policies and even information on how markets are organized and regulated) (French & Gordon, 2015). According to Kamin (2013) equitable and sustainable social marketing practice acquires understanding of social marketing principles, and above all understanding of the manifestation of a particular social issue at the individual level, which is fundamental for social marketing process. Without acknowledging this, social marketing cannot influence social change and solve problems, but can only contribute to cosmetic short-term behavioural accommodations.

Social services' fear of losing political, social or professional power and funding resources (especially the case in public services), lead many programs in ignoring basic principles of social marketing and guiding social work values. With such moves they tend to keep their interests and position, but their primary target group pays each time

the final tap. It is important to keep focus on service and programme users and to passionately apply social marketing principles, concepts and tools. IPSE matrix presents possible tool for social services and programmes which can enable organisations to segment and target better and to avoid short-termed cosmetic behavioural adjustments and ensure participation of people who are able to co-create long-term equitable solutions.

We recognize social marketing as a discipline and practice that can immensely contribute to the effectiveness and efficiency of social services and programmes in regards to their fundamental mandates.

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Number: 111

Zizekian psychoanalysis : a new benchmark for social marketing

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Abstract

Purpose - The purpose of this paper adds valuable Zizekian perspective to social marketing studies.

Design/methodology/approach - The paper proposes the psychoanalytic map as a new method of analysis.

Finding - The psychoanalytic map takes into account the complexity of the human behavior to promote wellbeing and proposes multi-dimensional solutions.

Research limitations/implications - The ideas within conceptual paper would benefit from empirical investigation. This would be a fruitful possibility for future research.

Practical implications - The paper concludes the utility of psychoanalytic map as a tool for resolving problem to build sustainable social change.

Originality/Value - The paper makes a particular contribution to the poorly-researched area of psychoanalytic approach.

Keywords Transformative Social Marketing, Zizekian Psychoanalysis, psychoanalytic map, VANET technology

Paper type Research paper

Introduction

The disobedience of traffic rules is a public health problem. More than 1.2 million people die each year on the world's roads, making road traffic injuries a leading cause of death globally (World Health Organization, 2015). Changing driving behavior is a fundamental component of this challenge to promote global health and wellbeing.

Social marketing is the application of marketing principles and techniques to foster social change (Lefebvre, 2013, p. 93). It gains research and policy in WHO health policies (Suggs and Wettstein, 2016, p. 18). The debate in social marketing concentrates on the economic view and traditional 4Ps (especially social communication) to constitute a social marketing intervention (Spotswood et al., 2012, p. 164) without taking into account the presence of unconscious. Lefebvre (2013) notes the need to explore automatic influences on behavioral choices, justified by Zaltman research in consumer research (Zaltman 2000).

A special issue of Marketing Theory (Cluley and Desmond, 2014) devoted to explore the rich theoretical and methodological innovations of psychoanalytic scope by citing the example of Slavoj Zizek. The research objective is to explore Zizekian psychoanalytic concepts for understanding driving behavior to promote wellbeing.

There is an absence of understanding driving behavior from Zizekian psychoanalysis. The theoretical implication presents a new view of human behavior inspired from Zizekian psychoanalysis in Social Marketing. Three groups (Pleasure, Care, Refuge) emerge from the Real-Symbolic-Imaginary Triad that orients behaviors to obey or disobey traffic rules. The methodological implication is the «psychoanalytic map» as a new methodological tool for more understanding the complexity of driving behavior. The practical implication is an authentic act, emerged from the driver, to choose a personalized message which changes after a period using Vehicular Ad-Hoc Network (VANET).

Psychoanalytic map can be a way of using social marketing techniques to foster social good, founded on free choice models of individual behaviour (Parker 2014)

Integrated Benchmark Criteria for Social Marketing

Kotler and Zaltman (1971, p. 5) define social marketing as the design, implementation, and control of programs to affect the acceptability of social ideas by implementing a product planning, pricing, communication, distribution and marketing research.

Although, this definition is the most frequently quoted (Truong 2014; Andreasen, 2002, p. 2; Lefebvre, 2013, p. 13), social marketing' definitions continue to be without no clear consensus (Andreasen, 2002, p. 6). Researchers (Hastings and Angus, 2011; Lefebvre 2013, p. 13) present a debate related to consider social marketing as a subset of commercial marketing. As a result, they are no prescribed number of elements to broaden social marketing (Suggs and Wettstein, 2016).

We propose an integrated benchmark criteria grounded from recent researches in social marketing (Andreasen, 2002; Lefebvre, 2011; French and Russell, 2015; Suggs and Wettstein 2016). This benchmark is described in Table 1.

Table 1. Integrated Benchmark Criteria for Social Marketing

Benchmark	What to look for ?
Behavioral change	taping into values (reducing accidents) to motivate the priority group to adopt the target behavior.
The priority group	A decision to designate a priority group is a commitment to allocating resources and developing a unique marketing mix for it.
Theory	exploring Zizekian psychoanalysis
Exchange	creating exchanges with target audiences by comparing the perceived/actual costs versus perceived/actual benefits.
Marketing Mix	identifying the Ps of traditional marketing mix.
Competition	understanding what competes for the attention of the audience faced by the desired behavior.
Implementation And Evaluation	helping organisms to execute the proposal social marketing interventions and evaluate it.

Interventions are considered as social marketing actions even though only some of criteria are met (Andreasen, 2002, p. 2; Suggs and Wettstein, 2016). Zizekian psychoanalysis can be a benchmark which offers new ways to solve social problems. It detects the priority group for behavioral change (reducing road accidents). This aspect is inscribed in a Transformative Social Marketing (Lefebvre, 2011; Lefebvre, 2012, p. 127).

This scope is a starting position for a new light of Social Marketing (Lefebvre 2011, Lefebvre 2012, p. 127), based on ten what-ifs:

- we are co-creators of value;
- create places where people can play;
- design research to fit people and the puzzle;
- seek empathy and insight into people's motivation and values;
- to interest to people's environment (or the marketplace);
- focus on creating exchanges with people;
- measure how touching people (both intended and unintended);
- serve people;
- offer people new ways to solve problems;
- make sustainability as important as evaluation.

Social and mobile technologies affect social change in a transformative social marketing (Lefebvre 2012).

Lefebvre (2011) has proposed four interrelated tasks to distinguish social marketing from other remedies (health communication and education), in an integrative model (noted in Figure 1).

Figure 1- An integrative model of Social Marketing



The four interrelated tasks are:

- The benefit (value): Social marketing taps into values (reducing accidents) to motivate the priority group to adopt the target behavior.
- The target behavior: the individual determinants, the context (social, public policies), the consequences (rewards and punishments) and the relevance of target behavior of the priority group are four sets of behavioral issues.
- The priority group: Lefebvre identifies priority group rather than target audience.

Focusing resources on priorities is necessary because resources are limited and we want to maximize our impact. A decision to designate a group as a priority is a commitment to allocating resources and developing a unique marketing mix for it.

- The marketing mix for behavioral change: the marketing mix is necessary to modify the behavior. In addition to the product (target behavior):
 - Price: includes psychological, social and other reward and punishments.
 - Place: is creating access and opportunities to perform behavioral alternatives.
 - Promotion: technological revolutions in communication (social and mobile media) must include the idea of dynamic networks and reciprocal communication patterns.

The definitional debate in social marketing is concentrated on the economic view and the use of the traditional 4Ps for developing social interventions (Spotswood et al. 2012, p. 164). This debate ignores the presence of unconscious forms of behavior change for effective social marketing practice.

Kotler (2011) recommends paying greater attention to social marketing thinking, in a transformative view by researching human benefits.

Zizekian psychoanalysis : a new benchmark

Regarding the overview of Health Models (Moorman and Matulich 1993, p. 209) and the systematic review in social marketing (Truong 2014) between 1998 and 2012, the most widely known theories and models in Social Marketing are:

- Social Cognitive Theory
- Theory of Planned Behavior
- Health Belief Model
- Transtheoretical Model

These theories in their fundamental principles, are based on reasoned process:

- Self-efficacy is the individual's confidence that regulates thought processes.
- The intention permits to consider behavior under volitional control.
- For change from an unhealthy behavior to a healthy one, the individual must perceive threats from speeding to be significant enough to affect it (Rollins, Ramakrishnan, and Perri 2014, p. 265)
- The process of change is in coherence with having the intention to do it, as if they are not resistance to change it.

Marketing research continues to rely on models that support conscious, researchers across multiple disciplines have improved the importance of unconscious (Martin and Morich 2011, p. 487). Marketing academics accept that consumers may often be on automatic pilot, whereas they shy away from the psychoanalytic view of unconscious (Cluley and Desmond 2014).

A special issue of Marketing Theory devoted to the importance of psychoanalysis (Albanese 2014, p. 1). It can offer an alternative to theorizing consumers as rational actors pursuing their self-interest of reasoned action (Reyes, Dholakia, and Bonoff 2014).

Psychoanalytic theory can present a rich theoretical and the methodological innovations and adaptability by citing the example of Zizek and Lacan (Cluley and Desmond, 2014).

Despite the increasing importance to psychoanalysis for understanding human behavior (Böhm and Batta 2010, Cluley and Dunne 2012, Oswald 2010), there is a lack of research that explore especially Zizekian psychoanalysis associated to the ambiguity of psychoanalytic concepts (Reyes, Dholakia, and Bonoff 2014).

Zizekian Psychoanalysis (Zizek, 2007) is « a theory and practice that confronts individuals with the most basic dimension of human existence». He revolutionizes the Freudian psychoanalysis which describes separately individual aspects without taking into account social context (Zizek, 1991). Zizek is a leading intellectual in the new social movements (Wood, 2012).

The Real-Symbolic-Imaginary Triad is the most fundamental coordinates of Lacanian theoretical space, described by Zizek (Zizek, 2006, p. 332; Zizek, 2007, p. 4).

Zizek is known as a real philosopher because he proposes that even Symbolic and Imaginary are defined about Real Order. The Real is confined to the mere product of the intersection (Zizek, 1998, p. 35; Zizek, 2007, p. 8).

First, the Real is the inexorable abstract logic that determines what

goes on in social reality (Zizek ,2008, p. 13). Zizek (2008, p. 13) encounters the Lacanian difference between reality and the Real. In fact, the social reality involved an interaction and productive processes between people, while the Real is the inexorable abstract logic that determines what goes on in social reality. Also, the reality in which we «feel at home» can only stabilize itself through the exclusion of the traumatic Real, and this Real returns in the guise of apparitions which forever continue to haunt the subject (Zizek 2003). As a consequence, the Real is constituted retroactively as the lack or inconsistency which disrupts our social reality.

Second, the Symbolic presents a complex presuppositions with a deep divide between (Zizek, 2007) :

- Rules and meanings which should be master blindly and spontaneously. For example, the Father's orders should be respected.
- Rules and meanings that must not be seen and passes over in silence to keep up the proper appearances. For example, the others' driving behavior represents a sign of these presuppositions.

Third, the Imaginary researches the self-experience, in the presence of the gap between authentic identity and symbolic identity (Zizek, 2007). We are going more and more into the direction of material instruments being just an appendix to experiences (Zizek, 2007). For example, driving a car can research the pleasure and the power.

The authentic act is a true activity that emerges from the human being and not from objects. Zizek proposes to concentrate on the work of solving the problem by engaging people, governments and business in a common enterprise, in a creative way (Zizek 2008, p. 19).

Psychoanalytic map: a new methodological tool

The methodological references ignore psychoanalytic approach to collect and analyze qualitative data (Creswell 2007; Denzin and Lincoln 2011; Miles and Huberman 2013).

The choice of qualitative approach influences the steps of the research process (Clark and Creswell 2014, p. 53). Zaltman (1997, p. 427) argues that most research methods are biased toward reason as if decisions were the result of logical inference and conscious processes. He proposes Zaltman Metaphor Elicitation Technique (ZMET) by eliciting metaphors to present the power of unconscious and suggests exploring new techniques which take into account the presence of conscious and unconscious (Zaltman 1997, p. 427).

The psychoanalytic map is a new tool extrapolated from cognitive maps to analyze qualitative data. There is a common idea that mapping takes into account the complexity and the totality of the behavior expressed by an individual and structures issues and problems (Eden, 2004, p. 673; Rouleau, 2007, p. 149).

Our definition of the psychoanalytic map as an original tool specific to our research is: « the representation of discourse about driving behavior that follows from the process of mapping. It is a network of nodes and arrows as links, where they can describe causality, controversy, inclusion, and association. Psychoanalytic maps are derived through psychoanalytic interviews, and so they are intended to represent the subjective world of the interviewee to focus on problem solving and uncover solution options».

The basics of Lacanian psychoanalysis interviewing are described in three elements (Fink 2007, Lacan 2006) :

- Free Floating Attention;
- Detection of incoherent and repressed discourse;
- Punctuating and asking questions.

The analysis is based on the centrality score, using Decision Explorer Software. This score identifies the most important concept that can affect the behavior unconsciously.

This research is an adventure for me to understand the psychoanalytic techniques by participating in psychoanalytic seminars and individual courses of psychoanalytic courses.

Some examples of questions are asked in the end to detect some hidden meanings:

- What actions to suggest? (☞ measures to change driving behavior)

- What does a car mean for you? (↪ the driving experience in Imaginary level)
- What do your parents represent for you? (↪ the symbolic level related to parents' sign)

We construct psychoanalytic maps grounded from integral transcription of the psychoanalytic discourse of each driver using the software Decision Explorer. It has been developed for the purpose of problem structuring. It permits visual interactive modeling where concepts can be entered, edited, and moved around a computer screen. It also detects the central concepts of their discourses.

It is important here to note that we have done many attempts to detect the adequate codification that include all possible links in psychoanalytic view, in coherence with the programming basic of the Decision Explorer.

These codes are detected spontaneously and not by direct-questions.

There are identified after the transcription of all the qualitative sampling. We do not speak about the coding concept because we should keep the sentence employed by the interviewees without abstraction to keep the specificity of each case. This aspect refers to the autonomy criterion spoken in phenomenological approach, it avoids inference between the descriptions of lived experience and abstract concepts.

The choice of the specific coding of links are based on the adequacy with Decision Explorer Software. We propose a specific coding of links grounded from the transcription of the qualitative Sampling (noted in Table 1).

Table 1- Links coding in psychoanalytic maps

Meanings	Link styles	Construction
A link of cause-effect	Causal	—→
A link of inclusion	Include	— ₁ →
A link of opposition	Inverse	---#---→
Temporal link that emerges from the narrative speech (historic aspects)	Temporal	— _T →
Actions detected by direct questions	Action	— _A →
The two concept are inter-related	Connotative	—

This codification of links takes into account the complexity of links to describe the phenomenon. The limitation to causal links can give a reductionist view of the behavior and then we can't propose the suitable solution.

The analysis of psychoanalytic maps takes into account the phenomenological approach by using specific terms of the driver without abstraction in addition to the narrative approach.

The analysis of individual psychoanalytic maps is based on the centrality score, using Decision Explorer Software.

This score takes into account indirect links in addition to direct associations. The concept which has a higher score of centrality is the most important concept in the discourse even if the interviewees do not detect it.

We analyze the psychoanalytic maps by identifying the centrality score for each concept to identify the most important concept that can affect the behavior unconsciously. This score takes into account different links without restriction to causality.

The answers to the questions related to the meaning of the car and parents are included in the psychoanalytic maps even if they are not associated with other concepts in all the psychoanalytic maps.

The comparative analysis represents in detail each concept among each case to have a global view of the Sampling. It take into account the different links detected in each individual psychoanalytic

maps. This comparative analysis is emerged from the multi-case analysis described in Case Study approach (noted in Table 2).

Table 2- Index of Comparative Analysis

Sampling concept	Psychoanalytic maps					
	1					n
			X		X	

We adopt some of strategies for evaluating our qualitative research (as noted in table 3) proposed by Merriam (2002, p. 31), Creswell (2007, p. 204), Maxwell (2005, p. 245) and Yin (2011).

Table 3- Strategies for evaluating our qualitative research

Member checks	Taking data and tentative interpretations back to the people from whom they were derived.
Examination	Discussions with a psychiatrist and psychologist regarding the processes of studying the congruent of emerging findings with data. The questions related to the car and parents are proposed and validated the answers by the psychiatrist.
Researcher's position or reflexivity	Critical self reflection by the researcher regarding assumption and relationship to the study that may affect the investigation.
An engagement data collection	Adequate time to saturating data and seeking negation cases.
Rich and thick description	Providing enough description to contextualize the study to be able to determine the extent to which their situation matches the research context.

Purposeful sampling occurs before the data are gathered and theoretical sampling is done in conjunction with data collection (Merriam, 2009, p. 82).

The researcher begins with an initial sample chosen for its obvious relevance to the research problem, data lead the investigator to the next document to be read, the next person to be interviewed, and so on.

The focus on people and their perceptions of subjective realities associated especially to driving behavior should respect people's dignity and protect people's privacy, in an ethical context (Lefebvre 2013, p. 72).

Results and implications

The analysis of each psychoanalytic maps is based simultaneously on the results of the score of centrality and our interpretation of each psychoanalytic map. To do it well, I used another screen related to my Personal computer.

This analysis is difficult because we identify the specificities of each case without having redundancy with others maps. The analysis detects controversies and incoherence in the speech that reflects the complexity in an ethical scope.

After describing psychoanalysis maps (one to one), we are identified some similarities with subgroups in relation with the answers of symbolic sign (the question related to parents' sign) and Imaginary experience (the question related to the car). The attribution of each map in a particular sub-group is based on the details of the declared discourse and verified with the psychoanalyst and psychiatrist.

Table 18 identifies the order process to analyzing psychoanalytic maps, based on the signification related to the two following questions.

- A person (Mother -Father) is
 - authoritarian if he gives orders and punishes who does faults
 - permissive if he is oriented to giving advice
 - Uninvolved if he does not intervene in decisions as if he is absent.
- By regarding the answers related to the car:
 - Driving is pleasing and powerful : the Group «Pleasure» (P)
 - Driving should be done carefully : the Group «Care» (C)
 - The car is a refuge and a security : the Group «Refuge» (R)

The psychoanalytic maps include a diversity of links (inclusion, controversy, association) rather than causal links. We remind that a map is complex when it presents an important number of concepts and links (Eden 2004). As a result, the behavior is difficult to change (Cossette 2004).

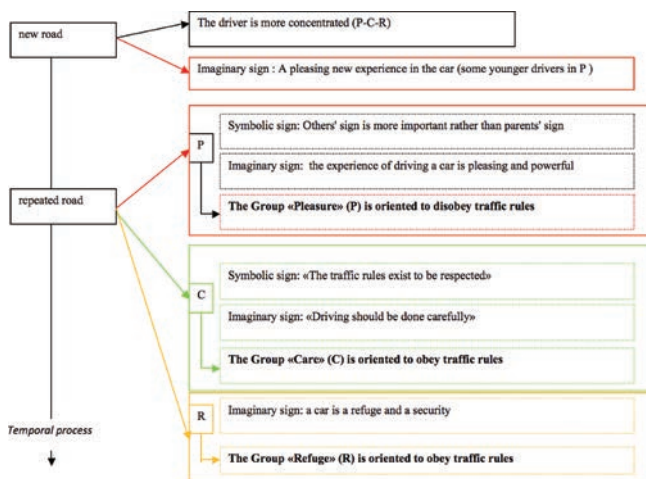
Regarding that, the Pleasure group who disobeys traffic rules has complex psychoanalytic maps with the higher numbers of concepts and links. We can assume that we should touch the most central

concepts as well as a profound understanding of the behavior to change it.

For the two other group profiles (Care and Refuge) who obey traffic rules, their psychoanalytic maps are dominated by causal links. Cognitive maps can be constructed only to explain safe driving behavior. **We cannot research reasoned justification for risky driving behavior.**

The driving behavior is also complex because of the automatic aspect. After a time, the driver becomes habitual to driving maneuvers. The symbolic and imaginary dimensions intervene without being aware to orient the behavior to obey or disobey traffic rules. **The symbolic and imaginary elements permit to detect three groups (Pleasure-Care-Refuge). The attribution of each map in a particular subgroup (as noted in figure 1) is based on the details of the declared discourse and valid with the psychoanalyst.**

Figure 2- A taxonomy of Pleasure- Care-Refuge (P-C-R)



For the group «Pleasure», the others' driving behavior is a symbolic element that has more impact than the father 'sign (having an authoritarian father). Drivers in this group use interchangeably the «I» and «they» to explain their own behavior. Regarding the Imaginary dimension, the driving act is a pleasure and power. This group has a tendency to disobey traffic rules.

For the group «Care»: the others' behavior is not confused with his behavior, he uses «I» differently to «they». The Imaginary dimension considers that driving should be done carefully.

For the group «Refuge»: the imaginary dimension which considers the car as a refuge and security to make the driver to obey traffic rules. This group doesn't focus on environmental incidents. Although this group obeys traffic rules, it is important to sensitize him to the risk of external factors.

These three groups present some common elements related to sanction and awareness campaigns. Severe and fair sanctions include: points suspensions, license withdrawal, installation of cameras and Radar detectors, monetary fines. People adjust their behavior automatically in the presence of enforcement actions. These actions increase safe driving and reduce the disobedience of traffic rules.

The awareness campaigns are less represented. They should be oriented to touch the heart (in the sense of emotions) rather than the mind (in the sense of cognition).

The qualitative sampling insists on the importance of awareness actions for children to affect parents' driving behavior.

The psychoanalytic map is a problem solving tool which can be used to understand. The fundamental implications are:

- to identify group priorities in function of psychoanalytic elements and not apparent factors like gender or age or involvement in accidents.
- to specify the place of the message: regarding the automatic aspect of driving behavior, the message should be in the car using Vehicular Ad-Hoc Network (VANet): the driver co-constructs and personalizes the signal alert which engages himself to obey it. This personalized sound should be returned to zero-point (a standard

sound) after a period of times (a month), to avoid habitual aspect. This tool via VANet technology is applied to all drivers to encourage them to adopt the safe driving. Nudge tools are based on the idea that individuals make pretty decisions and they propose to move people in directions that will make their lives better.

Our implication is to research the authentic message in relation with some specificities:

- For group «Pleasure»: it is the priority group of our practical implication, it is possible that this group is oriented to choose sounds in relations with their children : « Please Dad don't speed up»
- For group «Refuge»: the message can be : «Even if you obey traffic rules you should be careful of risky incidents on the road»
- For the group «Care» : it is necessary to preserve the safe behavior of this group and the practical implication includes this group to avoid being overwhelmed in habitual act and changing their behavior.

These implications can encourage car companies to differentiate their offers from other competitors. It co-creates well-being values in a Transformative Social Marketing.

The implementation of these propositions should be in collaboration with authorities, companies, and researches in different disciplinary to speak about actions.

The qualitative sampling proposes actions to safe driving:

- Severe and fair sanction (severe legislation and controlling actions) to reduce risky behavior and preserve safe driving.
- Road safety subject in schools can contribute a road safety culture for children and influence their parents' behavior.
- For people in training: motivate them to preserve obeying traffic rules after having their driving license.
- For professional drivers: proposing some awareness actions to motivate them to adopt safe driving.

Conclusion

This research is an attempt to propose new ways to understand the complexity of driving behavior using psychoanalytic maps. This tool takes into account the complex nature of human being. This understanding is necessary to propose the adequate social communication.

Social marketing researches can be applied to engage with industries (car compagnies) and governments (via severe sanction and reglementation) in order to foster sustainable societal benefit.

The Zizekian psychoanalysis in marketing research is so difficult. The methodological tool is also proposed after many essays and challenges. The comparative analysis of the 32 psychoanalytic maps is so complex.

Regarding the fact that psychoanalytic maps are based on declared discourses, observations and experimental studies can enrich more the understanding of the driving behavior in future researches. Future researches can join psychoanalysis and neuroscience for more understanding human behavior.

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Number: 117**A systems approach to change littering behaviour in Saudi Arabia****Abstract**

Despite evidence of the negative health, environment and economic impacts, littering has received little attention in the social marketing literature. The purpose of this research was to study the effect of individual and environmental level factors on individual's littering behaviours both observed and self-reported using the MOAB framework. Interviews were conducted with 25 Saudi adults. Findings revealed there is interplay between motivations, opportunity and ability and each was an important factor for littering behaviours. Littering behaviour for 362 people was observed across three different parks in Saudi Arabia. Approximately half of all disposals were improper with litter left on the ground. The findings from the observation study revealed environmental factors have more impact on littering behaviour than individual factors and include the amount of litter left in the park, beautification and distance to rubbish bins and the only significant individual factor to have any impact was group size. Social marketing programs for litter prevention should include strategies targeting individual's motivations, knowledge, and ability as well as environmental changes including making access to rubbish bins easier and more convenient. Taken, together findings suggest that a combination of upstream, midstream and downstream interventions may be more effective than downstream focussed interventions on their own— a proposition that can be empirically tested utilising an experimental design.

Background

Littering continues to be a problem across the globe. Littering is not only unattractive, it threatens the environment (Huffman, Grossnickle, Cope, & Huffman, 1995). Litter has evolved from being viewed primarily as an aesthetic problem to a broader environmental issue, and generally involves paper, bottles and food packaging (Al-Khatib, 2009). Furthermore, littering is currently viewed as a multifaceted problem, which not only reduces the aesthetic appeal of public places including streets, parks and waterways but can also degrade water quality, endanger and kill wildlife, and contribute to flooding by blocking drainage systems (Chitotombe, 2014; Hartley, Thompson, & Pahl, 2015). Therefore, littering can be considered a social behaviour where maintaining a high standard of cleanliness in public areas is important to protect the environment and public health as well as enabling a livable environment for citizens (Stephen & James, 2014). Thus, as pointed out by Ma and Hipel (2016), it is important for researchers to understand, design and evaluate litter management from a social perspective.

To date, studies have focused on a variety of predictors at the individual (downstream or micro) level such as income and gender (Al-Khatib et al., 2009), and social factors such as group size (Schultz et al., 2013) and/or the environmental (upstream or macro) level such as the influence of neighborhood beautification (Weaver, 2015). However, few studies have combined both individual and environmental factors in a single study (Schultz, Bator, Large, Bruni, & Tabanico, 2013), despite our understanding many social, health and environmental problems are complex and multi-factorial requiring a broader systems understanding (Hoek & Jones, 2011; Wymer, 2011). Moreover, a review of the littering literature indicates that studies have not considered broader social influences (midstream or meso level). The aim of this paper was to examine

the broader system surrounding individuals to extend understanding of littering behaviour.

Theory use in social marketing is limited (Luca & Suggs, 2013; Truong, 2014) and in the brief instances where theory is used psychological and social theories dominate. Theories and frameworks capturing the complex nature of actual littering behaviour where interactions occur between individual and environmental factors warrant consideration (Parkinson, Schuster, & Russell-Bennett, 2016). The Motivation, Opportunity, Ability, Behaviour (MOAB) framework (Parkinson, Schuster, & Russell-Bennett, 2016), which considers individual level and environmental level factors including structural, supply and socio-cultural factors is thus recommended to understand littering behaviours from both the individual and environmental perspective. Furthermore, most littering and environmental protection studies have been undertaken in Western contexts such as the USA and Australia (Schultz et al., 2013). In comparison fewer studies on littering in Middle Eastern contexts are evident (Al-Khatib et al., 2009). However, Schultz et al. (2013) identified that environmental issues are not only a concern for Western society, but also for other developing societies. Thus, research in non-Western cultural contexts is warranted.

The purpose of formative research in social marketing is to understand the target audience to generate consumer insight, which informs the planning, development and initial implementation of social marketing programs (Carins, Rundle-Thiele, & Fidock, 2016). Focus groups, interviews or surveys, all of which are self-report methods, are the most commonly reported methods in formative research (see Kubacki & Rundle-Thiele, 2017). Self-report methodologies are subject to many biases including socially desirable responding and memory bias for example, Zinkhan and Carlson (1995) reported survey respondents' eagerness to describe themselves as recyclers which were incongruent with recycling rates at the time. Reliance on a relatively narrow range of methods may constrain understanding to the individual rather than providing a holistic picture of the behaviour. As noted by Carins et al. (2016) extending beyond self-report methods during the formative research stage can provide an understanding of the forces opposing the desired behaviour potentially limiting program effectiveness. Therefore, to overcome self-report bias the current study employs the covert observational methodology in addition to interviews to examine individual, social and environmental factors influencing littering behaviour in the Middle Eastern context.

Method

A mixed method formative research study was undertaken, employing depth interviews and covert observations. Each study is now detailed in turn. Interviews were conducted with 25 participants (11 male and 14 female) to gain an in-depth understanding of littering behaviour. Interviews were held between December 2014 and May 2015 with Saudi adults. Ethics approval was obtained from the author's university. Respondents were aged between 20 and 40 years. The majority of respondents were married (n=18) and all married respondents had children (minimum 1 and maximum of 7). Rigor was demonstrated through the use of constant comparison, member checking and repeated interviews and independently verified by two authors. Results were further interpreted within the context of empirical research and existing theoretical perspectives using the MOAB framework (Parkinson et al., 2016). NVivo software was used to manage the data to assist with data analysis. The selected quotations primarily serve as illustrations.

Covert observations were employed to observe social and environmental factors and to understand what people actually do rather than what they say they have done (Kubacki & Rundle-Thiele, 2017). Covert structured observations (n = 362) which drew on a convenience sample (Patton, 2002) were conducted from December 2014 to February 2015, in a total of three different outdoor parks in Riyadh, Saudi Arabia (2 open parks and one gated park). The behaviour of individual adults was observed following the Schultz et al. (2013) protocol and code sheet, which has demonstrated high levels of reliability. Analysis was conducted using only data from observations where a disposal (either proper or improper) (N=295) occurred. Data was analysed using Microsoft Excel and SPSS.

Results

Results of the in depth interviews are first presented followed by results of the covert structured observational study.

Interviews

Using the MOAB framework to thematically code the data, motivations, both intrinsic and extrinsic, opportunity and ability were identified. The extrinsic motivations identified were; social responsibility, social norms, and neighbourhood quality. Consistent with previous studies (Al-Khatib et al., 2009) participants from this study emphasised the significant role of religion as an intrinsic motivation, belief and value for littering behaviour. Participants in this study identified a number of factors that act as environmental barriers including infrastructure and a littered environment. In general, participants were globally minded, showing concern for the environment and in particular creating a clean and safe environment for their friends and family. Participants were also aware of the importance of not littering, and showed generally positive attitudes towards antilittering, regardless of somewhat weak practice. Participants seemed to have limited understanding of the negative consequences of littering on the environment. They also faced difficulty in determining whether common items such as food were litter. This is an important finding, as knowledge of what materials are litter is positively linked to littering behaviour (Al-Khatib et al., 2009).

Table 1 Triangulation of MOAB using interviews and observations

	Interviews	Observations
Motivations Intrinsic	<i>There are religious and societal values instilled, but they are not aware [25]</i>	
Motivations Extrinsic	<i>Being a mother of two kids makes me always trying to preserve the environment and never littering [Female 23]</i> <i>The feeling of responsibility towards my kids, community; the feeling of responsibility towards public places in my neighborhood [Female 16]</i> <i>In a high-class neighbourhood, I would try to put litter in bins [Female 13]</i>	Cleanliness of park Beautifulness of park
Opportunity	<i>My husband sometimes would litter because everyone is doing it so he feels his littering would not make difference [Female 16]</i> <i>Maybe provide rubbish bins and place them in the right places. I have noticed that they are misplaced, either placed far away or somewhere where it can't be seen. [Female 13]</i> <i>I seriously found it ok especially if the rubbish bins are not easily accessible I would litter, but I would never be littering if the park clean even if I have to get the rubbish bag from my car [Female 20]</i>	Number of rubbish bins Distance to rubbish bins Number of people in group
Ability	<i>Most messages say, 'be clean,' or 'put litter in its designated place,' but it does not include 'why' or 'what are the causes?'" What happened when you're clean? What happens when you're not?" [Female 25]</i>	
Behaviour	Continuous behaviour requiring multiple decisions over time	

Observations

Across the three parks (two not gated and one gated) a total of 362 observations were made. All three parks had more than 10 rubbish bins. The most common type of rubbish bins found was unmovable and uncovered bins. The overall littering rate was 48.9% improper disposals, which is an unusually high number when compared to previous studies (Al-Khatib et al., 2009). Furthermore, the results showed that in the majority of instances (40.7%), the littering occurred with intent that is, the individual committed a clear and deliberate act of littering.

The first set of analyses focused on individual-level predictors of littering behaviour: age, gender and number in a group. The results showed a consistent and statistically significant effect for age, with young adults more likely to litter than older adults. The negative relation between age and littering behaviour has been documented in several studies (Schultz et al., 2013). The second significant predictor of littering behaviour is the number in a group where people are more likely to litter when they are in a small group of four people and less, this finding is consistent with prior studies (Bator, Bryan, & Schultz, 2010; Schultz et al., 2013) and in contrast to other studies where people in larger groups were found to litter more than people in smaller groups (Wever, 2006).

The environmental predictors of littering behaviour included the amount of litter present, beautification, and distance to rubbish bins at the time of disposal and fenced versus non-fenced parks. All three parks were found to have at least some litter in the setting; the mean amount of litter found was M = 2.7 (SD = 1.3), using the scale from 1 (not at all littered) to 5 (extremely littered). The amount of litter present is consistent with previous studies (Anderson & Francois, 1997; Bator et al., 2010; Schultz et al., 2013) confirming

that the removal of existing litter is an effective strategy and a starting point for decreasing potential litter. Therefore, this finding supports Anderson and Francois (1997) indicating the level of cleanliness in turn can persuade individuals to litter less (Weaver, 2015). Lastly, the distance to the rubbish bins at the time of littering has a strong influence on littering behaviour indicating that people are more likely to litter when the rubbish bins are located away from where individuals are (Schultz et al., 2013). The results of this study indicate that ensuring rubbish bins are located close to areas where people congregate can reduce the amount of litter (Brown, Ham, & Hughes, 2010). Finally, individual and environmental predictors were next examined together, again removing non-significant predictors. Analysis indicated that the amount of litter on the ground ($p = .000$), number of people in a group ($p = .010$), beautification ($p = .004$) and distance to rubbish bins ($p = .001$) were significant predictors of littering behaviour. Interestingly, individual factors were not statistically significant when broader social and environmental factors were analysed simultaneously.

Discussion/Conclusion

The aim of this paper was to examine the broader system surrounding individuals to extend understanding of littering behaviour beyond limited self-report methods. This study makes three key contributions to the literature. First, this research has addressed the call to apply theory in social marketing studies (Luca & Suggs, 2013; Truong, 2014) taking a systems view ensuring understanding extends beyond the individual to the social and built environment influences providing an understanding of the forces opposing the desired behaviour to enhance program effectiveness. This study empirically tested the MOAB framework which guided the in depth interview and observational enquiry (Parkinson et al 2016). Second, this research addressed the call to extend beyond self-report methods (Carins et al., 2016) by employing covert observations in addition to interviews in response to calls for use of multiple methods in formative research (Kubacki & Rundle-Thiele, 2017) to gain insights into social and structural factors in addition to individual factors. Third, this research contributes to the literature offering a social marketing formative research study whose aim is to understand both the individual and environmental factors influencing littering in public spaces in Middle Eastern countries to gain actionable insights that can be used to develop an intervention to reduce littering in cultures outside of a western context.

The findings from this study found people placed more litter in bins when they were conveniently located and when there was less litter already left in the park. This indicates small environmental changes such as placing more bins in convenient locations in public areas will assist citizens to adopt positive social behaviours such as proper disposal of litter. Given emerging evidence indicating that program effectiveness can be enhanced when when environmental change is added to a program aiming to motivate the desired behaviour (Carins et al., 2016), insights delivered in the current study suggest that bin locations and park beautification programs in addition to communications supporting extrinsic motivations such as a desire for a beautiful space for my children to enjoy will deliver litter reduction in Saudi Arabian parks.

This study demonstrates the efficacy of the use of observation methods when examining anti-environmental behaviour such as littering where individuals may not report their true behaviours. Therefore, methodologically this study answers the call to extend beyond self-reported methods such as interviews and surveys which have predominantly been used previously in social marketing studies.

This study also applies theory in a Middle Eastern context extending the MOAB (Parkinson et al., 2016) beyond a western context which is typically reported in social marketing research. Correctly disposing of litter requires little effort by the individual, however benefits the individual, their society and the environment as a whole. In the current study, each MOAB factor was found to be an important influence on individual littering behaviour. While some studies suggest that if two of the MOAB factors are present the third can be overcome, this study supports the notion that there is interplay between the factors in the framework (Parkinson et al., 2016; Siemsen, Roth, & Balasubramanian, 2008). Therefore the environment surrounding the individual, both structural and socio-cultural, contributes significantly to influence or restrict littering behaviour. Therefore, to develop an exchange offering to reduce

littering which may be characterised as a “we” behaviour (Parkinson et al., 2016), both extrinsic and intrinsic motivations should be considered along with the social and structural environment and this provides an opportunity for future research. Social marketing programs for litter prevention should include strategies targeting individual's extrinsic motivations, knowledge, and ability as well as structural environmental changes including making access to rubbish bins easier and more convenient. Governments should also ensure that public spaces such as parks are kept clean as this is also an important influence on individuals' littering behaviour. Taken together findings suggest that a combination of upstream, midstream and downstream interventions may be more effective than downstream focussed interventions on their own— a proposition that can be empirically tested utilising an experimental design. This study is limited in that it only examines three parks in one Saudi Arabian city over a limited time period. Future research should aim to examine a number of cities over a longer time period to confirm the findings of this study.

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Influence of media and socialisation agents on healthy eating among Australian Gen Y

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Abstract

By adopting the social ecological perspective, this study aims to investigate societal (media), social (parents and peers), and individual determinates of healthy eating among Australian Gen Y. To test the hypotheses, Structural Equation Modelling (SEM) is conducted. Findings indicated that media had a positive influence on self-efficacy only via perceived peer norms. Additionally, self-efficacy influenced healthy eating only via affective attitude. This study has several practical implications for government policy makers and social marketing professionals. Firstly, it is evident that social norm approach should be adopted. Further, we can further improve the effectiveness of the prosocial health campaigns by accelerating self-efficacy towards healthy eating and by emphasising on positive emotional consequences of healthy eating (affective attitude).

Key words: healthy eating, media influences, socialisation agents, self-efficacy, attitude, social norms.

Introduction

Several studies have demonstrated that rates of mortality, long-term physical and psychosocial diseases are on the increase owing to issues relating to overweight and obesity (Maes et al., 2003; McLellan et al., 1999). As suggested by the latest Australian Bureau of Statistics (2013), almost two-thirds (63%) of the Australian population aged 18 and over are overweight or obese, with 28% being obese. If this trend continues, then by the year 2025, almost 72% of all Australian adults will be either overweight or obese, with 38% being obese. According to the Australian Bureau of Statistics (2013), Australian young adults suffer from abundance of obesity-related diseases such as diabetes, cardiovascular disease, chronic kidney disease, liver function, and anaemia.

Given the social and individual costs of obesity, comprehensive research is necessary in this area. By adopting the social ecological perspective (Bronfenbrenner, 1979; McLeroy, 1988; Stokols, 1992), this study aims to investigate three significant layers of the influence on individuals' behaviour, i.e. Societal (media), social (parents and peers), and individual. It uses a large nationally representative survey of Australian young adults to investigate the direct and indirect of media effects on their healthy eating. The objectives of this study are fivefold, i.e. to: (a) examine whether and how media, has a direct influence on young adults' healthy eating behaviour (b) examine whether and how media influences young adults' perception about socialisation agents (parents and peers), (d) examine the association between social norms and self-efficacy (c) determine whether and how self-efficacy influences young adults' attitude towards healthy diet (d) determine whether and how attitude contributes to young adults' adoption of healthy diet.

Theoretical framework and hypotheses development

The effects of media

'Media' is one of the most important environmental factors which influences individuals' healthy eating (Koordeman et al., 2010; Matsudo et al., 2010). Randolph et al. (2004) emphasised the importance of investigating direct and indirect media effects simultaneously. Hence, it is our intention to investigate both the direct and indirect influences of media.

The direct effect of media on healthy eating

Research into the influence of media on health-related behaviours has been investigated over a long period of time. This influence of media has been revealed in a variety of health-related contexts such as healthy eating and dietary behaviour (Chan et al., 2009; Dixon et al., 2007), sexual behaviour (L'Engle et al., 2006), smoking (Gunther et al., 2006), body image and body dissatisfaction (Harrison et al., 2006; Monro et al., 2005). Therefore, we posit that: H1: Exposure to healthy eating messages is positively associated with the degree to which young adults adopt a healthy diet.

The indirect effects of media via socialisation agents and individual factors on healthy eating

A large and growing body of literature has confirmed the influence of media on individuals' values, norms, attitudes, and behaviours (La Ferle et al., 2008). Investigations in the past two decades, suggest that media could influence behaviour indirectly. Figure 1 illustrates the conceptual framework which depicts the direct and indirect effects of media on healthy eating of Gen Y. In the following sections, we will deal with the proposed associations in detail.

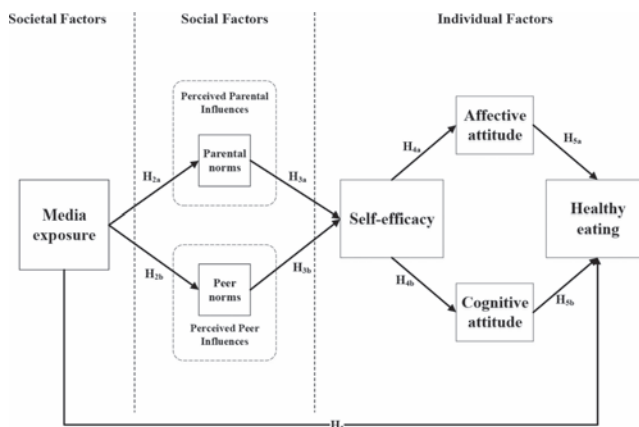


Figure 1. Conceptual framework illustrating the direct and indirect effect of societal, social, and individual factors on healthy eating and physical activity of Australian young adults.

Link between exposure to media messages and perceived social norms

Underpinned by the Cultivation theory (Gerbner et al., 1976), "media" can shape individuals' perception about social reality. Accordingly, they might form their own behaviour based on this subjective social perception rather than direct observation or experience (Ross et al., 1985). To date, several studies have endeavoured to evaluate the mediating role of 'social norms' between media and health-related behaviours (Chia et al., 2008; Fulmer et al., 2015; Paek et al., 2011). A recent study found that perceived peer smoking behaviour mediates the association between exposure to pro-tobacco advertisements (static and non-static) and youths' cigarette use in US (Fulmer et al., 2015). In the same vein, Paek et al. (2012) found the indirect influence of media on physical activity through subjective, injunctive and descriptive norms. Similarly, Chia et al. (2008), found the significant influence of sex-related media messages on perception about peer's sexual permissiveness. Therefore, we posit that:

H2a: Exposure to healthy lifestyle media messages is positively associated with perceived parental norms towards healthy diet.

H2b: Exposure to healthy lifestyle media messages is positively associated with perceived peer norms towards healthy diet.

Link between perceived social norms and self-efficacy

According to the Social norm theory (Cialdini et al., 1990), two

groups of social norms exist: descriptive norm and injunctive norm. 'Descriptive norm' discusses the perceived prevalence of behaviour among others (which is defined as what is commonly done), whereas 'injunctive norm' refers to the perceived approval of behaviour by others (what is ought to be done).

The proposed link between social norm and self-efficacy can be explained by Reference Group theory (Merton et al., 1950). Several studies suggest that perception about prevalence and/or approval of the specific behaviour among parents and peers have a significant effect on individual's self-efficacy (Stok et al., 2014; Phua, 2013).

H3a: Perceived parental norms are positively associated with self-efficacy towards healthy diet.

H3b: Perceived peer norms are positively associated with self-efficacy towards healthy diet.

Link between self-efficacy and attitude

'Self-efficacy' toward healthy eating refers to an individual's perceived ability to eat healthily, despite potential barriers (Lubans et al., 2012). Attitude is defined as a person's overall favourableness or unfavourableness towards performing behaviour (Glanz et al., 2008). Attitude is classified into two separate groups: affective (individuals' emotional reaction to a particular behaviour) and cognitive (beliefs about the outcomes of performing that behaviour) (Fishbein, 1979; Triandis, 1979). In this research, influence of both type of attitudes is investigated. According to Social Cognitive theory (SCT) (Bandura, 1986), individuals with higher self-efficacy are more likely to take action rather than to avoid the tasks. Findings reveal that Self-efficacy is a strong predictor of attitude in variety of contexts. One study found that self-efficacy serves as a significant factor in predicting attitude toward physical activity (Heitzler, Martin, Duke, & Huhman, 2006; Ramirez, Kulinna, & Cothran, 2012). This association is also found in a population of adolescents' girls from disadvantaged secondary school (Lubans et al., 2012). Therefore, we posit that:

H4a: Perceived self-efficacy positively associated with affective attitude towards healthy diet.

H4b: Perceived self-efficacy is positively associated with cognitive attitude towards healthy diet.

Link between attitude and behaviour

Almost four decades ago, the Theory of reasoned action (Fishbein, 1979) and the Theory of planned behaviour (Ajzen, 1991) asserted that 'attitude' is one of the direct determinants of individuals' behavioural intention. A number of studies investigated how well the attitude predicts eating behaviour. One study suggests that attitudes influence behavioural intention toward healthy eating (Chan et al., 2011). Similarly, findings revealed that attitude is positively associated with intention towards on consumption of fruit, high-fat snacks and breakfast (Fila et al., 2006; Martens et al., 2005). Additionally, Attitude is found to predict behavioural intention towards having lunch at school (Beaulieu et al., 2011). In order to provide more useful implications, 'actual behaviour' is captured in this study. Therefore, we posit that:

H5a: Cognitive attitude towards healthy eating is positively associated with intention to adopt a healthy diet.

H5b: Affective attitude towards healthy eating is positively associated with intention to adopt a healthy diet.

Method

The research is a Cross-sectional study which targeted Australian young adults, aged 18-34 years (generation Y). The sample size of 650 has been selected as it would be adequate to ensure the validity and reliability of results. A self-administered questionnaire (five-point Likert Scale) was used as a primary data collection method. All the items of the survey instrument were adapted from previously published scales and the data were collected from an online research panel. Firstly, Exploratory Factor Analysis (EFA) was conducted (n=250) to develop reliable scales. Secondly, Confirmatory Factor Analysis (CFA) was conducted on the measurement model to ensure the construct validity. Thirdly, structural equation modelling (SEM) technique, using AMOS 24 has been conducted (n=400) to test the hypotheses.

Results

Factor Analysis

Factor structure is determined using Exploratory Factor Analysis (Hair et al., 2010). Maximum Likelihood extraction method is conducted on a sample of 250 Australian young adults. One-factor solution has been accepted for all construct except attitude. Confirmatory factor analysis is conducted to assess construct validity. Construct validity is ensured by testing both convergent validity and discriminant validity (Hair et al., 2010).

Hypotheses testing

Hypotheses are tested using Structural Equation Modelling (SEM). Maximum likelihood (ML) procedure is used to estimate the structural coefficients. The results of goodness-of-fit indices revealed a good fitting model for healthy eating ($\chi^2(220) = 609.621$; $\chi^2/df = 2.771$, $p < .001$; CFI = 0.91, TLI = 0.90; RMSEA = .06). The proposed models explained 59% of variance in healthy eating. The results of SEM are depicted in 1, which suggest that exposure to healthy eating messages have a significant effect on perceived peer norms ($\beta = .18$, $\beta = .06$, $P < .001$). However, it does not have a significant influence on perceived parental norms ($\beta = .053$, $P > .05$). Hence, H2a is rejected and H2b is accepted. Interestingly, results indicated that exposure to healthy eating media messages does not have a direct significant effect on healthy eating ($\beta = .04$, $P > .05$), rejecting H1. Findings revealed that parental norms ($\beta = .32$, $\beta = .06$, $P < .001$) and peer norms ($\beta = .21$, $\beta = .06$, $P < .001$) have a positive association with self-efficacy towards healthy eating. Hence, H3a and H3b are accepted. Furthermore, self-efficacy is positively associated with affective attitude ($\beta = .62$, $P < .001$) and cognitive attitude ($\beta = .40$, $P < .001$). Thus, H4a and H4b are accepted. As shown in Table 1, affective attitude is positively associated with healthy eating ($\beta = .29$, $P < .001$). However, cognitive attitude does not have a significant influence on healthy eating ($\beta = .09$, $P > .05$). Hence, H5a is accepted but H5b is rejected.

Table 1. Result of hypotheses testing for healthy eating

Path	β	t-value (C.R.)	Hypotheses testing result
Exposure to media → Parental norms	.053	.970 ^{ns}	Not supported
Exposure to media → Peer norms	.18	3.252 ^{***}	Supported
Parental norms → Self-efficacy	.32	5.290 ^{***}	Supported
Peer norms → Self-efficacy	.21	3.517 ^{***}	Supported
Self-efficacy → Affective attitude	.62	10.101 ^{***}	Supported
Self-efficacy → Cognitive attitude	.40	6.707 ^{***}	Supported
Affective attitude → Healthy eating	.29	4.662 ^{***}	Supported
Cognitive attitude → Healthy eating	.09	1.751 ^{ns}	Not supported
Exposure to media → Healthy eating	.04	1.073 ^{ns}	Not supported
Exposure to media → Self-efficacy	.06	1.230 ^{ns}	Not supported
Self-efficacy → Healthy eating	.51	6.686 ^{***}	Supported

Note: β = standardised regression coefficient of path relationship. *** = $P < .001$, ** = $P < .01$, * = $P < .05$, ns = Not significant.

Discussion/Conclusion

This study aimed to strengthen the social ecological perspective (Bronfenbrenner, 1979; McLeroy, 1988; Stokols, 1992), by investigating three different significant layers of influence, i.e. Societal (media), social (parents and peers) and individual on healthy eating. The first key finding of this study demonstrates that exposure to healthy eating media messages had a significant positive influence on self-efficacy via perceived peer norms. Interestingly, this relationship was not mediated via perceived parental norms. Overall, these results highlight the importance of including significant reference groups when it comes to motivating people to adopt healthy eating. The second key finding provides support for the influence of self-efficacy on healthy eating only via affective attitude. This suggests that affective attitude has a more important role in improving healthy eating.

In addition to contributing to the body of knowledge, this study has several practical implications for government policy makers and social marketing professionals targeting young adults' healthy diet. Given the Results of this study highlights the importance of considering indirect media influences when it comes to changing healthy life style behaviours. Firstly, it is evident that social norm approach should be adopted. As peers are the most influential referent groups, campaign messages could emphasise peer norms towards healthy eating. Two distinct types of social norms including injunctive and descriptive norms investigated by this study must be considered when designing the media messages. Secondly, an effective health intervention could design programs to accelerate self-efficacy towards healthy eating which could increase rate of healthy diet adoption among young adults. Thirdly, we can further improve the effectiveness of the prosocial health campaigns by emphasising on positive emotional consequences of healthy eating (affective attitude). It is important to note that encouraging cognitive aspect of healthy eating does not necessarily lead to increased level

of healthy eating.

This study has some drawbacks that can be addressed in future research. Firstly, due to cross-sectional nature of this study, inference about causal direction of indirect and direct relationships should be made with caution. Secondly, this study used general measure of self-reported exposure to healthy eating messages which adds up to our uncertainty about the media content. Thirdly, this study is confined to specific health-related behaviours (healthy eating), certain population and generation (Australian young adults). These features limit our ability to extrapolate and generalise the results to other health-related behaviours or other populations.

This study's proposed model presents a wide variety of future research possibilities. Using this model, future studies could investigate other healthy lifestyle behaviours. Additionally, it would be beneficial to investigate whether these proposed relationships stand up in other population or in different age groups such as baby boomers, generation x, generation z, and generation alpha. Future studies could include other mediating factors or utilise panel data to clarify the causality.

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Outdoor Advertising and Daily Journeys to School: a Critical Social Marketing Approach to Regulation

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Abstract

Outdoor advertising has seen year-on-year growth and now accounts for 5.5% of all UK advertising expenditure (Outdoor Media Centre, 2014). While this is expected to rise, a number of studies from North America, New Zealand, India and Greece suggest that outdoor advertising targets specific and potentially vulnerable sections of the population, low-income communities and young people (Barbeau et al., 2005; Cairns et al., 2013; Day and Pearce, 2011). Amid these concerns governments have introduced policies for advertising to vulnerable audiences, while the private sector has promoted self-regulatory practices. Some argue, however, that the prevailing approaches to regulation may represent, at best, a missed opportunity, at worst, an inadequate response to public health threats.

In this case, using a critical social marketing framework to analyze the distribution of outdoor advertising can help us understand how marketing systems may be contributing to the challenges faced by our society today and inform upstream and downstream activity. This paper highlights the interconnectedness of outdoor advertising with outcomes faced by potentially vulnerable communities and analyzes how its presence in a representative UK city fares against existing industry guidelines for best practice. Our spatial analysis of outdoor advertising around 100 schools brought to light the

importance of extending the remit of outdoor advertising placement restrictions. Additionally, it brings a better understanding of the outdoor advertising landscape in the UK and offers strategic insight for policy response to effectively protect potentially vulnerable groups.

Introduction

Outdoor advertising in the UK has 'remained a consistently successful advertising medium' despite 'the staggering growth of online display and search advertising' (Kinetic, 2011:5). This is expected to rise with advertisers believing that outdoor media offers sustained brand awareness through the increased reach of outdoor campaigns, their opportunities for integrating diverse media (QR codes, digital screens), as well as providing consumers a last reminder before purchase (Outdoor Media Association, 2016). At the same time, young people have become a fast-growing market segment, and the effort and expenditure devoted to targeting them has increased proportionally. With this, the advertising industry has been attracting wider attention in the UK, with polarized views ensuing about its influence on consumers' attitudes, behaviors, and outcomes. Some view outdoor marketing as a source of information that contributes to consumers' choice in the marketplace (McGinnis et al., 2006:31). Correspondingly, the case of advertising to children is seen as a form of 'education and socialization into the autonomous practices' of adulthood (ibid.). Other voices, including campaign-groups The Public Interest Research Centre and Looking After Our Kids are seeking regulatory changes to protect children in particular, from being exposed to advertising. They argue that outdoor advertising normalizes anti-social behaviors, promotes over-consumption and works against public health initiatives and social marketing campaigns.

These latter claims are supported by existing academic research. The process of socializing audiences into the practices of modern consumption is not to be understated. However, it has been shown that outdoor advertising amplifies health inequalities as it targets specific groups with promotional messages for specific types of products. For instance, a 2009 systematic review of the international evidence on commercial food promotion to children commissioned by the World Health concluded that food advertising to children primarily promotes 'high fat, salt or sugar foods' (HFSS) in the detriment of products 'core to a healthy diet' (Cairns et al., 2013:214). Similarly, potentially harmful products such as tobacco, alcohol and gambling have been found to be promoted more heavily to lower-income social groups (Barbeau et al., 2005; Walton et al., 2009). As Fleming et al. (2004) and Pasch et al. (2009) report, children exposed to alcohol advertising in their local area, in print or in broadcast, have more positive attitudes towards drinking, while tobacco adverts in magazines impact adolescents' attitudes towards smoking. As concern has increased, attention has focused on policies and self-regulatory practices to improve the attitudes, behaviors and outcomes of children.

This paper presents the findings of a spatial analysis study using a critical social marketing framework to understand how marketing systems may be contributing to the challenges faced by our society today. The research aimed to examine the evidence base around outdoor advertising in the vicinity of schools and the interconnectedness of outdoor advertising with outcomes faced by children; in particular we look at the interplay with ethnic diversity, socio-economic deprivation and infrastructure; we analyze how its presence in a representative UK city fares against existing industry guidelines for best practice; we discuss implications for outdoor advertising regulations and industry codes of conduct.

Background

Critical Social Marketing

Given the level of freedom and trust placed in advertisers in the UK, we argue that it is important to have a critical appraisal of the social consequences of marketing activities and policy. Since its formulation, critical perspectives on social marketing have been instrumental in articulating the 'complex, conflicted and increasingly interdependent world' of its application (Luca et al., 2016:196). We believe that social marketing has the potential to illuminate and address 'the negative or constraining social structural influences on individual behavior, particularly those that originate as a function of marketing activities' (Gordon et al., 2010:266). Additionally, social marketing has the toolkit to explore the impact regulations and

guidelines are having on outdoor advertising practice, build an evidence base, media advocacy and inform policy. The alcohol and tobacco advertising industries are relevant examples where a critical social marketing approach has led to upstream applications (Gordon et al., 2010). However, most existing research focuses on the specific context of North American locations and the effect of income deprivation and ethnic diversity on the amount and type of outdoor advertising that is positioned in an area. The gap remaining in the evidence base in a UK context raises questions over the current outdoor advertising landscape and the effectiveness of the regulation system controlling it. These regulations will be revisited in the following section, then compared against the findings of this study to evaluate their effectiveness.

Outdoor advertising regulation

Outside of the UK context there are often strict rules concerning what can and cannot be done in outdoor advertising. Mindful of the need for responsible advertising to children, many countries have taken regulatory action, while self-regulatory practices are being introduced to protect advertisers' and consumers' interests. In Austin, Texas, for example, new billboard construction has been forbidden since 1963. In Los Angeles, no new off-site billboards have been permitted since 2008. In Philadelphia, billboards are prohibited within 660ft of parks, playgrounds, recreation centers, play lots, public or private schools from pre-school through to high schools. In perhaps the most high-profile case, in 2006, outdoor advertising was completely banned in the city of Sao Paulo, Brazil, while in India, COPTA 2003 legislation bans certain forms of advertising within 100 yards of schools.

In addition to government regulation, steps toward self-regulation have been made in countries such as Australia (Children's Advertising Review Unit- CARU) and the UK (Advertising Standards Authority- ASA). Despite being expected to benefit organizations and consumers, and align industry interests with public health concerns, self-regulation has been deemed limited, 'with no meaningful sanctions for non-compliance' (Hawkes, 2005:378). For example, systematic content analyses have shown that children's exposure to food marketing has remained unchanged, despite self-regulatory action in Australia (Jordan and Sano Gilmore, 2013). Similarly, Lee et al.'s (2012:283) review of internal tobacco industry documents has evidenced that the British-American Tobacco and other transnational tobacco companies have used 'CSR practices to stymie evidence-based government-based regulation', while other organizations use it preemptively, in response to signs of potential government regulatory activity. Unlike other advertising media such as television and online, which are the subject of specific regulations, there is almost no constraint on what outdoor advertisers can do in the UK. The main exceptions to this relate to tobacco advertising, which is subject to a complete ban through the Tobacco Advertising and Promotion Act. There are also voluntary guidelines. Members of the UK's Outdoor Media Centre, a trade group for the outdoor advertising industry, commit to a voluntary code of conduct that includes rules concerning the position of outdoor adverts. It recommends, for example, that 'members shall commit to not displaying alcohol advertising on static panels located within a 100 meter radius of school gates'. More recently, the ASA has produced guidance on the display of sexual imagery in adverts. They suggest that 'placement restrictions' around schools should be considered when adverts contain irresponsible sexual imagery (Outdoor Media Centre, 2014).

Methodology

The city of Nottingham was selected as research site. A mid-sized settlement located in the central region of the UK and well connected by road and rail to the South and North of the country, Nottingham is structurally representative of much of the UK urban landscape. Following Walton et al. (2009), Pasch et al. (2009) and Day and Pearce (2011) schools were selected as the unit of analysis, with 500m buffers drawn around their polygons to capture the typical distance walked by children on their way to school. A list of all of the city's schools was obtained from Nottingham City Council. Around these 100 establishments we developed locales consisting of 500m buffer extents and two hemispheres of analysis with information on their neighborhood characteristics and advertising environment (blue and yellow quadrants of Figure 1). The neighborhood hemisphere presents descriptors of socio-

economic deprivation, ethnic diversity and infrastructure, while the latter presents information on the presence of advertisements and promoted products in the defined locales.

We assembled the two hemispheres of analysis with open government data and ecological data using Google Maps APIs. For the neighborhood characteristics hemisphere, school census was used to determine the percentage of non-British students in attendance. This produced a wide range of ethnic diversity scores, between 6.5% and 93.2% ($M=51.36 \pm 23.15$). Information on socio-economic deprivation was added next, measured via two indicators. School level deprivation was derived from Department for Education (2015) census and reflected the percentage of free meals each child-serving institution offered. We also associated the 2015 English Index of Deprivation afferent to the city of Nottingham catchment areas to provide a measure of hardship beyond material metrics (Department for Communities and Local Government, 2015). This ranks areas containing an average of 1,500 people to a composite measure known as the IMD, which is made up of seven dimensions of deprivation, as detailed in the purple region of Figure 1. In addition to this, we added information on the locales' infrastructure, including the number of food establishments, number of bus stops in their vicinity and distance from school grounds to minor and main roads (A and B roads). Following an exploratory study that resulted in the development of a data collection protocol, data-gatherers used a GPS-enabled camera to document the location of all outdoor adverts within 500m buffer zones around Nottingham school grounds. Between December 2013 and February 2014 they physically collected data for the 100 schools recorded by the Department for Education (2015). The result was a data set of 1090 geo-tagged photos, 1197 advertisement data-points, on which 1969 products were depicted. Adverts were coded by their format and advertised products, as prescribed by the yellow region of the school locale protocol. Three main advertising formats were distinguished as informed by Cronin (2006), while the products present on the sampled advertisements were encoded based on the typologies developed by the Australian Food and Grocery Council (2012) and Kotler (2002).

Data analysis involved two steps. First, the geo-tagged adverts were content analyzed in terms of format of the advertisements and the products they depicted. Following this, we used regression tree modeling to learn the relationship between advertising density and the elements of the neighborhood characteristics hemisphere. The number of adverts within 500m of the schools in our sample ranged from 0 to 142. The most common advertisement types were posters on free standing panels (20.05%), small posters in shop windows (17.54%), public facing posters (13.45%), and promotional signs (12.20%). Larger format advertisements such as billboards accounted for 5.18% of the adverts we recorded. As for products classes depicted in these adverts, a majority promoted non-core food goods (47.43%), followed by promotions for services (19.29%), while core-foods were promoted on only 6.96% of the adverts. In terms of product types, the most common were food high in sugar (15.30%), alcoholic beverages (15.08%), gambling and lottery (7.36%).

We used regression tree modeling to explore the interaction between advertising density and the elements of the neighborhood characteristics hemisphere. The tree, presented in Figure 2, was built using 5 fold cross-validation. Its splits were chosen to minimize the mean-squared error ($MSE=507.61$) and explained 51 percent of the variance ($R^2=0.51$). This methodology also provided a ranking of each variable based on the overall contribution in the construction of the tree. We found that the most important variables impacting advertising density were ethnic diversity, indoors and living environment deprivation, as well as proximity to major roads (A type) and number of food establishments in the school locales.

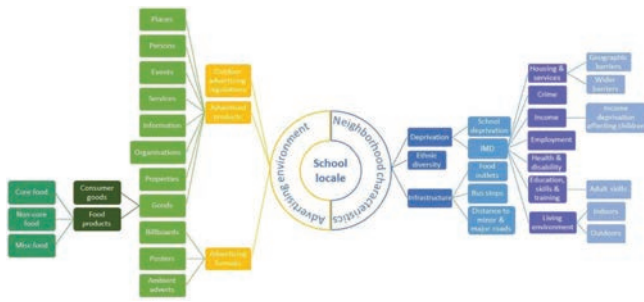


Figure 1: School Locale Definition

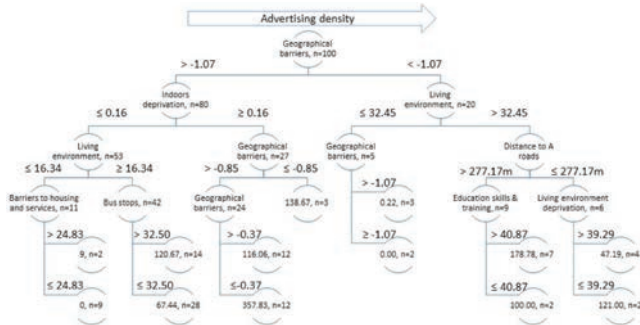


Figure 2: Regression Tree

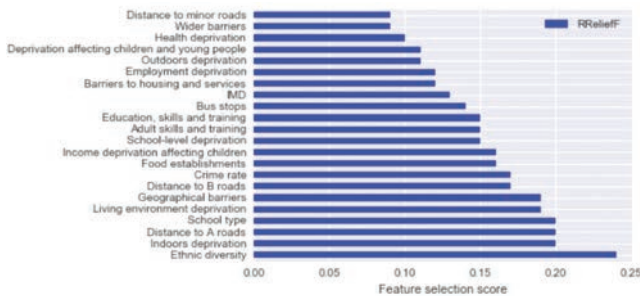


Figure 3: Feature Selection Scores with RReflief

Geographic barriers was chosen as the first splitting criterion, at a cut-off point of -1.07. For schools below this cut-off point, living environment deprivation was the next splitter at a threshold of 32.45, with schools below it having low advertising densities. For schools above the -1.07 geographic barriers cut-off point, indoors deprivation was the next splitting criterion at a threshold of 0.16, with schools above this cut-off point having low advertising densities.

Findings

Below, we summarize the main findings of our research. The first relates to the effectiveness of advertising regulations in the UK. The Code of Conduct for the UK outdoor advertising trade body stipulates that advertisers should not place adverts for alcohol on free standing panels within 100 meters of school grounds. Across our sample, 140 alcoholic beverages were promoted on adverts placed within this buffer zone. Of these, though, 13 were on free standing panels- none were on billboards. As such it seems that this voluntary code of conduct may indeed be effective. But while the letter of these codes is followed, we might ask whether the spirit of the code is also adhered to. Buffer zones around schools are designed to reduce the extent to which unhealthy choices are normalized among young people while they are in an environment devoted to learning. In our sample, gambling and lottery were promoted within 100m of schools 46 times; non-core foods were promoted 140 times. In comparison, core food products were promoted 27 times within 100m of schools.

Current research outside of the UK context has demonstrated that the ethnic make-up of a local community can significantly affect the amount and type of outdoor advertising that is positioned in an area. In this case, ethnic diversity was indeed positively correlated with advert density, accounting for 27% of the variance; socio-economic deprivation, however, improved the prediction of advertising density over and above diversity alone. Two components of the IMD added

to the predictive power of the model: living environment deprivation and the existence of geographical barriers. The former measures the quality of the local environment in terms of quality of housing and road safety, suggesting that communities with low-value property and housing in poor condition are exposed to great levels of advertising; the latter relationship might suggest that areas that are less catered for in terms of key facilities such as general practitioner, schools and supermarkets are associated with low levels of outdoor advertising.

Conclusion

Our findings suggests that, in broad lines, placement restrictions are an effective measure to protect potentially vulnerable groups from the negative effects of some outdoor advertising. However, these codes appear unsatisfactory. They do not effectively cover current marketing activity. Small scale outdoor advertising, notably posters in shop windows, may be offering a route around these codes. Additionally, a broader view at potentially harmful products is required, with advertisements for gambling and lottery being one such potential addition to zoning restrictions. We also confirmed the general theme in the extant literature that outdoor advertising is disproportionately present in areas populated by those at the lower end of the socio-economic spectrum. Given the level of freedom and trust placed in advertisers in the UK, it seems incumbent upon them to be sensitive to this and to explore ways to ameliorate negative consequences which may be clustered around disadvantaged communities. Clearly, then, it is important that social marketing practitioners continue to monitor the impact of marketing activity on local communities and provide a nuanced understanding of the relationship between individual and environment. By working with upstream stakeholders such as the ASA and the Outdoor Media Centre, social marketing practitioners must also be entrusted with independently evaluating the effectiveness of marketing regulations and with exploring whether new codes are required to reflect the concerns voiced by campaign- groups. At a local level, social marketers could also be negotiating placement considerations and enforcement strategies with local councils and media planners.

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8 weeks. The section that counted the higher number of clicks was the "Nutrition" section. The online engagement data are being analyzed and will be reported at the conference.

Discussion and Conclusion. Some of the results found in this study support the hypothesis that engagement with a program improves behavioral outcomes. However, not all types of offline and online engagement were associated with positive behavior change. Future studies should further examine online and offline engagement, to better understand what characteristics and components of such interventions are key to behavior change or maintenance.

Introduction

Overweight and obesity are primarily caused by an energy imbalance, meaning that the people's intake of calories is higher than the body's use of those calories. In other words, people who have a poor nutrition and lack of sufficient physical activity (PA) are at higher risk of becoming overweight or obese. Past efforts have focused on these two behaviors, and interventions have successfully prompted both nutrition and physical activity behavior change (Carins & Rundle-Thiele, 2014; Evans et al., 2010), contributing to the prevention of unhealthy weight in both adults and children.

The progress in technology access and use facilitated the diffusion of online interventions promoting healthy behaviors (Evers, 2006; Marcus et al., 2007). Technology has been used in multiple ways, and interventions have been communicated through different channels, including websites, e-mails, short message services (SMS), interactive multi-media, online games, social networking, and combinations of those (Hutchesson et al., 2015).

Behavioral outcomes of interventions are influenced by various factors, among which the characteristics of the intervention, its relevance to the participants, participants' satisfaction with the program, adherence to the intervention, and exposure to the intervention itself. Considering behavior change outcomes, previous studies have shown that participants who fully complete an intervention show more positive results (Brouwer et al., 2011; Cugelman et al., 2011). The hypothesis is thus that the more people engage in the health intervention, the more the behavioral outcomes will be positive (Danaher et al., 2006).

Despite this evidence, research has also revealed that the actual engagement of participants in online interventions is often lower than the engagement that is suggested and wanted by the intervention developers. Indeed, participants often do not follow the intervention as designed, or they even leave the intervention website before completing the intervention (Eysenbach, 2005; Kelders et al., 2012).

It is important to note, that while e-health interventions are delivered online, the behaviors that they are focusing on, and that they are trying to change, usually take place offline. Nutrition interventions that are delivered online, for example, not only foster participants' involvement in the intervention suggesting that they read the information on a website, watch online videos or play online games. They also encourage the participants to cook a new dish, to prepare food shopping lists, to count calories, to modify portion sizes, to set rules around food consumption, and discuss weekly menus within their household or work environment (Wolfenden et al., 2012). These activities are considered offline behaviors that aim at helping participants change behavior.

In online interventions, involvement of participants is defined as "engagement", "exposure", "adherence", or "usage" (Cugelman et al., 2011; Danaher et al., 2006), and it is measured looking at activities that take place online, although there is no specific agreement on what measures should be used to define these concepts (Danaher et al., 2006). Examples of measures used to assess participants' involvement are the number of clicks on a website, number of log-ins, number of unique session access, pages or sections visited, number of participants that completed the first module, frequency of visits, date of first or last visit, length of visits, active or passive participation in online activities such as forums, games, and blogs (Brouwer et al., 2011; Couper et al., 2010).

Further, there is no specific agreement on what measures should be used to define these concepts, and there is little evidence

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Influence of online and offline engagement on behavioral outcomes in a social marketing e-intervention

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Abstract

Introduction. Lack of physical activity and poor nutrition are determinants of overweight and obesity, which in turn represent risk factors for several non-communicable diseases. Healthy lifestyle promotion interventions are commonly delivered online and evidence suggests that higher engagement in interventions is associated with better behavioral outcomes. It is thus important to measure engagement in interventions. The majority of evidence to date is based on measuring online engagement in online interventions. While e-health interventions are delivered primarily online, the behaviors that they are aiming to change usually take place offline. The aim of this paper is thus to examine engagement using both online and offline measures in an online nutrition and physical activity social marketing intervention, and to assess the association of these measures with children's nutrition behavior change.

Methods. The FAN intervention targeted families with children roughly aged 6-12. It was delivered through a website for parents and print letters for children. Measures of offline engagement of children and their parents were collected immediately post-intervention through a self-report questionnaire. Measures of online engagement were retrieved from the data stored in a log of access on the website server. Paired-sample t-tests were conducted to evaluate the difference in children's food consumption. Regression analyses were performed to assess if there is a difference in food consumption according to the different offline and online behaviors.

Results. Children who read and spoke about the letters with their siblings improved their fruit and sweets consumption. Reading the letters with their parents had a negative influence on sweet consumption, and reading the letters with other family members was associate with decreased fruit consumption. Planning a healthy diet had a negative impact on fruit proportion consumption. The website log registered a total of 17'803 clicks over the intervention period of

on all engagement measures that are used and their influence on behavior. Studies measuring engagement often report only a few measures of online engagement, and few analyze the relationship between these and the relationship that exists between measures of engagement and behavioral outcomes (Brouwer et al., 2010).

Finally, while parents' involvement has shown to increase outcomes in obesity prevention and treatment e-interventions addressed to children, few studies included both children and their parents (Hingle et al., 2010; Wolfenden et al., 2012). As Hingle et al. (2010) point out, there is need to understand the impact of parental involvement on children's behavior change (Hingle et al., 2010).

The aim of this paper is to examine engagement using both online and offline measures in an online social marketing intervention targeting families and promoting physical activity and healthy nutrition, and to assess the association of these measures with children's nutrition behavior change. The findings of this study will provide better understanding of which intervention features and what type of engagement (offline vs. online) are related to outcomes. The results of the evaluation should assist program planners with understanding what aspects of engagement should be measured in nutrition online social marketing interventions.

Method

FAN (Family, physical Activity, Nutrition) was a social marketing program developed in Ticino, Switzerland with the aim of encouraging Ticino families to be more active and eat healthier. The intervention addressed parents with children in primary school and in first two grades of secondary school (roughly six to 12 years of age), and it was offered free of charge. Once per week during eight weeks of intervention, parents and children received tailored communication on healthy lifestyle (nutrition and PA). The communication was delivered primarily through a website addressed to parents, and print letters sent directly to the children. Additional details regarding the intervention can be found in Rangelov & Suggs, 2015.

The website addressed to parents offered three main sections, one for each of the main themes of FAN: "Family", "physical Activity", and "Nutrition". In each section theoretical information and practical advice was presented using a thematic schedule (i.e. Week 1 was about starting a healthy behavior, Week 2 about role modelling, Week 3 about breakfast, and indoor vs. outdoor PA), suggesting how to improve or maintain healthy nutrition and physical activity behaviors within the family environment. Short text content, videos featuring parents and children performing healthy behaviors together, and forum discussions were the main ways in which the information on healthy lifestyle was presented on the website. In the forum, parents could discuss issues with each other, and ask a dietician or the FAN team for advice. Weekly reminders with a short summary about the weekly updates were sent via e-mail or SMS, prompting parents to visit the website at least once a week.

Children received print letters with content about nutrition and physical activity in form of text, but also games and other activities related to these two behaviors. The content was hence complementary to the content of the website. Indeed, the aim was threefold: communicating with the children directly, but also suggest activities that parents and children could do together, and prompt family communication about these topics.

Measures of offline engagement were collected immediately post-intervention through a self-report questionnaire, and included the use of the letters addressed to the children (the only offline communication material used in FAN), and the offline activities that were promoted by FAN to support healthy nutrition and PA behavior change and maintenance. Children's offline exposure was measured using two sets of variables: 1) children read the letters they received, 1b) if yes, with whom they did so; and 2) children spoke about the letters; 2b) if yes, whom they spoke about them with. Parent's offline exposure was measured using the following variables: 1) the parent encouraged their children to eat healthy in the previous week; 2) the parent looked for information about healthy nutrition in the previous month; and 3) the parent planned a healthy diet in the previous month.

Measures of online engagement were retrieved from the data stored in a log of access on the FAN website server. To measure online engagement the following variables were used: number of clicks on

the website and the different pages and sections; the dates of the first and last visits; the average length of visits; as well as compliance to the intervention prescription, that is, visiting the website at least once per week, over the eight-week period.

Statistical analyses were conducted using STATA/MP 13.0 statistical software. Paired-sample t-tests were conducted to evaluate the difference in children's food proportion consumption, and to evaluate the difference in parents' offline behavior, in case they read children's letters. Regression analyses were performed to assess if there was a difference in food proportion consumption according to the person children read their letters with, or spoke about the letters with. We define a "click" as a "one visit to the corresponding webpage". Engagement has been measured with regards to the overall website and by section. The number of clicks was summed to establish the number of total pages visited over the intervention period.

Results

The first results show whether children read the letters, and with whom. The categories were not mutually exclusive: some children read the letters with more than one person/category. Forty-two percent of children reported having read the letters alone; 79% reported they read them with their parents, and 23% reported they read them with their siblings. A minority, 1.2% said they did it with their friends; 2.2% stated they read the letters with other family members; and another 2.2% said they did not read the letters.

Considering those children that read the letter, regression analyses were run to assess whether reading the letters by themselves, or with a specific person influenced children's food consumption. Results show that reading the letters with their siblings was significantly associated with a decreased consumption of sweets $\beta = -.153$, $t(306) = -2.14$, $p < .05$, while reading them with their parents is associated with a significant increase $\beta = .174$, $t(306) = 1.78$, $p < 0.1$.

Among those that read the letters, 62.3% of children said they spoke about the letters with their parents, and 26.1% with their siblings. Roughly, 13% stated they spoke with their friends; 5.8% said they spoke with other family members; 4.2% replied they spoke about the letters with their teacher; and 27.4% of children reported that they did not speak about the letters at all. Regression analyses were performed to see if children's food consumption was influenced by speaking about the letters with a specific person. Findings showed no significant results for these models.

Paired t-tests were used to assess whether there is a difference in parents' offline behavior (encouraging their children to eat a healthy diet, looking for information about healthy diet, and planning for a healthy diet) pre and post intervention, in the case where parents read their children's letters. Results show a significant change for the variable related to the planning of a healthy diet from baseline ($M = 3.19$, $SD = 1.21$) to follow-up assessment ($M = 40.02$, $SD = 188.06$), $t(270) = 3.22$, $p < .05$.

Regression analyses were performed, adding parents' offline behaviors to the "read" variables in the models. Significant results were obtained for fruit proportion consumption. Reading the letters with other family members significantly decreases the consumption of fruit $\beta = -.396$, $t(303) = -1.79$, $p < 0.1$. Planning a healthy diet also significantly decreases it by $\beta = -.0003$, $t(303) = -2.74$, $p < .05$.

Parents' offline behavior activities were added to the model with the "speak" variables, as well. Findings show significant results for fruit proportion consumption. Speaking about the letters with their siblings significantly increases the consumption of fruit $\beta = -.214$, $t(216) = 2.81$, $p < .05$, while planning a healthy diet significantly decreases it by $\beta = -.0003$, $t(216) = -1.78$, $p < 0.10$.

Regression analyses were performed to assess whether there is a difference in food consumption by children that read the letters alone, children that read the letters with a close family member (parents or siblings), and children that read the letters with other people (extended family members or friends). After grouping the variables to include only cases where children read the letter either alone, or with a close family member, or with another person, the sample consisted of 226 children. The majority of children 76% read the letters with a close family member, while 24% read the letters alone only. None of the children read the letters only with an external person. The results of the regressions showed no

significant results, except for the consumption of sweets. Reading the letters only by themselves significantly affected sweet consumption decrease, $\beta = -.169$, $t(224) = -2.16$, $p < .05$.

Finally, regression analyses were conducted grouping the variables to include only children that exclusively spoke with their close family or exclusively spoke with an external person. The sample consisted of 213 children. Of these, 78% read the letters with a close family member (parents or sibling). None of the models (fruit, sweets and sugar drinks) were significant.

Online engagement data show that the intervention website received 17'803 clicks over the intervention period of 8 weeks. During the intervention, 556 parents were prompted to visit the website at least one a week, expecting a minimum of 4448 clicks. The section that counted the higher number of clicks was the "Nutrition" section. Overall, the distribution of clicks across the website was the following: 1'344 clicks on the "Home" page (7.5%); 1'621 clicks were on the "Family" section (9.1%), 4'430 clicks were on the "Physical Activity" section (24.9%), and 7'737 clicks were on the "Nutrition" section (43.5%). Another 2'128 clicks were on "Useful Resources" (12.0%), where families found some useful links related to PA and nutrition, 248 clicks were on the "Forum" (1.4%), 204 clicks were on the "Project" page of the website (1.2%), and 87 clicks were registered on the "Contact" page (0.5%). Analyses of the effect of online engagement on behavioral outcomes are in progress and will be presented at the conference.

Discussion and Conclusion

This study was based on the hypothesis that behavior change outcomes would be more positive if people were more involved in the health program (Danaher et al., 2006). While some results support this hypothesis (children who read and spoke about the letters with their siblings improved their fruit and sweets consumption), this study found that planning a healthy diet had a negative impact on fruit proportion consumption. Indeed, in both models (reading and speaking), planning significantly decreases the consumption of fruit, although the coefficient was small ($\beta = -.0003$ for both models). Further, reading the letters with their parents had a negative influence on children's sweets consumption, which increased, and reading the letters with other family members was associated with decreased fruit consumption. This could be related to children's peer influence, and parents' authority reject.

Online health behavior change programs aim to change offline behavior. Previous studies have shown that both online activities and offline engagement are related to improved behavior (Cugelman et al., 2011; Danaher et al., 2006; Donkin et al., 2013). Hence, when evaluating the behavioral outcomes of similar social marketing nutrition programs, analyzing both on and offline engagement should provide a more accurate understanding of which characteristics and components of such interventions prompt behavior change or maintenance. Interventions incorporating this understanding should result in more effective social marketing programs. Finally, analyzing engagement in such comprehensive and consistent way would result in the ability to compare evaluations across programs.

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Implementation of a Social Marketing Framework Designed for Collaborative Partnerships: Untangling the Theory of Change

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Implementation of a Social Marketing Framework Designed for

Collaborative Partnerships: Untangling the Theory of Change

Abstract

Community coalitions are collaborative by nature and an important part of the public milieu. Thus, they are subject to many of the same external pressures as other publicly-funded organizations—including changes in required strategic orientation. Many US government agencies that fund efforts, such as community-based social marketing initiatives, have shifted their funding agenda from program development to policy development. The Florida Prevention Research Center at the University of South Florida (Tampa, Florida, USA) created the Community-Based Prevention Marketing (CBPM) for Policy Development framework to teach community coalitions how to apply social marketing to policy development. The research reported here was designed to explicate the framework's theory of change. The research question was: "What are the linkages and connections between CBPM inputs, activities, immediate outcomes, intermediate outcomes, and ultimate impacts?" The authors implemented a case-study design, with the 'case' being a normative community coalition. The study adhered to a well-developed series of steps for system dynamics modeling. Results from computer model simulations show that gains in community coalition performance depend on a coalition's initial culture and initial efficiency, and that only the most efficient coalitions' performance might improve from implementing the CBPM framework. Practical implications for CBPM users are discussed—namely, the importance of managing the early expectations of academic-community partnerships seeking to shift their orientation from downstream- (e.g., programs) to upstream social marketing strategies (e.g., policy).

Introduction

Contemporary society faces an array of social problems that touch upon people's health. Public health, which consists of organized efforts to improve conditions and the health of populations and communities, encompasses many activities typically carried out by public sector agencies. However, community-led prevention efforts are also common, including those initiated by community coalitions; and as an important part of the public health milieu, community coalitions are subject to many of the same external pressures as public health organizations—including changing practices governed by scientific standards. Foremost, effective health policies have a substantial impact on population health, making policy enactment one of the strategies recommended by the CDC for combating health problems at the population level (e.g., Frieden et al., 2010); and community coalitions are a common vehicle through which policy interventions are implemented (Kegler and Swan, 2012).

Despite the (re)surgence of interest in policy implementation, community coalitions have had mixed success in effecting state and local health policy changes (Wandersman and Florin, 2003). In part, these results reflect the lack of a systematic framework to help them select and tailor evidence-based policies and advocate for adoption at the state and local level. Coalitions rarely have formal training in identifying and selecting evidence-based policies, tailoring them for local need, and promoting them (Snell-Johns et al., 2003). As a result, policy analysis appears too daunting and time-consuming for many community coalitions to attempt. Moreover, even when actively involved in policy development, few coalitions have been successful in monitoring policy implementation, evaluating impact, and disseminating results in a way that enriches the evidence base needed to accelerate the translation from research to policy and practice (Brownson et al., 2010).

To meet community coalitions' need for a systematic planning framework with which to translate evidence-based policies into practice, the Florida Prevention Research Center at the University of South Florida (Tampa, Florida, USA) developed Community-Based Prevention Marketing (CBPM) for Policy Development: an eight-step framework that teaches community coalitions how to apply social marketing to policy development (Bryant et al., 2014a, Bryant et al., 2014b). Although this framework has been tested with policies related to childhood obesity prevention, that was for demonstration purposes only; the framework and training materials have been designed to assist coalitions working with a wide range of public health issues. Similarly, the research reported here was designed to explicate the framework's theory of change, regardless of the social issue for which the framework is being applied.

CBPM for Policy Development

CBPM for Policy Development (hereafter referred to as CBPM) is a community-driven planning process that blends elements of evidence-based decision making, social marketing, and policy advocacy to enhance coalitions' capacity to promote policy change at the organizational, local, and state levels. Community coalition members not only select the policies they want to promote, but also learn social marketing research techniques for gaining insights into factors that influence how policy beneficiaries, stakeholders, and decision makers view and make decisions about policy change. These insights enable coalitions to modify evidence-based policy elements and frame social issues to build common ground, optimize support, and more effectively influence decision makers.

The CBPM framework is comprised of eight steps, divided into three phases: Get Ready (Steps 1–3); Get Set (Steps 4–6); and Go (Steps 7–8). Each step within a phase directs the coalition's attention to key questions. The purpose of each of the eight steps is as follows: (1) Build a strong foundation for success; (2) Review evidence-based policy options; (3) Select a policy (or policies) to promote; (4) Identify priority audiences among beneficiaries, stakeholders, and policymakers; (5) Conduct formative research with priority audiences; (6) Develop a marketing plan for promoting the policy; (7) Develop a plan for monitoring implementation and evaluating impact; and (8) Advocate for policy adoption.

The Florida Prevention Research Center initiated a demonstration project to test the CBPM framework with a community coalition in Lexington, Kentucky, USA. That project generated various types of evaluation data over a period of almost four years. Those data were inputs for the present case study. Our goal was to explicate the framework's theory of change, so that subsequently it can be tested in practice, by addressing the research question: "What are the linkages and connections between CBPM inputs, activities, immediate outcomes, intermediate outcomes, and ultimate impacts?" This is a complex research question to which we applied system dynamics modeling, which is the use of causal diagrams and computer models to hypothesize, test, and refine endogenous explanations of systems change (Richardson, 2011). Previously, we published findings from the first phase of CBPM theory-of-change work—i.e., problem articulation and dynamic hypothesis formulation (Biroscak et al., 2014). The present paper covers the second phase and addresses two aims, which correspond to the next two steps of system dynamics modeling (Sterman, 2000): Aim 1. To formulate a computer simulation model to test the dynamic hypothesis of the CBPM framework's theory-of-change; Aim 2. To validate the computer simulation model.

Method

The research strategy for the present work is most closely related to case study research (Woodside, 2010). We employed a single-case design, with the case being a normative community coalition—i.e., relating to an ideal standard for CBPM adoption and implementation. The methods used here follow the general approach to system dynamics modeling detailed in Sterman (2000), which has been cited more than 1,200 times in Web of ScienceSM. Research covering system dynamics modeling Steps 1–2 was reported in a prior publication (Biroscak et al., 2014). Briefly, Step 1. Problem Articulation (Boundary Selection): The authors engaged group model-building participants in exercises to identify key variables, time horizons, and reference modes pertaining to CBPM implementation dynamics. Step 2. Formulation of Dynamic Hypothesis: The authors used extant data—e.g., observation notes from meetings where the initial coalition to test CBPM was trained on the framework—to develop causal diagrams of the feedback processes hypothesized to be responsible for CBPM dynamics; the dynamic hypothesis was revised with input from modeling participants. Step 3. Formulation of a Simulation Model: The qualitative, causal diagram generated from Steps 1–2 was converted into a quantitative, computer simulation model. Step 4. Testing: The simulation model was validated using a variety of standard tests (e.g., comparison of model behavior to reference modes).

Based on research covering system dynamics Steps 1–2 (Biroscak et al., 2014), the phenomenon to be modeled was framed as: "How does implementing the CBPM framework improve community coalition performance?" We developed a computer simulation model

of CBPM implementation and its impact on coalition performance. The feedback mechanisms explicated during Steps 1–2 were operationalized through a system of integral equations representing a theory of implementation and coalition performance. Simulation model equations were based on system dynamics models identified in the literature. That is, we used a generic structure as a precursor to building a model of the current problem. Specifically, we integrated Hovmand and Gillespie’s (2010) simulation model for considering how innovation implementation impacts organizational performance.

In system dynamics modeling, stock (level) variables determine the state of a system. Whereas stocks represent conserved quantities (tangible or intangible), rate (flow) variables represent changes to conserved quantities (Sterman, 2000). Because stocks determine the state of a system, their initial values are of import. Identical to Hovmand and Gillespie (2010), initial conditions for each of the stocks were calculated to start the simulation in dynamic equilibrium for coalitions at full strength of “coalition culture,” defined as a pattern of basic assumptions that a coalition has adopted in learning to cope with its problems, and that have worked well enough to endure because they have meaning for coalition members (adapted from Martin, 2002, Schein, 1984). Delphi groups were conducted to elicit parameters and nonlinear relationships using Qualtrics® online survey software.

The complexity of change in dynamic systems, such as a community coalition adopting a multistage innovation like CBPM, makes model testing essential (Sterman, 2000). Model testing is an iterative process. This included assessing the model for dimensional consistency (i.e., consistency of equation units) and comparing simulated behaviors against known behavior patterns from organizational theory (Hovmand and Gillespie, 2010). Comparisons were also made between the model structure (and behavior) and arguments made about the system’s structure and behavior that originated from the mental models of CBPM’s developers and users—a form of face validity check. The system dynamics model was developed using Vensim® PRO software.

Results

The complete, formal simulation model based on the causal loop diagram presented in Biroscak et al. (2014) and rooted in Hovmand and Gillespie (2010) contains many interacting feedback loops. However, only a small set of dominant feedback loops is required to understand the general pattern of system behavior. The results presented here primarily involve three feedback mechanisms: reorientation, community support, and maintenance. Strategic reorientation (see B1 in Figure 1) is a balancing process that counteracts the initial discrepancy between the required- and current strategic orientation of a community coalition. The model represents the process of reorientation in a manner identical to Hovmand and Gillespie (2010), where the coalition takes action following recognition of a gap between the current- and required strategic direction. At any point in time, a coalition’s environment may demand a different strategic direction from the coalition. The required strategic direction represents the set of external criteria that are applied to the coalition and used to evaluate its effectiveness. If the gap between the required- and coalition’s strategic direction increases, its effectiveness and hence performance decrease below what they would have been otherwise. This increases the pressure to change.

Figure 1. Causal Loop Diagram

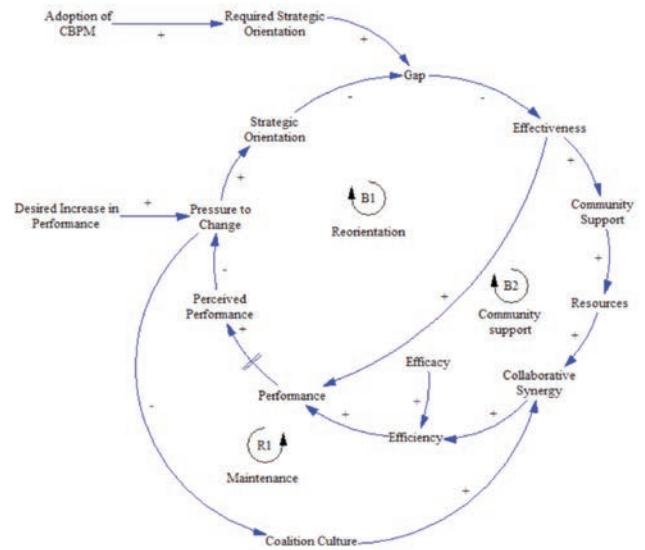
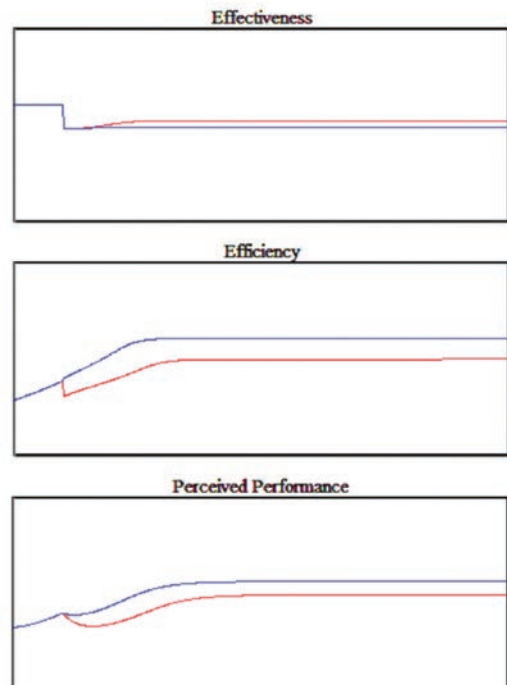


Figure 2. Simulation Model Output



Community support is a balancing process (see B2) where the coalition seeks to increase the amount of support it receives from the community by changing its strategic direction (Hovmand and Gillespie, 2010). Coalitions depend on a community’s willingness to support coalition initiatives (Golub et al., 2011). The effect of community support is mediated by funding. Reductions in coalition effectiveness can lead to a decline in community support and funding, which lowers both the available resources per resident and collaborative synergy. Maintenance refers broadly to a process whereby coalition member involvement is sustained and collaborative synergy created (Butterfoss and Kegler, 2009) (see R1). This process is represented as a function of increasing coalition culture. As the coalition’s culture strengthens and increases collaborative synergy, efficiency and perceived performance increase, which reduces the pressure to change. With less pressure to change, coalition members become acculturated; and the coalition becomes more stable.

CBPM implementation has two components: (1) the strategic decision to adopt and implement CBPM and (2) the goal of improving coalition performance. The decision to adopt and implement CBPM means that the coalition changes the basis of its legitimacy to one based on evidence-based decision making, business principles (e.g., marketing), and policy advocacy. However, in the counterfactual case, a community coalition might undergo a

self-directed change in strategic orientation. This was represented as a 30% change in the Required Strategic Orientation following an approach similar to Hovmand and Gillespie (2010). Likewise, change in Desired Increase in Performance was represented as a 30% increase relative to initial performance. Lastly, the percentage change in Efficacy is equal to zero in the counterfactual case (i.e., no CBPM implementation).

Figure 2 displays the behavior over time of the three key outcome variables for a community coalition's performance: Effectiveness, Efficiency, and Perceived Performance. The implementation case (i.e., factual) is compared against the no-implementation case (counterfactual). In the factual case, percentage change in Efficacy is equal to 30 percent (i.e., boost from CBPM implementation). At month 12 of the simulated scenario, the abovementioned changes in parameters occur. The immediate result is a drop-off in all three outcomes. Over time, all three rebound; but coalition Effectiveness does not rebound to its pre-changes value. These behavior-over-time graphs reveal that any disparities in Effectiveness from CBPM implementation are offset by gains in Efficiency and, consequently, Perceived Performance.

Discussion

It is important to emphasize that the present model represents the authors' best estimate—i.e., the model still needs to be tested longitudinally. It remains to be seen how closely the real-world dynamics match what has been hypothesized here. Moreover, the original community coalition that pilot tested the CBPM framework was asked to test the framework, and therefore, "Reorientation" (loop B1 in Figure 1) from a program- to policy orientation was a required feature of the partnership. This will not match the experience of other coalitions that adopt and implement the framework. However, the modeling approach described here is illustrative of how social marketers can open up the 'black box' of complex innovations.

Results from computer model simulations show how gains in coalition performance depend on a community coalition's initial culture and initial efficiency, and that only the most efficient coalitions may see benefits in coalition performance from implementing CBPM for Policy Development. One of the take-home messages for us as the framework developers, from a formative evaluation standpoint, is the need to improve the design of the framework's online learning modules (<http://health.usf.edu/publichealth/prc/policy/policy-development>) to manage CBPM users' expectations so that they do not become discouraged by potential 'dips' in performance, early on in the framework implementation process. Another take-home message for us is the need for additional formative evaluation to see if we can (a) eliminate unnecessary framework components and (b) redesign other components to make CBPM for Policy Development more feasible for a wider range of community coalitions. What is typically the final step of the system dynamics modeling process, Step 5. Policy Design and Implementation—i.e., using the model to implement decisions and strategies in the real world—will be integral to these efforts.

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Self-Directed Social Marketing: An Exploration

Abstract

Does the social marketing process end with the social marketer? We introduce the concept of self-directed social marketing (SDSM) to recognize the target audience as actor rather than recipient. SDSM underscores the importance of the target audience's goal-driven transformation of social marketing outputs into behavioural outcomes. An empirical investigation illustrates how SDSM challenges the traditional social marketing approach and provides indications on how to advance it. SDSM may be embraced by people who wish to change their behaviour yet resist traditional interventions.

Introduction/Background

Does the social marketing process end with the social marketer? Taking social marketing to be what social marketers do, a novice may believe so. The process would be about transforming inputs such as time and money into outputs such as communication and other materials; it would start and end with the social marketer. Expert social marketers, however, would disagree with such a depiction. Social marketing, they would remind us, goes beyond the creation of great materials: it has the target audience's influenced behaviour as its endpoint or outcome (International Social Marketing Association, European Social Marketing Association, & Australian Association of Social Marketing, 2013). The social marketing process as a whole, from inputs to outcomes, therefore starts with the social marketer as external change agent, and ends with the target audience as internal change agent.

The novice may not fully realize the importance of the target audience as change agent within the social marketing process because the literature centres around the social marketing approach (Andreasen, 2002). From the beginning, social marketing was

introduced as an “approach to planned social change” (Kotler & Zaltman, 1971). In the tradition of the marketing management perspective (Wilkie & Moore, 2003), the implicit assumption is that the (social) marketer is the agent of change. The assumption may have been necessary for marketers to embrace the concept. The social marketing concept has since gained notoriety among scholars in various disciplines, governments, international organizations, as well as non-profit and for-profit organizations. It is thus timely to adopt a broader perspective that recognizes the (social) marketer as an agent of change. The target audience is another.

The lack of attention to the audience as internal change agent is problematic. Social marketing entails creating or maintaining value (French & Gordon, 2015), which, as value, is “always co-created, jointly and reciprocally, in interactions among providers and beneficiaries” (Vargo, Maglio, & Akaka, 2008, p. 146). The social marketing process encompasses two interrelated processes. The first process involves the social marketer transforming inputs into outputs; we call it other-directed social marketing (ODSM). The second process involves the audience transforming the outputs of ODSM into outcomes; it is audience response (Kotler & Zaltman, 1971).

Audience response may be unconscious, as when consumers are nudged into buying more fruits and vegetables because of their display at eye level (Cohen & Lesser, 2016). Otherwise, it involves conscious goal-setting and goal-striving; in that case we refer to it as self-directed social marketing (SDSM). The distinction between other-directed and self-directed social marketing processes does not imply that the social marketers (‘other-directed’) and the target audience (‘self-directed’) are mutually exclusive groups. The concept of internal social marketing recognizes that both can be part of the same organization (A. M. Smith & O’Sullivan, 2012). It follows from the broadened concept of marketing as encompassing “the transactions between an organization and all of its publics,” including its employees (Kotler, 1972, p. 46).

The broadened marketing concept still assumes that marketing involves at least two different actors (Kotler, 1972, p. 49), which we refer to as the separability assumption. The separability assumption is useful when considering the social marketing process as a whole. Within the boundaries of SDSM, however, it is violated by definition, since the process begins and ends with the target audience. From the viewpoint of the audience, attention is a scarce resource, and multiple sources of stimuli are competing for it. That is why social marketers analyse the competition. Therefore, SDSM may follow one or more ODSM processes, or it may come about without any. That is why social marketers cannot attribute to their own efforts successful behaviour change by the audience.

What are the implications of giving attention to SDSM? In the current paper we explore the SDSM concept within a specific empirical context. We evidence that the conceptual apparatus of the traditional social marketing approach needs to be enriched to better address the social marketing process as a whole, including both ODSM and SDSM. SDSM challenges the traditional social marketing approach and provides indications on how to advance it. It requires rethinking the target audience from recipient to actor: the target audience is actively shaping situations rather than simply responding to them.

Method

The specific empirical context of the current study is that of cigarette consumption cessation. The choice is strategic. Although we know a lot about what works for smoking cessation (Artinian et al., 2010; Mozaffarian et al., 2012), we know little about how smokers manage to quit without assistance from either a professional or a pharmacological product. That is surprising, since unassisted cessation is the most widespread form of successful quitting (Chapman & MacKenzie, 2010). We know even less about the process from the viewpoint of the smokers themselves (A. L. Smith, Carter, Dunlop, Freeman, & Chapman, 2015), since the literature largely adopts the separability assumption. Studying SDSM in such a context is therefore timely. It can also provide insights for addressing potentially addictive behaviours.

Given our interest in understanding SDSM from the viewpoint of the persons engaging in it, including the meanings and contexts they associate with their behaviour, we adopted a qualitative methodology. We needed to balance the desirability of a first-person

account with the necessity of covering various aspects of personal experiences as informed by the social marketing approach. As such, we opted for face-to-face semi-structured interviews as a method. The data cover 105 interviews with persons who have seriously attempted to quit, succeeding for at least one day, whether they started smoking again or not (58% women, average age of 40 years). The informants were selected within the population of Western Switzerland using purposive sampling, with two sets of interviews conducted, one with current smokers (32 women and 13 men), and the other with former smokers (29 women and 31 men). The interviews inquired about consumers’ experiences with cigarette consumption and deconsumption attempts, along with the meanings and contexts associated with cigarette (de)consumption.

Results

What insights does the empirical evidence for the SDSM concept? In the current section we present key messages that emerge from the empirical evidence. We find that SDSM exists because people exercise their agency by actively signifying and shaping the situations they face, rather than simply responding to them. Among other techniques, they may seek exposure to new situations, transform existing situations, avoid certain situations, or reinterpret situations. We had not anticipated that SDSM may be practiced individually as well as collaboratively, which may sometimes be more effective. SDSM is practiced both by people who are predisposed to receive help (“I want to be supported” – all quotes provided here are translated from French), and by those predisposed to resist it as unwelcome interference (“Smoking is personal, and quitting it will be too”).

SDSM is mediated by perceived situations. The same objective situation can signify different meanings to different persons. A striking example is the widely divergent interpretations that two informants had of being alone in the evening. One considered that smoking in such a situation connoted freedom and liberty, whereas the other explained that he never smoked in such a situation because he would consider it a worrisome sign of depression. In addition, the same objective situation can be perceived differently by the same person at different points in time. One informant who habitually smoked in the presence of children had an unexpected ‘moment of truth’ that made her reconsider her behaviour. In her words, “I did not realize that I was intoxicating them.”

Self-awareness of the role of perceived situations as cuing behaviour can facilitate SDSM. It provides opportunities to seek situations that offer similar experiences while advancing toward the behavioural objective. Two approaches have been followed by informants, which we refer to as radical SDSM and incremental SDSM. Radical SDSM seeks to fully realize the behavioural objective at the earliest, whereas incremental SDSM seeks to realize it progressively, by targeting different behavioural objectives across different situational segments. As an illustration, the social dimension of situations underlies social smoking, which gives “a feeling of belonging to a group”, provides “a moment of sharing”, and offers the opportunity “to make contacts” and “talk to people”. Informants who were aware of their smoking as socializing sought alternative opportunities for socializing, such as joining a club.

SDSM typically involves goal-setting at multiple levels, potentially including self-gift-giving. Regardless of the distal goal(s), whether directed toward self (improved health or physical performance) or others (avoiding harm), proximal goals seem necessary. In incremental SDSM, such goals are typically explicitly situation-specific and may come in the form of self-imposed rules. “I do not smoke at home”, affirmed a current smoker; “I never smoke in times of stress”, explained another. Such an approach can be conducive to the goal. “I avoided smoking when there were children around me,” said a former smoker. For many, goal-setting takes the form of committing to a gift to self in case of goal achievement (radical SDSM) or progress toward the goal (incremental SDSM). Prominent examples of self-gifts are holiday trips construed as partially funded by the money saved from not buying cigarettes.

Successful SDSM may involve exposure to new situations or avoidance of some situations. For many, the turning point came with exposure to a new situation that changed their perception and enabled them to sustain change. One former smoker mentioned starting to exercise as the trigger – it felt “a bit like being trapped in the body of an old person.” Another mentioned support from “friends

who play sports” as enabling the sustainability of quitting. Because recurrent exposure to smoking-inducing situations can be a major reason for relapse, avoidance of some situations may sometimes seem necessary. As one informant noted, “it is always difficult to stop ... when you interact with smokers”. Relapse can occur quickly: “After 2-3 days [spent] with smokers, I started [smoking] again”. In such cases, situation-avoidance can become useful: “I changed my circle of friends ... [there were] fewer smokers [around], I went out less during breaks [at work] ... in the end I no longer had the urge to smoke.”

When situation-avoidance is not feasible or desirable, SDSM may rely upon situation-reinterpretation or situation-transformation. Situation-reinterpretation often occurs with the influence of social surroundings, often in response to their attitudes and expectations: “When my grandmother saw that I was smoking, it made me uncomfortable; when I told her that I had stopped, it made me happy and it motivated me.” Partners can play an enabling role, including in sustaining the behavioural objective: “My wife is a non-smoker [and she] supports me [to not resume smoking]”. Situation-transformation may occur by making changes to the physical configuration of situations, such as by removing ashtrays from the living room, or by changing the attitudes of social surroundings, as by telling them about the behavioural objective. As such, support for achieving the objective (cigarette deconsumption) is not restricted to those who have already achieved it (non-smokers), since others (smokers) too can make the difference. A former smoker explained how his friends, who were smokers, “were very supportive in difficult times, for example when [he] wanted to go buy cigarettes”. Another explained how the fact that her friends respected her decision and refrained from offering her cigarettes was a major enabling factor.

Beyond individual efforts, collaborative SDSM seems promising: it involves different persons setting together their behavioural objective and supporting each other to achieve it. Many of the success stories that former smokers shared were about agency that went beyond the single individual, in what can be termed collaborative deconsumption. In some cases, the collaboration was with a friend: “My friend and I decided to quit ... and go on vacation with the money [we would save]; 6 months later we went to Amsterdam.” In others, it was with a family member: “To encourage me, my mom decided to quit smoking with me, it allowed me to feel stronger and more comfortable with my decision”. Informants who had successfully practiced collaborative SDSM depicted the process as a joint activity that close persons went through together, as if accompanying each other on an adventure that is fulfilling both as a shared experience and as a possible path towards greater wellbeing.

Discussion

The SDSM concept offers interesting avenues to enrich the traditional social marketing approach. The traditional approach emphasizes the importance of offering benefits to the target audience. It may fail when it ignores that many people reject help as they want to be their own change agents. The SDSM concept may be embraced by such persons. Alternatively, social marketers engaged in ODSM may consider such persons as a segment that needs to be targeted differently, for instance by enabling their self-persuasion, without offering any benefit. Self-persuasion “entails placing people in situations where they are motivated to persuade themselves to change their own attitudes or behavior” (Aronson, 1999, p. 875). In such cases, the social marketing process may occur without explicit goal-setting and thus without SDSM.

The traditional approach involves behavioural objectives specified by the social marketer(s), typically formulated in a SMART way. In SDSM, the behavioural objective may be stated in the form of self-commitment to a certain rule. The rule may be either outcome-specific (as in radical SDSM such as the ‘cold turkey’ case) or situation-specific (as in incremental SDSM). Rules may be phrased in ‘if... then...’ statements. In outcome-specific rules, the first part of the statement may be a behavioural objective, whereas the second part is a reward, what we offer ourselves in case of success. If we agree the Product of traditional social marketing is not the behaviour (Thackeray, Fulkerson, & Neiger, 2012), but a social proposition (Peattie & Peattie, 2003), SDSM clarifies that it comes in a rule format. The rewards specified in outcome-specific rules can be conceived as a gift to self, which is also a “form of personally

symbolic self-communication” (Mick & DeMoss, 1990, p. 328).

Situation-specific rules can be effective because their repeated application makes them less effortful (Kruglanski & Gigerenzer, 2011), and can thus contribute to habit change. Situation-specific rules may refer to (1) ways to respond to specific situations, (2) ways to get exposed to specific situations, whether (a) exposure to new situations, (b) transformation of existing situations, or (c) avoidance of specific situations, or (3) ways to interpret specific situations. Instead of traditional social marketing focus on Place, SDSM turns our attention to the broader concept of situation, which includes place and other objective dimensions (Belk, 1975), as well as a psychological dimension (Parrigon, Woo, Tay, & Wang, 2016; Rauthmann et al., 2014). Whereas the traditional approach takes situations as an objective of study for the social marketer and as stimulus for response by the audience, SDSM recognizes situations as actively enacted upon. Price is not universal: it is situation-specific, so there are different prices in different situations, whether in terms of pecuniary or psychological costs.

Transformation of situations by the target audience can thus be conceived as self-nudging. In SDSM, self-communication may be direct, for instance in the form of set reminders, or indirect, in the form of commitments made to others who would remind us of them. Segmentation, in SDSM, develops situational segments reflecting patterns of interaction between oneself and various situations. Introspection and self-monitoring may help in generating insights throughout the SDSM process; in terms of the traditional approach, audience insights, monitoring, and evaluation are part of a continuous process. SDSM may seem daunting to some individuals. Yet as illustrated here, SDSM does not have to be a lonely journey: it can be a collaborative endeavour.

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Social Marketing Tools Interpreted Through a Behavior Model Lens

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Social Marketing Tools Interpreted Through a Behavior Model Lens

Abstract

The purpose of this paper is to add practical and theoretical insight to commonly used social marketing tools. It describes a model explaining behavior as a result of a confluence of three factors. It then uses that model to interpret selected social marketing tools according to the three factors it may contribute in inducing a target behavior. Similar analysis can aid in designing social marketing interventions.

Introduction

Social marketing seeks to induce beneficial target behaviors among specific target populations, recognizing the balance between motivators and behaviors (Exchange Theory), the value of reducing barriers, and the utility of cues to action, such as prompts (Wikipedia 2016; Smith, 2006; NSMC, 2016). The Fogg Behavior Model (FBM) asserts that absent the simultaneous confluence of only three factors— Motivation, Ability, and Trigger—behavior does not occur. The FBM provides designers and researchers with a systematic way to think about the factors underlying behavior change. (Fogg, 2009)

Social marketing practitioners can trace the likely cause of behavior failure to deficiency in one of the three factors requisite for behavior occurrence. Identifying social marketing tools with the factors they may provide can aid in planning interventions.

This paper considers several commonly used social marketing tools through the lens of the FBM, classifying them as supporting Motivation, Ability, or Triggers.

Method

Several tools commonly employed in social marketing interventions were analyzed from the perspective of the Fogg Behavior Model (FBM) (Fogg, 2009). The tools were selected from the websites *Fostering Sustainable Behavior* (McKenzie-Mohr, 2016) and *Tools of Change* (Kassirer, 2016). These tools are analyzed and categorized by which of the FBM factors they promote.

Results

This investigation considers the following social marketing tools: Building Motivation, Engagement and Habits Over Time; Obtaining Commitment; Vivid, Personalized, Credible, Empowering Communication; Feedback; Neighbourhood Coaches and Block Leaders; Norms; Overcoming Specific Barriers; Prompts; and School Programs that Involve the Family.

The Fogg Behavior Model (FBM) asserts that behavior will occur if and only if three factors are present in the proper proportions at the same time. They are Motivation, Ability, and Trigger.

Anything that increases the desire on the part of a member of the target population to perform the target behavior works as Motivation. Anything that reduces barriers is a component of the Ability factor. Triggers spur initiation of the behavior.

High levels of motivation will support high ability requirements. Conversely, low motivation won't lead to behavior unless the ability hurdle is low. This motivation-ability threshold relationship can be graphed as a curving line (Figure 1).

The presence of fuel and oxygen will not result in combustion without a spark. Analogously, according to the FBM, even when conditions surpass the Motivation-Ability threshold, behavior will not occur without the catalyst of a Trigger.

The FBM can be represented as $B = MAT$, where B is Behavior, M is Motivation, A is Ability, and T is a Trigger.

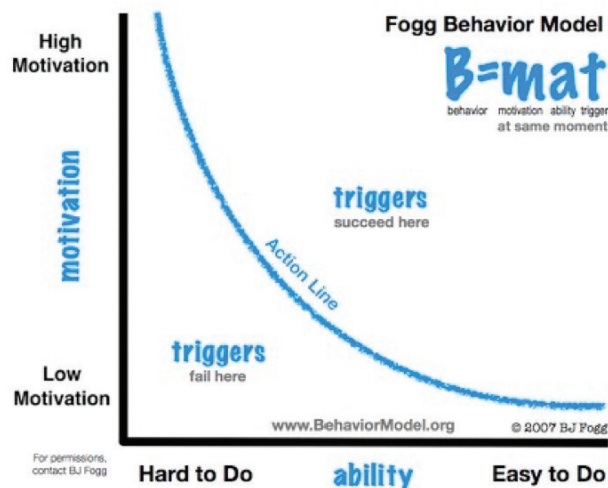


Figure 1. Fogg Behavior Model. The X Axis = Motivation; the Y Axis = Ability. Behavior Will Occur When The Threshold Is Met or Exceeded AND a Trigger is in Effect.

Below is a brief analysis of a sample of commonly used social marketing tools, describing what role they play in the FBM (Motivation, Ability or Trigger).

Building Motivation, Engagement and Habits Over Time is mainly a tool for Motivation; it can include the use of ongoing or phased Triggers.

Obtaining Commitment stirs the subject to follow through (Motivation) but doesn't change Ability. The request itself or a reminder of the commitment may provide a Trigger.

Vivid, Personalized, Credible, Empowering Communication increases Motivation and may serve as a Trigger.

Feedback. Providing feedback to members of the target population can buoy desire to carry out the behavior (Motivation) as well as provide insight for doing it more easily (Ability) and also serve as a Trigger, if so designed.

Incentives and Disincentives change the desirability of a behavior (Motivation). When coupled with a deadline, they can also be a Trigger.

Neighbourhood Coaches and Block Leaders can provide powerful modeling and encouragement (Motivation) as well as training to make the target behavior easier (Ability). They can also provide tailored Triggers to those in their neighbourhoods.

Norms. When people in the target population perceive the target behavior as normative, they often are encouraged to adopt the

behavior and so fit in with their peers (Motivation).

Overcoming Specific Barriers, or “making the best thing to do the easiest thing to do,” affects Ability. The launch of new infrastructure that overcomes these barriers (e.g. a more convenient and confidential way of getting tested for sexually transmitted diseases, or a new pathway that makes cycling safer) can also provide a Trigger.

Prompts are Triggers.

School Programs that Involve the Family can enhance attraction of target behavior (Motivation), provide skills or conditions to make the behavior easier (Ability) and, if designed to include group activities or deadlines, serve as Triggers.

The tools above are categorized by their FBM role. Table 1 lists tools that affect Motivation; Table 2 lists those that affect Ability; Table 3 lists those that can serve as Triggers.

Table 1. A List of Tools that can Provide Motivation to Perform a Target Behavior.

Building Motivation, Engagement and Habits Over Time

Obtaining Commitment

Vivid, Personalized, Credible, Empowering Communication

Feedback

Neighbourhood Coaches and Block Leaders

Norms

School Programs that Involve the Family

Table 2. A List of Tools that can Affect Ability to Perform a Target Behavior.

Feedback

Neighbourhood Coaches and Block Leaders

Overcoming Specific Barriers

School Programs that Involve the Family

Table 3. A List of Tools that can Serve as Triggers to Initiate a Target Behavior.

Building Motivation, Engagement and Habits Over Time

Obtaining Commitment

Vivid, Personalized, Credible, Empowering Communication

Feedback

Neighbourhood Coaches and Block Leaders

Overcoming Specific Barriers

Prompts

School Programs that Involve the Family (if it incorporates a scheduled group activity)

Discussion

The FBM is elegant and simple. Fogg also describes subtle but important aspects of Motivation, Ability and Triggers. (Fogg, 2009).

He describes three types of motivators: (1) pain / pleasure, (2) hope / fear, (3) social acceptance / rejection.

He identifies six “links” of simplicity (barrier reduction). If any single link breaks, then the chain fails, and barrier reduction fails. The first link is time: a target behavior requiring time that’s not available is not simple. The next link is money: for people with limited financial resources, a target behavior that costs money is not simple. The third link is physical effort. Link four is “brain cycles.” If performing a target behavior requires hard thinking, that might not be simple. The fifth link is “social deviance”—going against the norm, breaking the rules of society. Finally, the sixth link is “non- routine.” In seeking simplicity, people will often stick to their routine.

In general, persuasive design succeeds faster when focus is on increasing Ability instead of trying to multiply Motivation.

Triggers can be subdivided into three types; the appropriateness of each type depends on the motivation and ability levels of the target audience.

1) Spark as Trigger. A Trigger can be designed in tandem with a motivational element. Examples of sparks can range from text that highlights fear to videos that inspire hope. Sparks can leverage any of the three motivational elements.

2) Facilitator as Trigger. A facilitator Trigger is appropriate for users

that have high motivation but lack ability triggers the behavior while also making the behavior easier to do.

3) Signal as Trigger. A signal Trigger works best when people have both the ability and the motivation to perform the target behavior. It just serves as a reminder.

The FBM, by specifically defining the necessary preconditions that result in behavior (Motivation and Ability Trigger), can suggest what categories of social marketing tools are needed for an effective intervention. These elements should all be accounted for in any intervention.

Eg. 1: In a classic experiment, attendees of a conservation workshop, self-reporting as highly motivated, failed even to properly dispose of litter until the effective intervention was introduced: someone modeling the behavior (sort of a Neighbourhood Coach), thereby providing a Trigger as well as additional Motivation through Norms. (Ability to toss litter was already present.) (Geller, 1981)

Eg. 2: A program with the goal of increasing public transit ridership employed Obtaining Commitment (Motivation) and, by providing free bus passes, Overcoming Specific Barriers (Ability). The Motivation of Commitment increased ridership to about one trip per week. Adding the free tickets upped ridership an additional 50%. (Bachman & Katzev, 1982) The Trigger was the need to travel.

Eg. 3: A program to reduce sales of tobacco to minors was applied Motivation (Building Motivation Over Time, Norm Appeals), Ability (Overcoming Specific Barriers) and Triggers (Feedback, Prompts). Average illegal sales of tobacco to minors in the two states fell from 43% to 8.5%, and from 35% to 15.7%. (Tools of Change, 2016a)

Eg. 4: Bear Creek Elementary School saw, over two years, the proportion of students walking or bicycling to school consistently throughout the school year increase from 25% to 70%. The Walking School Bus program used Motivation (Building Motivation Over Time, Norm Appeals), Ability (Overcoming Specific Barriers, School Programs that Involve the Family) and Triggers (Prompts, School Programs that Involve the Family). (Tools of Change, 2016b)

Eg. 5: A program to reduce littering at a shopping mall switched out some of the trash cans, replacing them with very noticeable cans that looked like birds and displayed a prominent anti-litter Trigger. The result: areas around the ‘bird’ trash cans were much cleaner. People deposited 161% the trash into the bird receptacles compared to the regular trash cans. (Geller, Brasted, & Mann, 1979) Motivation was already present and Ability challenge was negligible.

Eg. 6: Playa Vista Ability2Change, a social marketing program designed specifically around the FBM, aimed to decrease single-occupant-vehicle peak period behaviors in Playa Vista, California. In a seven-month span of implementing the Ability2Change campaigns, there was a decrease from 71.4 percent to 67.9 percent. During that same time Carpool Trips increased by 12%, Biking Trips increased by 53%, Transit Trips (rail, plane, bus) increased by 10%. (Tools of Change, 2016c)

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Conference Track 10: Digital impact on government policy

Exploiting all forms of mobile and social media technology to promote social cohesion and well-being in both the developed and developing world.

Using Mobile Phones to Empower "Smart Clients":

Entertainment/Education Improves Family Planning Seeking Behavior among Women

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Abstract

The Health Communication Capacity Collaborative (HC3) has developed a "Smart Client" mHealth tool to inform, empower and build confidence among women to actively participate before, during and after a family planning counseling visit. While drama is a common approach used in behavior change communication, it is usually delivered via television, radio or community theatre. The "Smart Client" mHealth tool delivers drama using mobile phones and interactive voice response (IVR). The approach provides key information and decision triggers via a series of short dramatic episodes about a fictional couple making choices regarding family planning. The tool also delivers additional tips, discussion prompts and information related to the core messages. Some of the calls take the form of quizzes to reinforce key messages and engage users.

The "Smart Client" mHealth tool was pretested in Nigeria using a two-stage process. The first stage was to determine the acceptability of the content and key messages, and the second stage was to test participant's experience receiving the content via the prototype on the IVR platform. Stage one was conducted in June 2016 and results were encouraging. The participants easily understood the messages and were inspired to apply them in their lives to have a happier and healthier family. Participants were eager to hear the full story in the drama and requested additional personal stories and sample dialogues. In addition, participants' interest in the content was reflected in their willingness to refer the tool to others and even pay a nominal fee to listen to the content.

Stage two was conducted in November 2016 and results were also encouraging. Overall, participants had a positive experience using and interacting with the technology, however, modifications could improve the experience regarding the frequency and delivery of the calls. The tool functioned as intended and the participants generally had a positive experience using the tool. Participants enjoyed the content that they did listen to and indicated a strong comprehension of the key messages. The feedback and insights gathered during

this testing were used to improve the design, delivery and content of the tool.

The prototype testing in Nigeria was a formative step in preparing the tool for wider use and adaptation to inform, engage and empower "smart clients" to seek family planning services around the world. By reaching women directly via their mobile phones with content that is interesting, engaging and relevant, it is hoped that the "Smart Client" mHealth tool will serve as a unique approach to improving client-provider communication and subsequently satisfaction and continuation of family planning methods. Based on the prototype development experience, HC3 will produce a guide for program managers on how to adapt and use of the "Smart Client" mHealth tool for their programs.

Introduction/Background

Women and men interested in planning their families often go through a process of deliberation and decision-making as they choose whether to adopt family planning, what method to use, where to obtain it and whether to continue using it. During this process, a woman or man may consider her or his own fertility desires, seek out information on family planning, talk with her or his partner, and discuss experiences with family and friends. At some point in this process, a client is likely to visit with a provider – which is one short, but important, point in time in this decision process.

Communication is a core skill running throughout this process – communicating with one's partner, communicating with family and friends, and communicating with a health care provider. However, women and men are often not equipped with the skills they need to communicate effectively about personal and sensitive subjects – such as sex, fertility desires and using family planning methods – that may go against cultural taboos. Many demand generation programs address the information needs of clients prior to visiting a provider, and encourage them to seek out family planning counseling (Belaid et al., 2016; Mwaikambo et al., 2011). But those programs usually fall short in preparing the client to be active and engaged communicators during the counseling itself (Kinnersley et al., 2007). Furthermore, in many countries and settings, efforts have been made to improve providers' communication skills and provide client-centered counseling, which has led to some improvement in client engagement, but the client is dependent on the provider to lead this process (Grande et al., 2014; Kumar, Bakamjian, & Connor, 2013). This is troublesome given that social and gender norms often do not support engaged and empowered clients, especially female clients. As a result, female clients are often passive participants in family planning counseling, resulting in discussion and decision-making led by the provider.¹

This lack of engagement is unfortunate as research has shown that clients who express their needs, concerns and symptoms during sessions with health providers are more likely to give information that providers require to reach an accurate diagnosis, offer appropriate advice, and offer suitable treatment (Kim et al., 2001). Improved client-provider communication also affects a range of intermediate factors that lead to improved health outcomes, including increased understanding between provider and client; provider/client satisfaction; trust; and motivation (Street et al., 2009).

HC3 is interested in increasing the number of family planning clients who are informed, empowered and confident – what we are defining as "smart clients" – without relying exclusively on providers to direct and lead discussion and decision-making. Given the global proliferation of mobile technologies and the success of their use for increasing women's knowledge about their health (i.e., MAMA in Bangladesh and South Africa, MOTTECH in Ghana, and M4RH in Kenya and Tanzania), this project will leverage this technology with an mHealth tool to prepare women to become "smart clients" and encourage them to talk with a provider about modern family planning methods.

The tool is based upon Social Learning Theory, which posits that people learn from each other through observation, imitation, and modeling (Bandura, 1971). The "smart client" mHealth tool therefore uses fictional role models, who demonstrate the desired behaviors and behavior change process in a drama format, as well as personal stories and examples of "smart client" dialogues. This allows the target audience to "observe" an action, understand its consequences, and become motivated to repeat and adopt it. While drama is a common approach used in behavior change

communication, it is usually delivered via television, radio or community theatre. The "Smart Client" mHealth tool will explore how drama can be delivered via another channel that is available to and used by many: the mobile phone.

The "Smart Client" mHealth tool prototype consists of 17 pre-recorded IVR calls: an initial welcome call, 13 regular calls and three calls with short quizzes. The 13 regular calls include three standard segments (a brief welcome and introduction, a short drama, a friend-to-friend chat) and two optional segments (a personal story, a sample dialogue). The three short quiz calls ask users brief questions to reinforce key messages, evaluate user understanding of content and encourage user engagement. Users receive an SMS reminder about the key message from each call.

The "Smart Client" mHealth tool is meant to be adaptable to multiple country contexts after the prototype pretesting is completed in Nigeria and Cote d'Ivoire. The objective of the pretesting is to assess how the tool is received and used in order to identify any issues or improvements prior to releasing the tool for use by other projects in other countries. HC3 will

¹ The term "provider" is used in this tool to refer to any person that a client may obtain family planning from. This may include doctors, nurses, midwives, community health workers and pharmacists in the public or private sector. However, a central message for the audience is that a "smart client" should go to a provider for more complete information and family planning options.

Method

The main objective of pretesting the "Smart Client" mHealth tool in Nigeria is to assess the potential for using IVR to deliver entertaining and educational content to current and potential users of family planning services.

The specific objectives of the prototype testing are to:

1. Explore user acceptability and comprehension of the content and key messages
2. Assess preferred length of messages and selection of optional content
3. Explore user experiences using and interacting with the technology.
4. Assess if the IVR system functions as intended and understand what does or does not work well.
5. Assess whether data is collected as intended, in the correct format.
6. Determine whether participants would recommend the service to their peers.

The target audience for the tool is women between the ages of 18 and 35 years, who live in urban areas, are married or unmarried and may either be current family planning method users or non-users.

The "Smart Client" mHealth tool prototype was recorded in Hausa, Pidgin and Yoruba for pretesting in Nigeria (Kaduna, Lagos, and Oyo states respectively).

The pretesting included a two-stage approach. Stage one, the content pretest, utilized qualitative research to seek the views and input of the target audience about the content of the mHealth tool and the proposed platform of delivery. The research took place in Nigeria in Kaduna, Lagos and Ibadan. Twelve focus group discussions (FGDs) were conducted with 103 women between the ages of 18 to 35, including both users and non-users of family planning. During the FGDs, participants discussed their impressions of the content after listening to two recorded episodes and a summary of the storyline. Additional questions were asked about preferences related to the IVR tool.

Stage two, the prototype test, utilized quantitative and qualitative methods. A total of 24 women who participated in the stage one focus group discussions in Kaduna were given the opportunity to use the "Smart Client" mHealth tool prototype on their own mobile phones and respond to questions using the numeric keypad. A quantitative analysis was conducted with the user analytics of these women and four were selected for in-depth interviews to gain further insight into their experience and impressions related to the prototype.

Results

The stage one pretest found that participants easily understood the messages and many remarked that they would definitely be able to apply it in their lives to help them have a happier and healthier family. Participants indicated their eagerness to hear the full story in the drama and requested additional personal stories and sample dialogues. In addition, participants' interest in the content was reflected in their willingness to refer the tool to others and pay a nominal fee to listen to call in.

Stage two prototype testing revealed that the tool functioned as intended and that users generally had a positive experience using the tool. Analysis of the listening patterns of the participants revealed that very few participants listened to all of the content of the calls, however participants enjoyed the content that they did listen to and indicated a strong comprehension of the key messages. The feedback and insights gathered during the prototype testing have highlighted improvements for the design, delivery and content of the tool.

Discussion/Conclusion

With confirmation that the "Smart Client" mHealth tool prototype was well received, HC3 is conducting a quasi-experimental study with 600 women from the target audience (300 intervention, 300 control) in Kaduna Nigeria. The purpose of the study is to assess how the target audience engages with the tool, their perceptions about the tool and its impact on contraceptive-related ideation, intentions and behaviors. Results are expected in July 2017, however, preliminary results will be shared at the conference as they are available.

Ultimately the "Smart Client" health tool will be packaged as something that other projects can add to their marketing mix adapting to their local context and launching on their own. HC3 will develop a guide on the adaptation and use of the "Smart Client" mHealth tool for program managers based on the findings from the prototype development, pretesting, and quasi-experimental study.

The "Smart Client" mHealth tool is intended to complement existing programs such as demand generation activities encouraging couples to seek family planning counseling or activities training providers on client-centered counseling. By reaching women directly via their mobile phones with content that is interesting, engaging and relevant, it is hoped that the "Smart Client" mHealth tool will serve as a unique approach to improving client-provider communication and subsequently satisfaction and continuation of family planning methods.

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**Outcome Harvesting:
A Complexity-Aware Evaluation Methodology for Assessing
SBCC Capacity Strengthening in Ethiopia**

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Abstract

Health Communication Capacity Collaborative (HC3) is a five-year, USAID funded global project designed to strengthen developing country capacity to implement state-of-the-art social and behavior change communication (SBCC) programs. In Ethiopia, under HC3, a field-support program supported the Government of Ethiopia (GoE), United States Government implementing partners, and local communication and behavior change professionals to design, produce, and implement high-quality, impactful social behavior change communication for HIV prevention among core groups. HC3 Ethiopia applied a new qualitative evaluation methodology, Outcome Harvesting. This evaluation served to demonstrate HC3 Ethiopia's effect on the behaviors of SBCC professionals and organizations in Ethiopia as well as capture the nature and extent of the program's achievements.

Background

Health Communication Capacity Collaborative (HC3) Overview

The Health Communication Capacity Collaborative (HC3) was a five-year, global project funded by United States Agency for International Development (USAID). Working in over 30 countries, HC3 strengthened developing country capacity to implement state-of-the-art social and behavior change communication (SBCC) programs. Among the important health areas addressed by HC3 were maternal and child health, reproductive health, nutrition and communicable diseases such as Ebola and HIV.

HC3 aimed to foster vibrant communities of practice at the global, national, and regional levels that support improved evidence-based programming and continued innovation. HC3's overall approach included a key focus on strengthening capacity to implement SBCC. In addition, the project's specialized area of technical expertise uniquely positioned it to complement, support, or enhance SBCC projects already underway.

There were two intermediate results (IR) for the global HC3 project:

IR 1: Increased capacity of indigenous organizations to design, implement, manage, and evaluate evidence-based health communication interventions.

IR 2: Establishing proven systems for professional development in SBCC.

HC3 led a number of field-support projects. The HC3 Ethiopia project, funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR) USAID/Ethiopia ran from March 1, 2014 until June 30, 2016. Through this project, HC3 Ethiopia supported the Government of Ethiopia (GoE), United States Government (USG) implementing partners, and local SBCC professionals to design, produce, and implement high-quality, impactful SBCC for HIV prevention among core groups. These activities included providing technical assistance to the Federal Ministry of Health (FMOH), Federal HIV/AIDS Prevention and Control Office (HAPCO), HC3 Ethiopia partner organizations in the civil sector, the Behavior Change Communication (BCC) Technical Working Group (TWG) members and SBCC professionals.

Specifically, HC3 Ethiopia worked to meet three specific IRs:

IR1: Increased capacity of FMOH & HAPCO to provide technical leadership in SBCC in Ethiopia, through strengthened coordination, strategic design, and knowledge management.

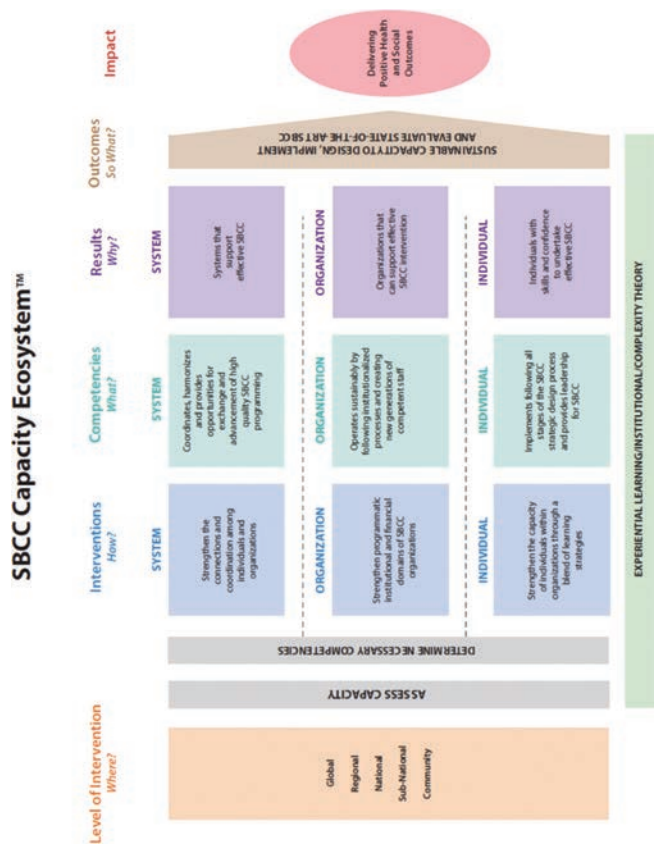
IR2: Increased capacity of behavior change professionals and institutions in Ethiopia.

IR3: Increased or sustained practice of key HIV preventive behaviors among core populations to sustain the gains in HIV prevention.

SBCC Capacity Ecosystem™ Framework

In addition to global and country-level efforts, HC3 provided guidance and tools that enabled SBCC practitioners to produce more effective SBCC. In 2016, HC3 developed the SBCC Capacity Ecosystem™ (The Ecosystem) Framework to inform the design, implementation, and evaluation of capacity strengthening interventions for improved SBCC (see Figure 1). This framework was used to understand where HC3 had invested in the local SBCC capacity ecosystems and where it was reaping rewards in the form of outcomes. The Ecosystem emphasized the inherently complex, interconnected and often-unpredictable nature of capacity strengthening. It recognized that a single intervention was almost never enough to see change. The model was shared widely to others aiming to strengthen SBCC capacity at the local, regional or global level. (See Annex 1 for more detail about the SBCC Capacity Ecosystem).

Figure 1- SBCC Capacity Ecosystem-



The model asserted that capacity strengthening involved a multi-level process as individuals' function in organizations and organizations operate in systems. The Ecosystem described systems as the "connective tissue" that links and supports both organizations and individuals.

The Ecosystem included various components which are defined below:

- **INTERVENTIONS** - Activities implemented to influence capacity strengthening.
- **COMPETENCIES** - Skills, ability and knowledge necessary for SBCC.
- **RESULTS** - Collective effect of those achievements that lead to increased capacity.
- **OUTCOMES** - Higher levels of capacity which contribute to overall public health progress.
- **IMPACT** - Improved and more effective SBCC programs at all levels.

The Ecosystem approached capacity strengthening as not just a technical process, but also a social process where trust and

collaboration were critical to overall success. Given this reality, it was deemed that country-based partners are often best situated to lead capacity strengthening initiatives given their deep understanding of the cultural, political, and social context, and of the networks in which SBCC professionals and organizations are embedded. In an ideal scenario, the recipient of the capacity strengthening is not only fully engaged as an equal partner in their own capacity strengthening but also a key driver of the overall capacity strengthening agenda.

Measuring Programmatic Success

The HC3 Ethiopia project staff recognized a number of major achievements resulting from various programmatic efforts over the course of two years. These achievements resulted from strategic and coordinated SBCC efforts in Ethiopia that involved fostering tight-knit partnerships with the Government of Ethiopia and building on existing best practices in SBCC programming to sustain recent gains in HIV prevention.

Towards the project's end, HC3 Ethiopia was interested in evaluating the project to demonstrate its influence on the behaviors of SBCC professionals and organizations in Ethiopia. Programmatic realities made traditional methods of evaluation (e.g. comparison of pre- versus post- assessments) less likely to accurately capture change over time. The HC3 Ethiopia team continually innovated and adapted its capacity strengthening approach over the course of the project to meet the shifting needs of FMOH, HAPCO and other key partners. As a result, HC3 Ethiopia recognized the need for an evaluation method that would employ a more nuanced, flexible, and programmatically actionable way to measure the achievements, intended or not, of its diverse partners, including governments units, coordinating bodies and institutions that provide oversight of SBCC implementing organizations.

Outcome Harvesting

HC3 felt it was important to select an evaluation approach that could adequately capture change resulting from capacity strengthening efforts. The iterative and adaptive nature of capacity strengthening interventions, and the complex nature of capacity itself, made measuring the outcomes of capacity strengthening activities a particularly challenging endeavor. Thus, Outcome Harvesting (OH) was selected to assess project outcomes and contributions. OH, as a participatory methodology, attempted to capture the nuances of capacity strengthening by identifying key outcomes of a project, or part of a project, that most observers agree had been achieved. The OH process then required the observers (or project team) to work backward to identify and assess the contributions of the organization toward the identified outcomes (UNDP, 2013). Throughout the process local staff were engaged as partners and knowledgeable sources of information. This methodology aimed to capture both intended and unintended outcomes, whether positive or negative. HC3 viewed looking at patterns among the verified outcomes as a reliable way to understand what worked and how best to build upon that work in the future.

HC3 Ethiopia found OH to be well suited for complex projects, or aspects of projects, because it could be customized to meet the information needs of different parties. Relevant USAID staff were consulted during the selection of the methodology and verification process to ensure the ensuing evaluation process provided credible data to satisfy donor and recipient requirements. This methodology could have been used alone to assess changes resulting from an intervention or to complement other methods, depending on the needs and scope of the evaluation. Further, HC3 felt that OH offered advantages over more traditional evaluation approaches and enabled country teams to describe socially and technically complex capacity strengthening endeavors. For example, OH enabled HC3 Ethiopia to use available documentation and resources to identify notable changes/outcomes in skills, practices, and policies that resulted from its efforts. OH also supported a description of HC3 Ethiopia's contributions to shifts in local structures and organizations working in SBCC in Ethiopia.

Ultimately, HC3 selected OH to evaluate several country level capacity strengthening interventions. In June 2016, HC3 Ethiopia became the first field-focused project to apply this novel evaluation methodology.

OBJECTIVES

The OH evaluation questions for the HC3 Ethiopia evaluation focused on what HC3 global and HC3 Ethiopia, as the primary users of the evaluation results, needed to know in the light of its intended uses:

1. In what ways have the FMOH, HAPCO and HC3 partner organizations demonstrated important changes in their capacity for improved SBCC since the start of the project in March 2014?
2. To what extent did HC3's outcomes since March 2014 exceed or fall short of HC3's project objectives?
3. How sustainable were the HC3 project's capacity strengthening intervention strategies?

This OH evaluation was conducted by an internal evaluation team consisting of the HC3 Ethiopia Chief of Party, Knowledge Management Officer, Acting Chief of Party, Research Director, and Capacity Strengthening Officer. The evaluation was facilitated by an external expert with significant experience in the methodology. Two Baltimore-based HC3 staff co-facilitated the workshop and finalized the analysis.

Users of the Evaluation

The OH evaluation team and HC3 project teams were the primary intended users of the OH evaluation process and findings. They planned to use the findings of the customized outcome harvest to identify lesson and programming gaps, and to prioritize areas for future similar programming in Ethiopia and globally. Secondary intended users included USAID in Washington D.C. and the USAID mission in Addis Ababa, Ethiopia who might use the findings for decisions on future support for global health communication and capacity strengthening initiatives. HAPCO and FMOH and other in-country partners were considered secondary intended users because the evaluation could provide valuable insight to inform the design and implementation of future health communication and capacity strengthening initiatives.

Method

Defining an Outcome

For the purposes of this evaluation, a project outcome was defined as a demonstrated observable change that occurs in a third party societal actor as a result of an action taken by HC3. HC3 defined a societal actor as an individual, group, community, organization, or institution that it tried to influence. HC3 worked with a wide range of societal actors (i.e. HC3-partners) but may not have worked directly with all societal actors. HC3 Ethiopia focused primarily on influencing and creating change within FMOH and HAPCO, and so data collection focused on these societal actors.

Changes in societal actors needed to represent progress towards local structures and organizations (i.e. FMOH and HAPCO) being able to take the lead in responding to their community's needs. Changes were seen as modifications of formal or informal, written or unwritten political, cultural, social, or religious norms that guide the actions of people, organizations and institutions.

For this OH evaluation, each outcome was comprised of the following four dimensions:

- **Outcome description:** A basic description that is used for understanding when and where the change occurred. In other words, an outcome was defined as a change (positive or negative) in the continued behavior or routine of a system, organization, or key individual that could be reasonably sustained after the initial change occurred. The guiding question is "Who did what, when and where that was qualitatively different than before?"
- **Importance of the change:** In this dimension, HC3 inquired about the "importance" of each outcome to describe why the outcome is notable. The guiding question for this component was "Why does this outcome represent progress towards local structures and organizations being able to take the lead in responding to their community's needs?" This dimension often drew upon contextual programmatic information such as whether or not the societal actor had ever changed in a similar way.
- **HC3's contribution:** This component linked an outcome to the HC3 project and assessed the time-order relationship between HC3 influence and the final outcome. The guiding question for this dimension is "How and when did HC3's capacity strengthening

activities contribute to that change, however unintended or partial that it may have been?" In addition to the outcome being plausibly linked to HC3, the change must have occurred outside the direct control of HC3. HC3 controlled changes were categorized as project outputs. As an example, FMOH's or HAPCO's practice or policy changes that were funded by HC3 they were not counted as outcomes.

- Others who contributed: HC3 recognized that capacity strengthening does not occur in a vacuum. Therefore, HC3 made an additional adaptation to the final OH methodology in order to acknowledge and contextualize its contributions among those of other partner organizations, policies, or factors that may have worked in favor or against an outcome in question. The guiding question for this dimension was "Which other actors and factors contributed to the outcome and what was the type of their contribution?" This dimension helped account for the role of confounders by identifying other actors or factors that may have influenced each outcome.

Once a list of outcomes was enumerated, the evaluation team required that each outcome meet SMART criteria (See Box 1) so that they were sufficiently detailed and verifiable (see example in Box 2).

Box 1: SMART Outcome Description Criteria

- **Specific:** The outcome dimensions are formulated in simple language that sufficiently detailed that a reader without knowledge of HC3's work or the Ethiopian context can understand what changed.
- **Measurable:** The description of the outcome provides verifiable quantitative and/or qualitative information. How much? How many? When and where did the change happen?
- **Attributable** (To HC3, while not necessarily solely attributable to HC3): There is a plausible relationship, a logical link between the demonstrated change and what HC3 did, that contributed to that outcome.
- **Relevant:** The outcome represents an important step towards (or in the case of a negative outcome, away from) local structures and organizations being able to take the lead in responding to their community's needs.
- **Timebound:** The outcome occurred since March 2014. Thus, the description of what changed and how HC3 influenced that change specifies when the change occurred — at least the year but if possible also the day and month, or the range of dates in which the change happened.

Box 2: Example of Four Dimensions of Outcomes (#11-example outcome)

- **Outcome description:** On February 25, 2015, FMOH decided NARC Services will transition to FMOH.
- **Importance of change:** FMOH confirmed preference to keep NARC Services within the government of Ethiopia rather than establish a social enterprise.
- **HC3's contribution:** In June 2014, HC3 discussed prospectus for NARC Services with FMOH officials.
- **Others who contributed:** USAID- They were willing to support sustainable approaches to NARC services. USAID also participated in the search for a suitable host.

Six Steps to OH

The following section describes the how the evaluation team customized six guiding OH steps through an iterative process to suit the specific needs of HC3 Ethiopia.

Step 1: Design - May 2016:

To ensure that the evaluation served the information needs of intended users, the evaluation team, which consisted of four Baltimore HC3 staff and an external expert in OH, invited both USAID stakeholders and the HC3 Ethiopia Project Team Lead/Senior Program Officer II to provide feedback in the evaluation design and participate in an evaluation workshop in Baltimore between May 23rd and 25th, 2016. During this workshop, the evaluation team drafted an evaluation design and an OH instrument (Annex 2), and began discussing plans for an in-

country workshop.

The scope of the evaluation included the primary societal actors that HC3 Ethiopia aimed to influence: FMOH, HAPCO and other HC3 Ethiopia partner organizations.

Step 2: Review of Documentation and Drafting Outcomes - May-June 2016:

In late May 2016, Baltimore HC3 staff identified potential outcomes and drafted accompanying descriptions. Baltimore HC3 staff described each potential outcome, its importance, HC3 Ethiopia's contribution to the outcome and other actors or factors that contributed to the outcome. They also indicated where more detail was needed from the Ethiopia-based staff. Throughout this and the next step, the evaluation team sought to clarify outcome language and identify negative outcomes as well as positive ones.

Step 3: Engagement of Sources - June 2016:

The evaluation team traveled to Ethiopia for a week-long OH workshop and several days of key informant interviews. A primary focus of these activities was to introduce the OH evaluation methodology to the HC3 Ethiopia staff in person and harvest outcomes based on discussions with internal and external sources. During the field visit, the evaluation team invited both internal and external sources to contribute to the list of potential outcomes. This step ensured that external knowledge regarding changes in societal actor capacity would be included in the final analysis. This HC3 adaptation was enacted to reduce perceived bias and strengthen the rigor and credibility of the evaluation findings.

Internal sources were HC3 Ethiopia key country staff who were knowledgeable about the changes the project influenced, motivated to share what they know, willing to go on the record with their knowledge, and available to devote several days to the task. The workshop began with a day-long orientation of the OH methodology for all HC3 Ethiopia staff members. On the second day, workshop participants reviewed outcomes drafted by Baltimore HC3 staff and brainstormed additional outcomes. For the remainder of the workshop, the HC3 Ethiopia and Baltimore-based staff reviewed the outcomes to ensure all outcomes met SMART criteria. Also during that time, for each outcome, the Baltimore and Ethiopia-based teams collected at least one source of verification internal to HC3 Ethiopia project (e.g., HC3 Ethiopia reports, interviews with HC3 Ethiopia staff) that supported the four-dimension description of the outcome.

For all outcomes, a source of written or audiovisual information external to HC3 Ethiopia had to support or confirm the four-dimension description of the outcome (e.g., email exchange, report or policy documentation from FMOH or HAPCO, video, photos). For approximately 25% of the FMOH and HAPCO outcomes, there were no hard copy sources of verification. For these outcomes, HC3 Ethiopia country staff arranged meetings with key informants at FMOH and HAPCO to verify each outcome and HC3's contribution. The independent consultant led the verification discussions with external sources. At this point, their additions or modifications to the drafted outcomes and suggestions of new additional outcomes were incorporated into the matrix.

Also within this step, the evaluation team used documentary evidence (including annual, quarterly project reports, strategy documents, email exchanges, work plans, etc) and interviews to verify the harvested outcomes.

Step 4: Substantiation- June-September 2016:

After reviewing the outcomes harvested during the in-country workshop, the evaluation team identified a smaller subset of outcomes that were missing external sources of verification (thus, not able to be verified in the previous step). For this subset, external key informants who were knowledgeable about the outcome were contacted to serve as external sources of substantiation. The Ethiopia-based HC3 team provided contacts of these individuals who could substantiate outcomes.

The independent consultant then reached out and posed a series of questions by email to these external key informants to substantiate outcomes (see Annex 3). The consultant did not

modify outcomes during this stage of the evaluation but only sought to assess the agreement of external key informants with the accuracy of the drafted outcomes. If internal and external sources could not substantiate an outcome, the evaluation team decided that outcome would not be included in the final compilation of outcomes.

Step 5: Analysis and interpretation – June 2016- February 2017:

In June 2016, the Ethiopia HC3 team participated in a preliminary analysis facilitated by the evaluation team before all outcomes were verified. The Ethiopia evaluation team discussed each of the evaluation questions to capture insights and input from the team for inclusion in the final report. The analysis of outcomes included an examination of outcomes by various dimensions before using collected outcomes to answer each of the four pre-determined evaluation questions.

The team classified outcomes and HC3's contributions to them according to emergent themes. Outcomes that described change in a systematic practice or an adopted policy were classified as sustainable. The Baltimore-based evaluation team also identified outcomes that reflected technical assistance provided to FMOH, HAPCO and other USAID partners. Further, each outcome was classified as an individual, organizational or systems outcome. Finally, the team grouped outcomes according to which HC3 global and HC3 country IRs they corresponded. Analysis of outcomes was used to respond to the three initial evaluation questions.

Step 6: Use of findings: Post-October 2016

Preliminary findings from the current evaluation were incorporated into end-of-project activities in a number of ways. Initial results were used in final documentation for the HC3 Ethiopia End of Project Report. Topline findings were also presented in the HC3 Ethiopia Case Study and discussed during in-country dissemination events. Findings continue to be used to bolster SBCC capacity strengthening in Ethiopia in current and future projects.

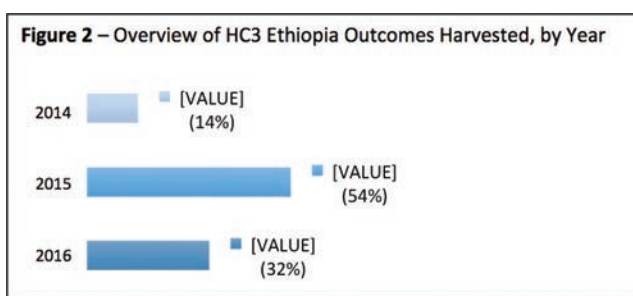
At a global level, the HC3 project started to discuss OH results in preparation for subsequent OH evaluations in Bangladesh and Liberia. Further, the Core group invited HC3 to present on the OH process during an online community of practice meeting for HC3 stakeholders and SBCC Professionals. The HC3 global team continued to discuss implications through conferences, reports, and brownbag presentations to interested parties.

Ethical Review

The Johns Hopkins Bloomberg School of Public Health Institutional Review Board (IRB) determined this evaluation to be non-human subjects research. Participants in the evaluation contributed their professional knowledge but no personal or private information was collected.

Results & Discussion

The evaluation team harvested and verified a total of 37 outcomes. The majority of outcomes came from project year 2 or 2015 (see Figure 2). These outcomes represented results of fruitful discussions and collective action related to the transition of NARC services, promotion of the online SBCC platform Springboard and preparations for the Inaugural SBCC Summit. The evaluation team harvested an additional 12 (32%) outcomes from 2016, the final year of the project. Although slightly fewer outcomes were harvested that pertain to the year 2016, many of these outcomes reflected the final products resulting from the transition of NARC services. Outcomes from 2016 highlight FMOH's new ownership, renewed investment and increased appreciation for services previously operated by CCP (including the NARC radio program, Wegen AIDS Hotline and resource library).



Further detail for each outcome is included in Table 1. Each outcome was linked to an IR –either from the Global HC3 project or the field focused Ethiopia project. In addition, all outcomes were mapped onto the SBCC Capacity Strengthening Ecosystem.

Table 1- Description of Outcomes

#	Description of Outcome	Global HC3 IR ¹	HC3 Ethiopia IR ²	The Ecosystem S- Systems O- Organization I- Individual R- Request
NARC SERVICES				
Transition				
1.1	In the course of 2015, FMOH transferred from HC3 to FMOH the management, staff and equipment of all NARC units including the 952 Hotline and the previous radio program unit.	n/a	IR 1	O
1.2	During the course of 2015, ENALA (Ethiopian National Archives and Library Agency) incorporated the HC3 resource center into its operations.	IR 2	IR 1	O
1.3	In February 2015, FMOH invited HC3 to provide training on expanding HIV and counseling skills for 9 new staff counselors (in preparation for the 952 Hotline staff transition).	n/a	IR 2	O, R
1.4	On February 3, 2015, HAPCO and FMOH established a working group to facilitate the transition process and held initial meeting.	IR 1	IR 1	S
1.5	On February 25, 2015, FMOH encouraged a search to identify a host entity for NARC Services within the government of Ethiopia.	n/a	IR 1	O
1.6	On February 25, 2015, FMOH decided NARC Services will transition to FMOH.	n/a	IR 1	O
1.7	In November 2015, the FMOH Health Communication Case team conducted an assessment of the possible expansion of health areas of the 952 Hotline service and re-establishment of the hot line.	IR 1	IR 1	O
1.8	In March 2016, FMOH invited HC3 to provide additional health-related job training for 27 staff transitioning off the 952 Hotline.	n/a	IR 2	O, R
1.9	In May 2016, FMOH invited HC3 to give additional training and technical support for staff working on developing radio diary programs for SBCC.	IR 1	IR 1	O, R
1.10	In May 2016, the health extension and primary healthcare directorate of FMOH incorporated "strengthening and expansion of the 952 Hotline and use of new technologies" in their core plan for the upcoming FY.	IR 1	IR 1	O
1.11	In May 2016, FMOH incorporated the 952 Hotline into the draft national health communication strategy.	IR 1	IR 1	S
1.12	In May 2016, the Ministry of Civil Service granted approval to FMOH to absorb and expand the 952 Hotline from 41 to 69 counselors.	IR 1	IR 1	S
Hotline				
1.13	From April 1, 2014 to March 31, 2016, 204,543 callers connected with the 952 Hotline.	n/a	IR 3	I
1.14	From April 1, 2014 to March 31, 2015, up to 173,000 callers failed to connect with the 952 Hotline (hang-up calls).	n/a	IR 3	I
1.15	By July 15, 2015, FMOH began operating the 952 Hotline services until 8pm.	n/a	IR 1,3	O
Radio				
1.16	By September 23, 2015, FMOH installed NARC radio equipment and set up studios.	IR 1	IR 1	O
Library				
1.17	From April 1, 2014 to March 26, 2016, 64,283 users accessed NARC library.	n/a	IR 3	I

¹ **IR1:** Increased capacity of indigenous organizations to design, implement, manage, and evaluate evidence-based health communication interventions. **IR2:** Establishing proven systems for professional development in SBCC.

² **IR1:** Increased capacity of Federal HIV/AIDS Prevention and Control Office (HAPCO) to provide technical leadership in SBCC in Ethiopia, through strengthened coordination, strategic design, and knowledge management. **IR2:** Increased capacity of behavior change professionals and institutions in Ethiopia. **IR3:** Increased or sustained practice of key HIV preventive behaviors among core

populations to sustain the gains in HIV prevention.

2 Strategy				
2.1	In September 2014, FMOH invited HC3 (as the secretariat of the Communication Technical Working group) to provide technical support in the development of a National Health Communication Strategy.	IR1	IR 1	S, R
2.2	During 2015, FMOH developed a 5-year strategic plan based on the draft National Health Communication Strategy.	IR1	IR 1	O
2.3	On March 3, 2015, FMOH invited HC3 to provide assistance with developing guidelines for a communication package for Level 4 HEWs.	IR1	IR 2	O, R
2.4	Since May 2015, Regional and Zonal HAPCO/ RHB (Regional Health Bureau) experts have been planning different SBCC communication activities to be integrated in annual workplans of 9 rural regions and 2 urban administrations.	IR1	IR 2	O
2.5	Since June 2015, dozens of governmental, multilateral and NGO HAPCO partners are applying the MARPS SBCC framework in their HIV work.	IR 1	IR 3	O
2.6	In early 2016, FMOH invited the USAID Communication for Health Project to support update of Family Health Card (FHC).	IR 1	IR 2	O, R
2.7	Since 2016, the FMOH began providing orientation on an updated Health Communication package to 11 Regional Health Bureaus and 850 Woreda health offices, and level 4 HEWs.	IR1	IR 2	O

3 Training				
3.1	In November 2014, FMOH invited HC3 to facilitate the communication component of Integrated Refresher Training (IRT) for Master Trainers from different regions of Ethiopia.	IR 1	IR 1	O, R
3.2	From December 2014, FMOH Master Trainers facilitated Integrated Refresher Training for all 29,000 of 34,000 Health Extension Workers HEW in agrarian regions (which covers approximately 80% of Ethiopia geographical area).	IR 1	IR 2	O
3.3	In August 2015, FMHACA (Food, Medicine and Healthcare Administration and Control Authority) requested that HC3 provide training on telephone counseling skills.	IR 1	IR 1	O, R
3.4	After February 24, 2016, FHMACA adopted new practices for HRIC (Health Regulatory Information Center) 952 Hotline such as a data capturing tool, pseudonyms, debriefings, logistics and amenities to increase comfort levels of the counselors.	IR 1	IR 1	O
3.5	From March 28-31 2016, HAPCO trained 48 media professionals on both public and private sector on message development on HIV/AIDS	IR 1	IR 2	O
3.6	From April 2016, print, radio and television media professionals began covering (without payment) the HIV/AIDS issue using the SBCC principles.	IR 1	IR 2	I

4 Springboard				
4.1	Since 2015, FHI 360, FHAPCO and FMOH sponsored one Springboard face-to-face events, to exchange SBCC technical information and experiential learning. They were attended by up to 80 Ethiopian SBCC professionals.	IR 2	IR 2	S
4.2	Since March 2015, FHI 360, HAPCO, FMOH hosted face-to-face communities of practice meetings with an estimated 80 members of the Ethiopian Health Communication Springboard group.	IR 2	IR 2	S
4.3	As of June 2016 almost 200 individuals working on SBCC in Ethiopia have registered on the Ethiopia affinity group on Springboard platform.	IR 2	IR 2	I

5 SBCC SUMMIT				
5.1	In June 2015, FMOH agreed to cohost the SBCC Summit in Ethiopia.	IR 2	IR 2	O
5.2	In October 2015, FMOH established a National Steering Committee composed of different international organizations and relevant government offices to support implementation of the SBCC Summit.	IR 2	IR 2	S

6 University				
6.1	In September 2015, EHEPF (Ethiopia Higher Education Partnership Forum) requested that HC3 support its efforts to address HIV/SRH program needs at universities.	n/a	IR 2	S, R
6.2	In February 2016, the Addis Ababa University (AAU) Behavioral Science and Health Education Dept within the School of Public Health trained 16 individuals from AAU and NGOs (e.g. Save the Children, Family Guidance Association, Population Council) on qualitative research methods for SBCC.	IR 1	IR 1	O

Intermediate Results (IRs)

Project IRs were outlined at the start of the project to measure project performance. For the HC3 Global project (core) there were two interrelated IRs:

IR 1: Increased capacity of indigenous organizations to design, implement, manage, and evaluate evidence-based health communication interventions.

IR 2: Establishing proven systems for professional development in SBCC.

In addition, prior to the start of the HC3 Ethiopia field project, the team drafted a separate, but related set of IRs reflective of the core IRs and contextualized to the programmatic needs of Ethiopia:

- IR1: Increased capacity of HAPCO to provide technical leadership in SBCC in Ethiopia, through strengthened coordination, strategic design, and knowledge management.
- IR2: Increased capacity of behavior change professionals and institutions in Ethiopia.
- IR3: Increased or sustained practice of key HIV preventive behaviors among core populations to sustain the gains in HIV prevention.

All outcomes mapped to an Ethiopia IR. When only the Ethiopia IRs were considered, almost half of the 37 outcomes (n=17, 46%) were related to Ethiopia IR1. Over a third (n= 13, 35%) of all outcomes were mapped to both Ethiopia IR1 and Core IR 1. These outcomes were largely related to continuing capacity strengthening efforts, expanding training opportunities and establishing university partnerships. The majority of outcomes were associated with the NARC transition also fell under Ethiopia IR1. This is due to the fact that the transition process afforded FMOH an opportunity to demonstrated increased technical leadership in the area of SBCC. Sample outcomes demonstrating increased technical leadership included:

- In May 2016, FMOH incorporated the 952 Hotline into the draft National Health Communication Strategy (Outcome 1.11)
- After February 24, 2016, FHMACA adopted new practices for HRIC (Health Regulatory Information Center) 952 Hotline such as a data capturing tool, pseudonyms, debriefings, logistics and amenities to increase comfort levels of the counselors (Outcome 3.4).

An additional 15 (41%) outcomes highlighted HC3 Ethiopia's progress towards increased capacity of behavior change professionals.

A large proportion of IR 2 related outcomes were also mapped onto Core IR2 and most directly involved HC3s work with Springboard and SBCC Summit activities (and other opportunities for knowledge exchange and collaboration). One such outcome was:

- In June 2015, FMOH agreed to cohost the SBCC Summit in Ethiopia. (Outcome 5.1).

In total, only five outcomes (14%) involved HC3 Ethiopia contributing to increased or sustained practice of key HIV preventive behaviors to sustain the gains in HIV prevention among core populations. A sample IR3 outcome was:

- Since June 2015, dozens of governmental, multilateral and NGO HAPCO partners are applying the MARPS SBCC framework in their HIV work. (Outcome 2.5)

SBCC Ecosystem Framework

As previously mentioned, the SBCC Capacity Ecosystem interventions demonstrates how interventions can affect change at three influential levels:

System:

- Intervention: Strengthens the coordination among individuals and organizations, harmonizes SBCC efforts among individuals and organizations, or strengthens structures that provides opportunity for knowledge exchange and support for SBCC professionals.
- Results: Systems that advance high quality SBCC programming.

Organization:

- Intervention: Strengthens the technical programmatic or organizational (e.g. human resources, financial) domains of SBCC organizations, governments, and institutions so that they operate sustainably and create new generations of competent staff.
- Results: Organizations that sustainably produce quality SBCC programming.

Individual:

- Intervention: Strengthens the capacity of individual SBCC practitioners to implement and provide leadership to SBCC programming through a blend of learning strategies.
- Results: Individuals with skills and confidence to undertake effective SBCC activities.

In the case of Ethiopia, there were 8 outcomes (22%) that described systems level changes involving societal actors across various organizations and coordinating bodies. The most common system-level outcome involved coordination between FMOH and HAPCO, and FMOH and other implementing partners on a strategic health communication decision. Sample outcomes demonstrating such coordination include:

- In October 2015, FMOH established a National Steering Committee composed of different international organizations and relevant government offices to support implementation of the SBCC Summit (Outcome 5.2)
- On February 3, 2015, HAPCO and FMOH established a working group to facilitate the transition process and held initial meeting (Outcome 1.3).

A total of 24 outcomes (65%) were categorized at the organizational level. At this level, the most common societal actors included governmental agencies (i.e. FMOH, HAPCO, ENALA, etc.) or universities (i.e. Addis Ababa University). As shifts in practice and policies often reflected a change in strategy, many of the strategy-related outcomes fit in the organization level. Sample outcomes included:

- From March 28-31 2016, HAPCO trained 48 media professionals on both public and private sector on message development on HIV/AIDS (Outcome 3.5)
- During 2015, FMOH developed a 5-year strategic plan based on the draft National Health Communication Strategy (Outcome 2.2).

The evaluation team found 5 outcomes (14%) describing a change at the individual level. The outcomes included both Most at Risk Populations (MARPS) and individual FMOH health professionals, reflecting the main priorities of the HC3 project. Sample outcomes at the individual level include:

- From April 1, 2014 to March 31, 2016, 204,543 callers connected with the 952 Hotline. (Outcome 1.13)
- As of June 2016 almost 200 individuals working on SBCC in Ethiopia have registered on the Ethiopia affinity group on Springboard platform. (Outcome 4.3).

HC3 PROGRAMMATIC AREA

Category	Total # of Outcomes	Corresponding Outcome/s (See Annex 4)
NARC Services	17 (46%)	1.1-1.17
Strategy	7 (19%)	2.1-2.7
Training	6 (16%)	3.1-3.6
Springboard	3 (8%)	4.1-4.3
SBCC Summit	2 (5%)	5.1-5.2
University	2 (5%)	6.1-6.1

Table 2- HC3 Ethiopia Outcomes, by Category

The 37 outcomes were spread across six different categories representing focal areas and key achievements of the HC3 project.

Almost 50% (n=17) of outcomes involving the Federal Ministry of Health related to NARC Services. These outcomes also alluded to FMOH's capacity to manage SBCC services such as 952 AIDS Hotline, Resource Library and operate equipment to produce community radio shows:

- In May 2016, FMOH incorporated the 952 Hotline into the draft National Health Communication Strategy (Outcome 1.11)).

Other outcomes in this NARC Services category describe high-level, policy and structural changes within the FMOH that allowed for the full transition and seamless integration of these services:

- In May 2016, the Ministry of Civil Service granted approval to FMOH to absorb and expand the 952 Hotline from 41 to 69 counselor (Outcome 1.12).

SBCC program Strategy development (n=7) and training (n=6) both emerged as categories with important outcomes related to the practices and policies of Ethiopian public health professionals. When combined, these categories also highlight the increased capacity of the FMOH and HAPCO to plan, develop and implement strategic health communication. Examples include:

- Since June 2015, dozens of governmental, multilateral and NGO HAPCO partners are applying the MARPS SBCC framework in their HIV work (Outcome 2.5);
- From December 2014, FMOH Master Trainers facilitated Integrated Refresher Training for all 29,000 of 34,000 Health Extension Workers HEW in agrarian regions (which covers approximately 80% of Ethiopia geographical area (Outcome 3.2);
- From April 2016, print, radio and television media professionals began covering (without payment) the HIV/AIDS issue using the SBCC principles (Outcome 3.6).

Additional outcome categories included outcomes related to the Inaugural SBCC Summit held in February 2016 in Addis Ababa, Ethiopia (2 outcomes). The SBCC Summit provided a space to hold academic discussions and showcase innovations related to SBCC and capacity strengthening. Also present among the outcomes were Springboard, the HC3 online community of practice for health communication professional (3 outcomes) and partnerships and trainings with local universities such as Jimma and Addis Ababa University (2 outcomes). These platforms afford SBCC professionals, students and enthusiasts an opportunity to learn about SBCC and grow as professionals.

The HC3 Ethiopia mandate required a collaborative and participatory approach. As a result, the HC3 Ethiopia team often worked closely with a great number of partners ranging from GoE agencies (i.e. FMOH and FHAPCO among others) to international NGOs and local NGOs to local institutions and universities. In many instances, however, FMOH, HAPCO and USAID were seen as key partners and were listed as external contributors for 73% (n=27) of final outcomes.

Assessment of Sustainability

The 37 outcomes were reviewed to assess their sustainability. HC3 categorized an outcome as sustainable if there were sustained changes in practiced behaviors or substantial changes to policy. To assess each outcome, only the outcome description was considered as opposed to the importance or contribution. In order to be labeled as sustainable, the outcome had to match the following criteria:

Practice: The outcome reflected institutionalized or systematic behavior change in a system, organization, or individual that occurred repeatedly over the six months prior to the OH evaluation or some cases (see below) - repeatedly over the course of the project.

Policy: The outcome described a change in the SBCC policy or SBCC planning.

Outcomes that did not describe a change in either policy or practice were not considered sustainable for the purposes of this evaluation. As the OH evaluation took place at the end of the HC3 Ethiopia project, the OH team was limited in their ability to observe and document sustainability of 2016 outcomes.

Overall, the OH team identified 12 sustainable outcomes which were evenly split between the two sustainability types: practice and policy. 8 of these outcomes involved actions implemented by

FMOH, which is not surprising given that a large number of outcomes resulting from the close working relationship between FMOH and HC3 on matters related to the NARC transition.

Organizing the sustainable outcomes by IR provides a deeper understanding of how HC3 Ethiopia achieved what it set out to do at the start of the project. 66% (n=8) and 70% (n=9) of the sustainable outcomes were associated with Core IR 1 and Ethiopia IR 1, respectively. For the Core IRs, only a single outcome was linked to IR2. The other outcomes did not fit within the Core IRs. The remaining outcomes were evenly divided between Ethiopia IR2 and IR3 and described shifts in existing practices such among FMOH, HAPCO and FMHACA. Table 3 provides additional details on the sustainable outcomes and how they correspond to the IRs of the country and global HC3 projects.

Table 3- Sustainable outcomes (organized by Sustainability Type, IR & Ecosystem Level)

	Outcome	IR*	Ecosystem S- Systems O- Organization	Programmatic Category
Policy	During the course of 2015, ENALA (Ethiopian National Archives and Library Agency) incorporated the HC3 resource center into its operations. (1.2)	Core: 2 Eth: 1	O	NARC Services
	On February 25, 2015, FMOH decided NARC Services will transition to FMOH. (1.6)	Core: n/a Eth: 1	O	NARC Services
	In May 2016, the health extension and primary healthcare directorate of FMOH incorporated "strengthening and expansion of the 952 Hotline and use of new technologies" in their core plan for the upcoming FY. (1.10)	Core: 1 Eth: 1	O	NARC Services
	In May 2016, FMOH incorporated the 952 Hotline into the draft national health communication strategy. (1.11)	Core: 1 Eth: 1	S	NARC Services
	In May 2016, the Ministry of Civil Service granted approval to FMOH to absorb and expand the 952 Hotline from 41 to 69 counselors. (1.12)	Core: 1 Eth: 1	S	NARC Services
Practice	During 2015, FMOH developed a 5-year strategic plan based on the draft National Health Communication Strategy. (2.2)	Core: 1 Eth: 1	O	Strategy
	In the course of 2015, FMOH transferred from HC3 to FMOH the management, staff and equipment of all NARC units including the 952 Hotline and the previous radio program unit. (1.1)	Core: n/a Eth: 1	O	NARC Services
	By July 15, 2015, FMOH began operating the 952 Hotline services until 8pm. (1.15)	Core: n/a Eth: 1,3	O	NARC Services
	Since May 2015, Regional and Zonal HAPCO/ RHB (Regional Health Bureau) experts have been planning different SBCC communication activities to be integrated in annual workplans of 9 rural regions and 2 urban administrations. (2.4)	Core: 1 Eth: 2	O	Strategy
	Since June 2015, dozens of governmental, multilateral and NGO HAPCO partners are applying the MARPS SBCC framework in their HIV work. (2.5)	Core: 1 Eth: 3	O	Strategy
	Since 2016, the FMOH began providing orientation on an updated Health Communication package to 11 Regional Health Bureaus and 850 Woreda health offices, and level 4 HEWs. (2.7)	Core: 1 Eth: 2	O	Strategy
	After February 24, 2016, FMHACA adopted new practices for HRIC (Health Regulatory Information Center) 952 Hotline such as a data capturing tool, pseudonyms, debriefings, logistics and amenities to increase comfort levels of the counselors. (3.4)	Core: 1 Eth: 1	O	Training

*- One outcome was assigned two IRs.

Organizing the sustainable outcomes by ecosystem produced the following results. There were two sustainable outcomes at the systems level; both related to policy changes resulting in part from HC3's advocacy efforts. Both policy changes occurred during the midpoint of the project, May 2016, and led to important milestones in the transfer of the 952 hotline services:

- In May 2016, FMOH incorporated the 952 Hotline into the draft National Health Communication Strategy (Outcome 1.11)
- In May 2016, the Ministry of Civil Service granted approval to FMOH to absorb and expand the 952 Hotline from 41 to 69 counselors (Outcome 1.12)

Both outcomes heavily impacted the Hotline service provision of services. With additional staff, the Hotline was able to reach a larger segment of the MARPs population. Further, institutionalization of the Hotline may provide additional opportunities for Hotline promotion among SBCC partners and broaden the Hotline's reach.

At the organizational level, there were 10 sustainable outcomes harvested that included a mix of 6 practice-related and 4 policy-related outcomes. The practice outcomes included extended hours of Hotline operation (Outcome 1.15), improved coordination and planning of activities (Outcome 2.4), direct application of a newly developed SBCC framework for a HIV prevention campaign (Outcome 2.5) and the adoption of new practices and streamlined

work flows (Outcome 3.4). As for policy, the outcomes reflected a mandate to transition ownership of NARC Services (Outcome 1.6) and put in place measure to ensure government would be able to support the services moving forward (Outcome 1.10). This level also included FMOH's efforts to develop a strategic plan based on the National Communication Strategy. (Outcome 2.2). Example sustainable outcomes at the organizational level were:

- In the course of 2015, FMOH transferred from HC3 to FMOH the management, staff and equipment of all NARC units including the 952 Hotline and the previous radio program unit (Outcome 1.1)
- During the course of 2015, ENALA (Ethiopian National Archives and Library Agency) incorporated the HC3 resource center into its operations (Outcome 1.2)

There were no sustainable outcomes harvested at the individual level.

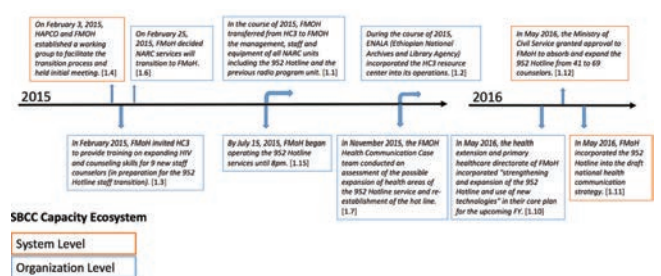
When considered according to programmatic area, 7 of the 12 sustainable outcomes (58%) harvested were associated with the NARC Transition and 4 of the 12 sustainable outcomes (33%) were categorized into Strategy category. The remaining sustainable outcome was assigned to the Training category.

NARC TRANSITION

HC3 Ethiopia staff worked closely with local institutions over the course of the project to address gaps in SBCC skills and training. The most common way in which HC3 Ethiopia influenced partner capacity was by building capacity and support for the transition of NARC services. The transition of NARC Services -from HC3 Ethiopia to the FMOH—accounted for 46% (n=17) of all outcomes harvested (not shown in Figure 2). FMOH managed the expanded operation of 952 Hotline services in mid-2015 (Outcome 1.15). FMOH also installed NARC radio studio equipment on its premises in September 2015 (Outcome 1.16). By the end of 2015, the FMOH oversaw both the 952 Hotline and the radio program (Outcome 1.1) and ENALA had incorporated FMOH's HC3 Ethiopia's resource center (Outcome 1.2). In May 2016, three high-level policy decisions were made. First, the Ministry of Civil Service (MOCS) granted approval and provided funding support for the expansion of the Hotline staff from 41 to 69 counselors (Outcome 1.12). Second, FMOH incorporated the 952 Hotline into the National Health Communication Strategy (Outcome 1.11). Third, the FMOH's Health Extension and Primary Health Care Directorate incorporated the 952 Hotline into their upcoming annual work plans (Outcome 1.10). The sanctioning and financial support provided by policy actors contributed to a smooth transition and integration of NARC Services within the FMOH and increased the likelihood these projects will be sustained under the FMOH.

The following diagram, Figure 3, visually represents key stages of the NARC transition by highlighting previously described outcomes over time.

Figure 2- NARC Services Transition Over Time by HC3 SBCC Ecosystem Level



3 Numbers in brackets refer to the Outcome #

Requests or invitations for HC3 Ethiopia's involvement represented the second most common type of outcome across categories for a total of nine different outcomes. The requests HC3 Ethiopia received were largely to provide training or assist in streamlining a process in order to produce quality SBCC programming. By delivering requested trainings HC3 Ethiopia contributed strengthening the technical capacity of members of the SBCC community. FMOH made seven out of the nine requests made of HC3 Ethiopia. As an example, in early 2016, FMOH requested

USAID's assistance to update a Family Health Card (Outcome 2.6). Two other requests of HC3 Ethiopia were made— one by the Food Medicine and Healthcare Administration and Control Authority (FMHACA) (Outcome 3.3) and the other by the Ethiopia Higher Education Partnership Forum (EHEP) (Outcome 6.1). The remaining six outcomes were requests made by FMOH of HC3 Ethiopia. Three of these were for staff training related to NARC services, specifically the Hotline (Outcomes 1.3, 1.8) on and radio components (Outcome 1.9). In other cases, HC3 partners requested training for government master trainers of regional health workers (Outcome 3.1). The remaining requests included assistance updating health materials— a communication package for health extension workers (Outcome 2.3) and the National Health Communication Strategy (Outcome 2.1). Such requests for technical assistance may reflect FMOH's recognition of HC3 Ethiopia's expertise and the value of quality SBCC. They may also reflect FMOH's desire to further develop the capacity of Ethiopia's SBCC staff and its appreciation for the value of quality SBCC design and implementation.

The remaining outcomes described incremental changes in how HC3 partners designed, managed, or researched SBCC projects. For example, after attending the workshops HC3 Ethiopia organized on SBCC design and implementation, regional and zonal HAPCO staff began planning different SBCC communication activities to integrate into their annual work plans across the country in May 2015 (Outcome 2.4). After HC3 Ethiopia held a series of workshops for HAPCO officials in 2015, HAPCO trained 48 public and private sector media professionals on how to craft messages about HIV/AIDS in March 2016 (Outcome 3.5). In October 2015, HC3 conducted training on qualitative research methods for SBCC attended by one AAU professor among other Ethiopia Public Health Institute (EPHI) staff. In February 2016, AAU conducted training on qualitative research methods for SBCC at AAU (Outcome 6.2). Lastly, in February 2016, FMHACA adopted new practices for the 952 Hotline such as the use of a new data capturing tool and the use of pseudonyms in place of their own names. They also began to conduct debriefings and improved the amenities available to counselors (Outcome 3.4).

Using the SBCC Capacity Ecosystem™ framework, system-level change— or a higher level change affecting multiple organizations or institution— captured by 22% (n=8) of outcomes including the establishment (Outcome 2.2) and use of a National Health Communication Strategy (Outcome 2.5), and the coordination of Springboard events (Outcome 4.1-4.2). At the organizational level, 65% (n=24) of outcomes occurred— that is to say they represented a practice or policy change within an institution/organization that increased the organizations ability to support effective SBCC. A total of 14% (n=5) of outcomes occurred at an individual level, meaning that SBCC actors (e.g. health providers media, SBCC professionals) participated in training and had improved confidence and skills related to SBCC practices.

One group of outcomes was related to the Federal Ministry of Health assuming responsibility for multiple NARC Services— accounted for about 50% (n=17) of the harvest. This finding is especially encouraging as there was considerable effort towards ensuring a sustainable future for the services. Further, the trifecta of support and investment from the HC3 project, government partner and donor agency resulted in outcomes that describe high-level, longer-term policy and structural changes within the FMOH. These outcomes are crucial to ensuring a full transition and seamless integration of these services. (In May 2016, FMOH incorporated the 952 Hotline into the draft national health communication strategy [outcome #16]). In May 2016, the Ministry of Civil Service granted approval to FMOH (GoE) to absorb and expand the 952 Hotline from 41 to 69 counselors [outcome #17].) Figure 1 includes a graphic of outcomes related to this transition.

As evidenced by the NARC transition, HC3 Ethiopia staff worked closely with local institutions over the course of the project to address identified gaps in services, skills and training. The outcomes harvested showed that HC3 Ethiopia served as a resource to the SBCC community by contributing timely technical assistance, recommending strategic processes to produce quality SBCC and improving key SBCC products. While the team considered outcomes requesting technical assistance to be “softer”

compared to other outcomes harvested, they are nonetheless important for the Ethiopian context as they reflect: 1) GoE nuanced understanding of the importance and need for strategic health communication, 2) GoE recognition of the capacity and unique skills set of the HC3 team and 3) GoE desire to further the development of staff and expand the health communication capacity of the Ethiopia health system. Residual effects of HC3's contributions are clearly reflected in increased capacity among Ethiopian health communication professionals. (In Oct 2015, HC3 provided training on qualitative research methods to 25 participants, including 1 person from AAU [outcome #39].)

Outcomes related to the NARC transition demonstrate how HC3 Ethiopia exceeded project objectives during the project, including:

- **Enhancing FMOH's health communication infrastructure through the transition of NARC services**, such as the hotline and radio, which are unique services frequently used by the Ethiopian public. In the course of 2015, FMOH transferred from HC3 to FMOH the management, staff and equipment of all NARC units including the 952 Hotline and the previous radio program unit [#6].
- **Increasing capacity of FMOH to manage these services following the NARC transition.** By September 23, 2015, FMOH installed NARC radio equipment and set up studios [#5].
- **Expansion of NARC services**, which is still yet to occur although preparations are underway. (In November 2015, the FMOH Health Communication Case team did an assessment of the possible expansion of health areas of the 952 Hotline service and re-establishment of the hotline [#12]). An expansion would **broaden the preventative health services** available to the Ethiopian community and also **create new opportunities for the practice of SBCC** within the Ethiopian Federal Ministry of Health.
- **Increasing interest and encouraging the use of new technology** within government spheres is also an important feat for the HC3 team. (In May 2016, the health extension and primary healthcare directorate of FMOH incorporated "strengthening and expansion of the 952 Hotline and use of new technologies" in their core plan for the upcoming FY [#15]). The FMOH decision (to transition the NARC services to the FMOH) resulted from considerable advocacy and promotion of the sustainability of services. Thus, HC3 staff are proud of the steps they've taken to ensure the **sustainability of these services and facilitating a deeper understanding of SBCC among government officials.**

Lessons Learned

This OH evaluation enabled the HC3 Ethiopia team to document contributions and reflect on the effectiveness of their work. At the end of the OH evaluation, five lessons learned surfaced.

- **Lesson 1: Document from the beginning.** HC3 Ethiopia developed a new appreciation for the importance of documentation of activities, including requests for technical assistance, details of strategic decisions and information regarding the involvement of key partners. Much of the evidence for HC3 Ethiopia's interventions or resulting outcomes were not readily available which impacted the evaluation's harvest in two important ways: 1) The team spent time a significant portion of time searching for internal and external verification, and 2) Outcomes may have been excluded or missed completely if the supporting documentation did not surface. HC3 Ethiopia relied on verbal agreements with HC3 Ethiopia partners, which limited the team's ability to use a central project repository for project communications (i.e. a shared hard drive). Due to the high turnover of FMOH staff, careful documentation of communications between FMOH and HC3 Ethiopia would have helped to ensure long-term continuity in project implementation and policy. During the in-country workshop, the OH Ethiopia team agreed that maintaining detailed documentation would enable future harvests to quickly locate relevant information. This would have also provided a fuller understanding of what outcomes were being achieved and how. In the context of OH, while this document is vital to the evaluation method it can aid data use and project improvement
- **Lesson 2: Plan for lapses in services.** Another important

lesson was that future projects should more carefully consider and plan for all potential lapses in services during any future transitions, especially as they relate to engagement of end users. A negative outcome identified occurred when an HC3 managed service transitioning to FMOH.

- **Lesson 3: Search more explicitly for negative outcomes.** Only a single negative outcome was collected during the evaluation. The HC3 Ethiopia team felt it important that future evaluation teams aim to place more emphasis on harvesting negative outcomes in order to improve programming.
- **Lesson 4: Solicit outcomes from external parties.** Since any outcomes that were forgotten by or unknown to the HC3 Ethiopia evaluation team were not documented, the additional project outcomes contributed by external informants, such as HAPCO, expanded the list outcomes and enriched the OH team's perspective into the impact of HC3's work on local partners.
- **Lesson 5: Reflect on sustainability of outcomes.** Through OH, the HC3 Ethiopia team had an opportunity document the importance and sustainability of outcomes after implementation. This reflective practice was seen as vital to recognizing key actions, important decisions or critical steps taken during the project implementation cycle. For example, the transition of NARC Services was viewed as an outcome resulting from continued HC3 Ethiopia advocacy. This outcome was also linked to important precursors to sustainability: FMOH political will, fiscal and human resources and the desire for the NARC Services transition. In the future, these outcomes may inform similar advocacy efforts and decision-making.

Conclusion

The OH evaluation was a participatory effort that revealed common ways in which HC3 partners changed as a result of the HC3 Ethiopia project. The most frequent changes included the institutionalization of NARC services, support SBCC communities of practice, and training of FMOH & HAPCO staff, SBCC professionals, university students and others on SBCC topics. The final list of outcomes also reflected HC3's responsiveness to requests for technical assistance from FMOH, HAPCO and local universities. As a whole, the harvest findings pointed to increased capacity of FMOH and HAPCO, the project's primary audience. HC3 Ethiopia's advocacy, technical assistance and leadership in various areas contributed to a successful transfer of NARC Services to FMOH with buy-in from other federal ministries. GoE may have also gained capacity in terms of its ability to support platforms for multi-sectoral collaboration and technical exchange.

The evaluation highlighted achievements of HC3 Ethiopia's partnerships and helped the project successfully document changes that HC3 Ethiopia influenced, including the gradual increase in FMOH's SBCC capacity to manage NARC services. The OH evaluation served a participatory means of encouraging reflection upon what the project had achieved and to a lesser extent, describing exactly how HC3 Ethiopia influenced various societal actors since March 2014.

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Applying Conjoint Analysis to Social Marketing: A Novel Approach to Message Design

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Abstract

In the United States, and more specifically the state of Kentucky, African Americans are disproportionately affected by diseases of the heart (National Center for Health Statistics, 2015) as compared with their White counterparts. Research has shown that diets high in fruit and vegetable (F&V) consumption can off-set the negative health outcomes of heart disease (World Health Organization, 2003). This study was designed to collect formative social marketing campaign research to aid in the development of strategic messaging to motivate increased F&V consumption in African American Kentuckians. Three phases of research were employed to gain insight into differences in motivational effect with regard to cultural geography, message source, and message frames. Traditional formative research approaches – participant observation in the form of neighbourhood transect walks, qualitative interviews, and a quantitative paper and pencil survey – were used to reveal important campaign considerations in the early phases of the study. The findings from these phases of formative research were then used to inform the development of message attributes to be tested using a conjoint analysis. Conjoint analysis is a commercial market research approach that is typically employed to help identify the optimal combination of product characteristics for a market segment. In this study, we re-purpose the analysis to help us identify the optimal combination of message characteristics to motivate behaviour change in African American Kentuckians with respect to F&V consumption. Results from the analysis indicate that the message's source (i.e., the person delivering the message) is the most important design element for creating persuasive social marketing messaging for African Americans in Kentucky, followed by the stated benefit of eating more F&Vs and the manner in which the behaviour is described, respectively. Recommendations for future social marketing campaign application will be discussed.

Few past studies have used conjoint analysis to assess message design features and even fewer have looked at social issues. This research applies conjoint analysis to motivational message design for African American Kentuckians at risk for heart disease. To our knowledge, this study is the first to treat campaign message features as part of the product "P" subjected to a conjoint analysis to identify which combination of features might be most motivating to a target audience.

Introduction/Background

In the United States, government bodies (National Institutes of Health, 2011) and prominent not-for-profit organisations (American Heart Association, 2015) have noted that African Americans are disproportionately affected by many preventable negative health conditions, such as cardiovascular disease. The state of Kentucky is no exception. In few other places across the United States is the rate of cardiovascular disease higher than in the state of Kentucky. Diseases of the heart are the primary cause of death in the state. The African American population experiences higher rates of death than their White counterparts (215.5 per 100,000 people versus 206.6 per 100,000 people, on average from 2010 to 2014) (National Center for Health Statistics, 2015). Past research has linked some of this disparity to socioeconomic status (Adler & Rehkopf, 2008), access to food (Eyler et al., 2004), and food culture (Lake et al., 2007). More specifically, financial and cultural traditions and perceptions of what constitutes 'healthy' living, diet, or activity may limit some community members in their ability to adopt lifestyle

changes that would help reduce their risk of a negative future health event. In Kentucky several limiting factors have been identified with regard to food choices and preferences.

Our study sought to understand how individual-level social marketing efforts might be tailored for communities of African Americans living in Kentucky. The first several phases of this study investigated individual, community, and cultural-level determinants of dietary choices, and used an integrated socio-ecological model and social marketing framework to guide early investigation. We used these data to identify how African Americans encounter and process food-related knowledge (Potter et al., 2015), as well as the type of media and message sources they use to grow their conceptual knowledge of healthy dietary practices (Smith et al., 2013). The final phase of this formative research study culled together the results of earlier phases and used those data to identify key design attributes that social marketing campaign planners should consider when developing targeted messages for African American Kentuckians. A conjoint analysis was then employed to further tease apart the appropriate approach to each message attribute. For instance, earlier formative research indicated that message source might be an important message attribute to consider; however, our interviews suggested that several sources often provided information about diet and F&V consumption to our target audience. The conjoint analysis allowed us to test these message attribute alternatives (e.g., family member sources, mediated sources, local community leader sources) against one another.

In a social marketing context, the 'product' being sold is intangible and generally consists of individual behaviour change predicated on a reward for individual and/or social good (Lee & Kotler, 2016). Additionally, Lee and Kotler define the augmented product in a social marketing campaign to be 'objects and services' to support the accomplishment of the desired behaviour (p. 57). In this case we viewed a message designed to prompt additional F&V consumption to be an element of the 'augmented product' and took a decision-based analysis approach (i.e., Adaptive Conjoint Analysis) to identify motivational message construction.

Very little past research has used conjoint analysis to assess message design features and even fewer studies have looked at social issues using this methodology. Cunningham et al. (2014), Bennett and Barkensjo (2005), and Ryan and Ferrar (2000) are three recent studies that have used this methodology with respect to social or health-related issues. Cunningham and colleagues employed conjoint analysis to identify the kind of information that should be broadcast to youth at risk for mental health conditions to encourage them to pursue professional assistance. Bennett and Barkensjo used conjoint analysis to identify how to create an advertising campaign to promote adoption. They researched which child characteristics should be mentioned in the ads (e.g., health issues, ethnicity, age). And finally, Ryan and Ferrar used the approach to advocate to address health care decisions confronting the National Health System (NHS) in the United Kingdom. We used conjoint analysis in our study to identify which message features might best motivate increased fruit and vegetable consumption.

Method

Potential respondents were asked a series of questions to ensure that they qualified to participate in the study (e.g., racial self-identity, height and weight, age, general familiarity with computers). We screened for African Americans who had an overweight or obese body mass index (BMI) according to the National Institutes of Health's criteria. We collected data in West Louisville neighbourhoods and in the small town of Hopkinsville. A mix of gender and income level were sought for a well-rounded sample of choice preferences. A participation incentive of \$20 was offered for completing the survey. We collected a convenience sample of n = 142 surveys in Hopkinsville and n = 169 in West Louisville. On average, respondents in this sample had a BMI of 33.3 and were managing at least one chronic health condition. The sample was 67.9% female. Nearly one-third of the sample reported not having health insurance (29.0%) and 39.7% indicated that they receive food assistance in the form of food stamps. Typically, respondents had graduated high school and received some college or technical education but had not completed a bachelor's degree.

To test message attribute options, we collected quantitative cross-

sectional survey responses via netbook computers. A nonprobability sample of African American Kentuckians meeting the study inclusion criteria was collected at a variety of local gathering spots such as community fairs, festivals, barbershops, homeowners association meetings, neighbourhood grocery stores, and malls.

The self-administered survey showed participants 26 sets of paired message choices in the adaptive conjoint analysis. Respondents were presented with a specific combination of message attributes and attribute levels. They were then asked to indicate the extent to which one communication message motivated them to eat more, fewer, or the same amount of F&Vs than a second message with a different combination of attributes and attribute levels. We used a 9-point Likert scale to measure level of motivation. The scale was anchored by 'strongly motivated by the option on the left' versus 'strongly motivated by the option on the right' (see Figure 1).

Figure 1: Sample Conjoint Analysis Paired Message Choice

If these messages about eating more fruit and vegetables were **identical in all other ways**, which would you find more motivating?

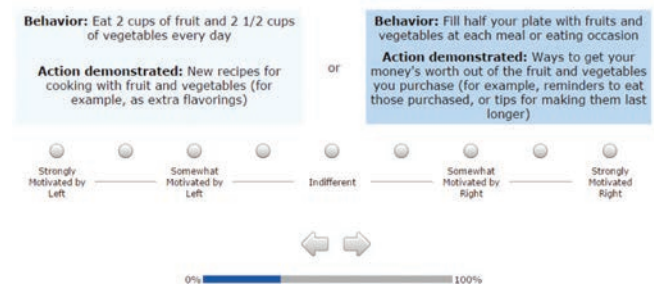


Table 1 outlines each of the attributes in the analysis and the various attribute levels tested. Independent samples t-tests were used to compare the estimates of each attribute level in Louisville and Hopkinsville.

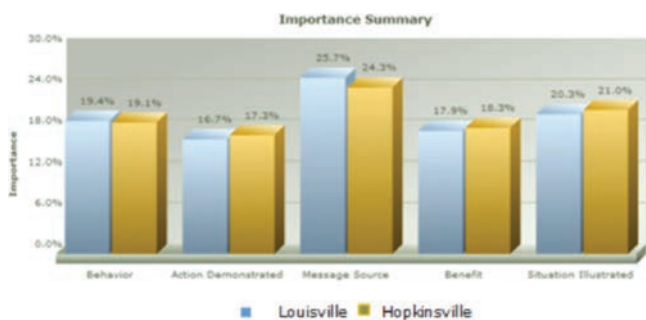
Table 1: Message Attributes and Attribute Levels Tested

Attribute	Attribute Levels
Behaviour: the way that eating more F&Vs is described	<ul style="list-style-type: none"> Eat 2 cups of fruit and 2 1/2 cups of vegetables every day Eat 2-3 servings of fruit or vegetables with every meal Fill half your plate with F&Vs at each meal or eating occasion Eat double the amount of F&Vs you are now eating each day
Action Demonstrated: images that show ways to help you get more F&Vs everyday	<ul style="list-style-type: none"> Ways to buy more F&Vs for less New recipes for cooking with F&Vs (for example, as extra flavorings) New ways to prepare fresh F&Vs as a main dish Ways to get your money's worth out of the F&Vs you purchase (for example, reminders to eat those purchased, or tips for making them last longer)
Message Source: the person delivering the message	<ul style="list-style-type: none"> Someone who looks like your healthiest close friend Someone who looks like your mother or grandmother Someone who looks like your doctor Someone who looks like your local health department representative Someone who looks like a church leader
Benefit: the reward for eating more F&Vs	<ul style="list-style-type: none"> Lower your risk of heart disease and heart attack Lose weight Help you look better (clear skin, healthier hair, stronger muscles) Help your family learn healthy eating habits
Situation Illustrated: the situation in which the message source delivers the message	<ul style="list-style-type: none"> Person in the message talks about setting a good example for other people (family, friends, relatives) Person in the message talks about living with a chronic condition (for example, high blood pressure, high cholesterol, diabetes) Person in the message talks about how eating habits can affect other aspects of family life Person in the message talks about how a close family member's serious health problem is influencing their own health decisions Person in the message talks about how they felt when they learned that their weight classified them as obese

Results

Two types of results are provided from a conjoint analysis: overall attribute importance scores and attribute level utility scores. The former focuses on comparing the influence that each attribute (i.e., message source, benefit, behaviour) had on participants' choice of which message was most motivational. The latter focuses on the specific framing or source option that was most influential in the choice task. With regard to overall attribute importance, message source was as the most important factor for motivational message structure. It accounted for 25.5% of respondents' choice behaviour. Figure 2 highlights the influence of the other attributes in comparison with message source.

Figure 2: Overall Attribute Importance Scores by Geography



Reviewing the attribute utility scores yields additional insight into how to position the behaviour in a competitive market place. In addition to learning that message source is particularly important to motivate increased fruit and vegetable consumption, we also learned that the best message source for the target audience is “someone who looks like your healthiest close friend.” The message will also be most likely to be effective if the following elements are included:

- The person in the message is depicted in a situation where s/he can communicate that eating more F&Vs sets a good example for other people (e.g., family, friends, relatives)
- The behavior that is being promoted is discussed as “eat 2 cups of fruit and 2 ½ cups of vegetables every day”
- The benefit of engaging in the desired behavior is positioned as a means to lowering one’s personal risk of heart disease and heart attack
- Tips for ways to buy more F&Vs for less money are provided

Few geographic differences were noted in the importance and utility scores for each message attribute. Only two specific differences emerged as important considerations. First, the idea of a church leader as the message source was much more accepted by participants from the small town as compared with urban participants from Louisville. Second, the behavioural promise of helping one to look better was highly appealing and motivational for the small town participants residing in Hopkinsville.

Discussion/Conclusion

This is one of very few conjoint analysis studies focused on a social marketing context in which a healthy or socially positive behaviour is the product of a marketing communication campaign. To our knowledge, this is the first study in which this methodology has been applied to the message development process for a social marketing campaign aimed at increasing fruit and vegetable consumption. This study’s results adds novel findings to the literature on message design and positioning in social marketing. First, our findings provide a roadmap for social marketers to develop effective messages in Louisville and Hopkinsville by using the most influential attribute levels from the conjoint results to appropriately position the behaviour of increased F&V consumption. Secondly, the results of the study suggest a hierarchy of theoretical influence for social marketing message design. That is, if resources are limited, social marketers would be best served by researching and identifying the optimal message sources, followed by ensuring that the situation illustrated in the communication accurately depicts the African American culture of family and community (and the concept of setting a good example for family and community).

Finally, our analyses illustrate that a choice-based conjoint methodology can be advantageous over traditional formative message research approaches for social marketing communication campaign planning. Choice data, in which social desirability is generally minimized, are available to help planners determine how to position a healthy behaviour: In our case, helping us identify that we should promote the concept of eating more F&Vs to lower one’s risk of heart disease or to help one look better rather than to lose weight.

One of the main advantages of conjoint analysis is that it can guide social marketing strategies in situations in which resources are limited and traditional mixed-methods are out of budget. Even more importantly, the method engages audiences with the message development process, and past research has shown that engagement in the process can improve campaign outcomes (Kreps

and Neuhauser, 2010). Another important advantage of conjoint analysis is its ability to discern between multiple agreeable attributes, which is especially important if respondents in a more traditional format are likely to say that everything is important/motivating to them. Developing message strategies using conjoint or choice-based trade-off approaches can help researchers understand how message components interact to influence target audiences in a competitive message environment where audience members quickly decide whether or not to attend to a message that is competing for their consideration.

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‘END SMART’ Model: A Social Marketing Approach for Tobacco Control

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Abstract

India is the second largest consumer and third largest producer and exporter of tobacco. The problem of tobacco has become an epidemic here killing around a million every year, still 2 million new tobacco users are added annually. It has become the single largest reason for over 40% of the health problem and costs India US \$ 15.88 Billion per annum. Although Tobacco Control Act in India, (COTPA, 2003), has been in place for over a decade, the progress made in tobacco control in India largely insufficient.

Looking at the grave situation, a three dimensional research was conducted in 2014-16 in Rajasthan State of India through Focus group discussions, stake holder surveys and successful case studies for arriving at the solution.

Major findings of the survey reveal that a vast majority (95%) of tobacco users wants to quit tobacco and around 90% of all stakeholders want all tobacco products to be banned. Majority of them want the ban within one year. People are also willing to spend money, time and efforts for quitting tobacco. But, most tobacco users feel that there is hardly any ecosystem to help them quit tobacco. Absence of organized network of tobacco quitline, costly medicines and lack of proper counseling from doctors are major drawbacks in reducing consumption.

Findings from Focus group discussions reveal that the vested interests and nexus of politicians with tobacco industries is a major hurdle in taking stringent measures towards tobacco eradication. As a result rampant surrogate advertising on all media, massive advertising and promotions of tobacco on point of sale goes on unabated. These factors coupled with absence of ceiling on production and absence of licensing for sales allow manufacturers to keep society flooded with epidemic called tobacco.

Major recommendations of the study include setting up a National Tobacco Eradication Authority as the apex body for tobacco control, focusing on 'Tobacco Eradication' instead of Tobacco Control, curbing political vested interests in tobacco industry, raising taxes on tobacco with uniform tax policy, withdrawing all Government funding from tobacco industry, applying professional branding and social marketing etc.

After analyzing five case studies in social marketing and five in tobacco control during this research work, a conceptual social marketing model- END SMART, has been proposed. This model envisages increasing the bandwidth of the basic 8 social marketing elements. When these elements push the three Organizational factors (Enforcement Agencies, NGOs, and Decision Makers- acronym as END) they work toward reducing the supplies. When these elements push the five Activity factors (Service Delivery, Mass Communication, Activation, Re-habilitation and Technology-acronym as SMART), they work towards reducing the demand of tobacco.

This conceptual model can be developed as a mathematical model on a digital platform. It can be scalable from District to State and National levels. Besides, it can be adopted and customized for social marketing in any programme viz., de-addiction from drugs and alcohol, spreading education etc.

Introduction

Tobacco was introduced in India in 16th century by Portuguese traders. Now, India is the second largest consumer and third largest producer of tobacco use. The problem is complex here as tobacco is produced, manufactured, consumed and exported to various countries in multiple forms. Tobacco consumption in India has reached an alarming stage. It is a 'Health Emergency'. Tobacco now has been termed as an 'Epidemic' by World Health Organisation (WHO). The title of WHO Report on the Global Tobacco Epidemic, 2011: Warning about the dangers of Tobacco" is sufficient to indicate the gravity of the situation. (WHO, 2011).

The International Tobacco Control Project India Report (Fong, J., 2013), said that "tobacco inflicts huge damage on the health of India's people and could be clocking up a death toll of 1.5 million a

year by 2020 if more users are not persuaded to kick the habit." With very high mortality and morbidity due to tobacco, India has become the global capital of tobacco generated diseases where over 40% of the health problems are due to tobacco with annual deaths of 1 million and annual cost of \$ 15.88 Bn (Rs 1,04,000 crores) (GATS, 2009-10).

Although Tobacco Control Act in India, the cigarettes and other tobacco products Act (COTPA, 2003), has been in place for over a decade, the progress made in tobacco control in India is not up to the mark. It is estimated that every year 2 million new tobacco users, mostly youngsters, are hooked to this habit, despite nearly 1 million deaths per year now.

To find a solution, there is a need for a fresh way of thinking and new ideas. The epidemic level of the problem needs an integrated approach that will engage all important stakeholders on a common platform to build up a mass movement to eradicate tobacco (like India eradicated Polio in 2012).

Method

This exploratory and qualitative Research was conducted in Rajasthan State of India in 2014-2016. It used 3 types of tools viz., Focus Group Discussions, Survey of stake holders, and Case studies of selected best practices from the field of social marketing as well as tobacco control. The conceptual framework of Research Design is given as Figure-1.



Figure 1: A Conceptual framework of the research design

The best practices case studies done in social marketing for this research work included Pulse Polio Campaign, Social Marketing of Condom by USAID, Sulabh International Service Organisation, A women co-operative bank-SEWA Bank, and campaign to save girl child in India. The case studies of tobacco control included 'Community Intervention Trial for Smoking Cessation (COMMIT) model' from USA; 'American Stop Smoking Intervention Study for Cancer Prevention (ASSIST) model' by National Cancer Institute, USA; 'Challenge Services, Leadership, and Result (CLear) Model' for Excellence in Local Tobacco Control, Public Health, England; New York State Quitline, Buffalo, NY, USA and the learnings from Bloomberg Initiative.

Results

The Major Findings of the Survey:

- i. A huge majority of 95% of tobacco users wants to quit Tobacco. 66% of them wish to quit immediately and 29% within one year.
- ii. The most popular reasons for willingness to quit tobacco are bad for health, dislike by family and expensive nature of the habit.
- iii. 90% of the all stakeholders recommended the complete ban on tobacco in India in public interest. Surprisingly 91% Tobacco users themselves want it to be banned completely and 56% of them 'Strongly Recommended' the ban.
- iv. 79% People want Tobacco products should be banned immediately or within one year. 55% of them want the ban immediately, while 24% it within one year.
- v. For quitting tobacco voluntarily, top 3 measures selected by people on helpfulness are- complete treatment in de-addiction centre, support from their families and friends, and face to face counseling with doctors.
- vi. The most influential persons in a 'Family' to force any addict to

- quit Tobacco are spouses for married people, mother for unmarried respondents, and daughters/sons for elderly or middle-aged people.
- vii. The most influential persons 'Outside Family' to force any addict to quit Tobacco are : first preference- Friends/Colleagues; second preference – Doctor; third preference- Teachers.
 - viii. 72% respondents were not aware about the existing 'Quit Tobacco Helpline'. Only 28% were aware about it but only 14 % from the latter knew the Helpline number.
 - ix. The most preferred features in a Tobacco Control Helpline' included referral to the nearest De-addiction centers, delivery of medicine at home, a three-digit number for handling complaints of violations of the Tobacco Act.
 - x. Majority of people (59%) were willing to spend up to USD \$15 (Rs 1000) per month for 3 months for getting de-addicted from tobacco. (Additional 26% could spend up to USD \$30).
 - xi. Majority of respondents were willing to spend 1-2 hours and travel average 3 kilometers every week to avail de-addiction services.

The Major Findings of the Focus Group Discussions:

No visible impact of reducing the consumption, vested interests and nexus of politicians with tobacco industries is a major hurdle in taking stringent measures for tobacco eradication, lack of involvement of all stakeholders, grossly inadequate research, tobacco still an acceptable norm in the society, rampant surrogate advertising on all media, massive advertising and promotions at the point of sales, absence of proper quit-line network, low budget for tobacco control vis-à-vis ad spent on promotion of tobacco, no ceiling on production of tobacco, no licensing required for sales of tobacco, no de-addiction camps, medicines for quitting are very costly, very mild penalties on violation of the Act, absence of a proper social marketing approach in national tobacco control programme.

Discussion

Major Recommendations:

- i. Set up a National Tobacco Eradication Authority as the apex body to control and coordinate the efforts of all the stakeholders. This should be directly under the office of the Prime Minister and must have all necessary powers and budget to completely eradicate tobacco in a fixed timeframe, say 5 years.
- ii. The basic mission to be 'Tobacco Eradication' instead of Tobacco Control.
- iii. Aggressive top-down approach for reducing supplies and aggressive bottom up approach for reducing demand.
- iv. Strict law against lobbying by politicians and tobacco industry. Heavy penalty on such violations. Licensing and ceiling to be introduced on quantity of tobacco production and number of producers and sellers to phase out tobacco completely in 5 years.
- v. Shifting the onus of the health cost of tobacco generated diseases to tobacco manufacturers.
- vi. Raise Tax, implement uniform tax on all tobacco products including bidi (country made cigarette made from leaves) in the entire country.
- vii. 100% dis-investment/withdrawal of Government finance from Tobacco industry. Instead Government investment should be made to fund a network of quitline in Public Private Partnership mode in health sector.
- viii. Apply professional branding and social marketing tools to give a big boost to the programme. Engage celebrities, use social media, activations, events and awards.
- ix. Comprehensive Social Marketing approach to be adopted as the base of the programme with IT enabled platform, website, app and service delivery mechanism for multiple stakeholders.
- x. Rope in Corporate Social Responsibility (CSR) funding to the programme.

Integrated Solution for Tobacco Control-'END SMART Model:

This complex and centuries-old problem of tobacco needs an

equally comprehensive solution model that can bring mass behavioural change. At present the tobacco control program implementation in India severely lacks "Social Marketing approach", which is a must for making it a mass movement. Most of the major stakeholders are not suitably engaged.

Therefore a conceptual model-'END SMART' (Figure:2) has been developed using the well-known 8 elements of Social Marketing, namely: Consumer orientation, Voluntary exchange, Segmentation, Formative Research, Competition, Marketing mix, Tracking system and Management process. These 8 components are like central spine and their application constitutes the 'Social Marketing Bandwidth' of the Tobacco Control programme. The core of this approach is to increase this Bandwidth.

It envisages, on one hand, to drastically reduce supply of tobacco through three organizational factors – Enforcement, NGOs and Decision Makers (acronym as END), on other hand, reduce tobacco consumption through five activity factors – Service Delivery, Mass Communication, Activation, Rehabilitation, and Technology (acronym- SMART).

To increase the bandwidth, each of the 8 Social Marketing elements must be applied to the 'END' Elements of the model to reduce the supply curve. Simultaneously, to reduce consumption curve, they must also be applied on the 'SMART' elements of the proposed model.

The above mentioned recommendations, when implemented through the suggested social marketing approach model END SMART, will certainly bring down the supply and demand of tobacco and will pave the way for its complete eradication in a fixed time frame of 5 years.

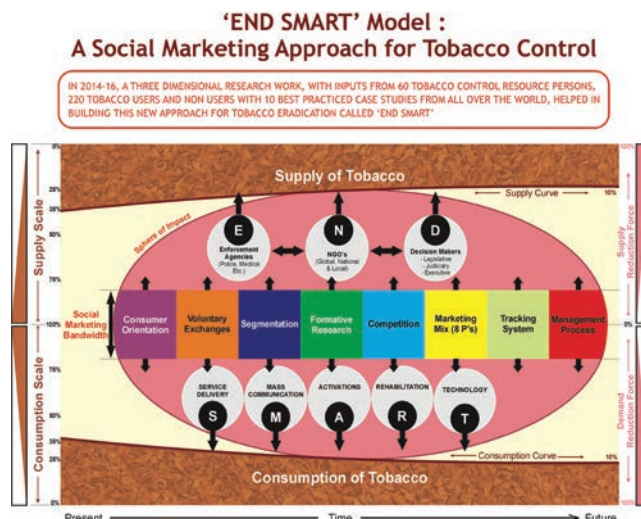


Figure 2: END SMART Model

Wide Scope:

This conceptual model can be developed as a mathematical model on a digital platform. With the help of a web portal and mobile app, it can be used to conduct online survey to ascertain the existing Social Marketing Bandwidth of tobacco control programme of any district. Later it can also be developed for larger scales i.e. State and National levels.

It can be adopted and customized for social marketing in any programme viz., de-addiction from drugs and alcohol, spreading education, rural development programmes, promoting use of solar energy, saving water etc. in any socio-economic / cultural group in any geographical area for mass behavioural change.

“Social marketing is an emerging field wherein a well designed digital platform can enable ordinary people do extra ordinary work for substantial social change”.

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functionally or structurally, in public policy and its interventions of social behaviour change, mostly in the health area. Similarly, in 2004, the British government delivered the White Paper Choosing Health: Making Healthy Choices Easier, starting a wider national strategic policy on social marketing. Two years later, following the national review It's Our Health: Realising the Potential of Effective Social Marketing, a National Social Marketing Centre was created, on the basis of a partnership between the Department of Health (DoH) and the National Consumer Council (NCC), the national consumers' defence organization. Such policy was reinforced in 2008 by the deliberation of the then Labour government, Ambitions for Health: A Strategic Framework for Maximizing the Potential of Social Marketing and Health-Related Behaviour, which was developed in 2011 by the decision Changing Behaviour, Improving Outcomes: A New Social Marketing Strategy for Public Health, issued by the Conservative-Liberal Democrats coalition government invited by the Queen in 2010, and presided by David Cameron. Also, during the second Cameron ministry, social marketing keeps its importance in public health policy, well-evident in the maintenance of the Public Health England Marketing Strategy 2014-2017 and in its specific Social Marketing Strategy.

Simultaneously, the debate on social marketing's dimensions first led to appeals and soon to a certain consensus. Hastings and Donovan (2002) made a strong claim:

«We now call collectively for social marketing to embrace a broader perspective that encompasses not just individual behaviour... [T]his broadening still involves behaviour changes, but among those who make policy and legislative decisions on behalf of groups, corporations and governments, as well individual citizens.» (p. 4)

Andreasen synthesized, in 2006, this wider role of social marketing, aggregating the two levels already presented by Goldberg (1995): a downstream approach, aimed for the involved individuals in behaviour to improve; and an upstream approach, aimed for structural and social factors, depending on the respective decision makers. The role of the individual remained, but was completed with the most contextual conditions of society.

With the integration of social marketing in public policy, there was a conscience that «to earn a seat at the policy table, they [the social marketers] need to demonstrate that social marketing principles and concepts can improve the policy development process and strategy formulation as well as develop effective interventions» (French and Blair-Stevens, 2006, p. 38). In this sense, French and Blair-Stevens (2006, 2007; and also French and Gordon, 2015) would develop a concept of strategic social marketing through three levels and respective roles:

- Inform, support and promote policies focused on the understanding of people involved, its need, problems and aspirations;
- Inform and formulate coherent and effective strategies;
- Promote, follow and evaluate interventions, in the sense of an optimization of its impacts.

Both experience and theory promoted that wider role of social marketing, and contributed to the need to understand how those national policies on social marketing, as a public policy process (Hill, 1997; Sabatier, 2007), emerged, developed and were implemented, in order to use their lessons to support similar social marketing processes in other countries and situations.

Method

According to its main purpose – the “how” and the “why” of those policies) –, this research was conducted as an in-depth multifaceted single case study one, mixing qualitative and quantitative data, including participatory research. The case selection was done according to four characteristics susceptible of embodying the aimed analysis unit:

- to have a national dimension;
- the existence of a more or less wider national policy on social marketing;
- the existence of at least one organization resulting from that policy;

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A National Policy Process on Social Marketing: The British Case

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Abstract

Since 2004, the British government has delivered a wider national policy on social marketing that has created a new frame of reference in this field. Using a cognitive approach, this research studies the genesis, evolution, and implementation of that policy process that led to an important development in British public health policy, with the aim of improving social behaviour change and wellbeing. The conclusions advance a generic framework for a national policy on social marketing, as a contribution to the conception and development of similar policy solutions in other situations and countries, according to appropriate transfer and implementation. This paper was done on the basis of the author's book Social Marketing in a Country, The British Experience (Charleston, SC: CreateSpace, 2016).

Background

In the 1980s, in Canada, under the influence of the so called Lalonde Report (1974), the interest from the central government to incorporate social marketing started systematically, either

– the existence of actions resulting from that policy.

At the beginning of this research, in 2004, to select from among the possible cases (Canada, New Zealand, USA, and United Kingdom), we have considered other aspects like:

- to be recent and able to directly observe its evolution;
- to be headquartered in a European country should be considered as an advantage, whether on how its study might imply in the diffusion and implementation of social marketing in Europe, or on better proximity, access and relationship conditions.

Bearing all these criteria in mind, the selected case for this investigation was the British one, considered as a crucial one (Eckstein, 1975; Gerring, 2008). This was related with other important methodological option, on the basis of a Yin's (1984/2003) consideration:

«...the relevant field contacts depend on an understanding – or theory – of what is being studied... For case studies, theory development as part of the design phase is essential, whether the ensuing case study's purpose is to develop or test theory. (p. 28)

That's why it was important to choose an explanatory theory to follow the British case. Our choice was a cognitive approach based on «elements of knowledge, ideas, representations or social beliefs in the elaboration of public policy» (Surel, 2006, p. 80). As Schmidt (2008) puts it, «cognitive ideas – also sometimes called causal ideas – provide the recipes, guidelines, and maps for political action and serve to justify policies and programmes by speaking to their interest-based logic and necessity» (p. 306). So this investigation's hypothesis frames itself in the «last postulate common to these works» (Surel, 2006, p. 85), namely, «the major hypothesis which associates the significant change in public action to a transformation of the cognitive and normative elements which characterise a policy, a problem or a specific sector of public intervention» (p. 85).

Among the long list of cognitive approaches (Santos, 2016, p. 39), the adopted one for this investigation was the public policy frame of reference (référentiel), as presented by the so called Grenoble school (from the Institut d'Études Politiques de l'Université de Grenoble), centred in Bruno Jobert and Pierre Muller (1987). The reason for this choice resides in the comprehensive capacity of that approach, in the nature and adequacy of the concepts it incorporates, and in the explanatory capacity it possesses. It is a «good theory» in the sense given by Evera (1997):

«Large explanatory power... elucidate by simplifying... is «satisfying»... clearly framed... falsifiable... explains important phenomena... has prescriptive richness.» (pp. 17-21)

The emergence and development of a new public policy frame of reference (figure 1) comes from a joint process that Muller (1995) designates as mediation, where several mediators are involved, operating in forums, places where such construction is developed, discussed and operated, a process through which are created «political conditions for the definition of a new social interest expression space, from a frame of reference which is simultaneously normative and cognitive in which the different actors will be able to mobilize resources and firm alliances or conflicts.» (p. 161). In the scope of public policy the new way of thinking and intervening that results is formed in a «new conception of public action in the sector» (p. 156), gifted of «a structure of sense that allows thinking about the change in its different dimensions» (idem).

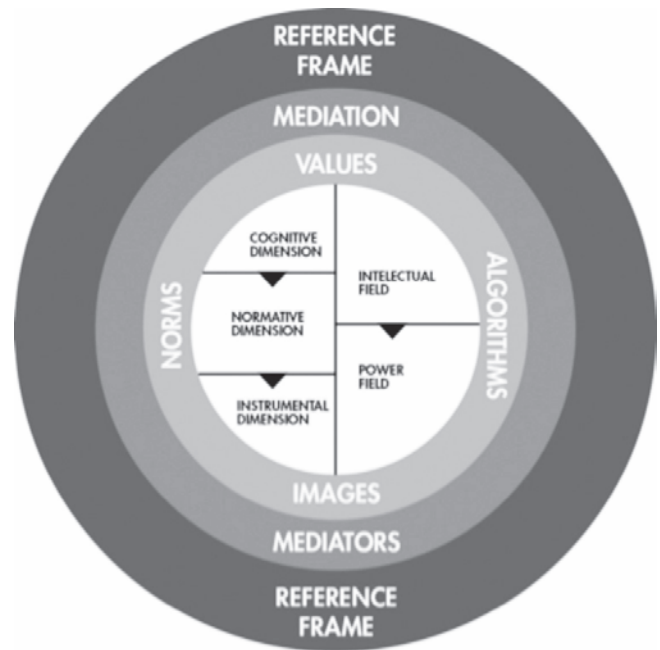


Figure 1. A reference framework

That mediation dynamics is developed through four units of analysis that Muller designates as «levels of perception of the world» (Muller, 1995, p.158) – values, norms, algorithms, and images:

«Values are the most fundamental representations... about what is good and evil, desirable and rejectable»; «the norms define the differences between the real understood and the real wanted»; «the algorithms are the causal relations which express a theory of action»; «the images... make immediate sense without going through a long discursive course... they constitute a central element of a frame of reference.» (pp. 158 and 159)

These four units gather themselves according to two pairs of dimensions, «which is of absolute importance to bear in mind together if one wants to understand the mediation process in its whole» (p. 163). The first one is the pair cognitive dimension/normative dimension. In its cognitive dimension, the mediation processes «help to understand the world» (p. 164), in the normative one, «they define the criteria which allow acting on the world, in other words, the different public policy' goals» (p. 164). The second pair of dimensions is the intellectual field/power field. In the intellectual field, in a process of word taking, the «production of sense» happens; in the field of power and of power taking, the «structure of a force field» is developed. Jobert (1992) on his side adds one more dimension to the reference frame and clarifies their meaning:

- the cognitive dimension – the reference frame gives problems to be solved the elements of causal interpretation;
- the normative dimension – the reference frame defines the values which have to be respected for dealing with such problems;
- the instrumental dimension – the reference frame defines the principles that should guide the action, under that knowledge and those values.» (pp. 220-221)

This whole set incorporated by the reference frame approach «is not only speech or ideas... it is ideas in action» (Muller, 1995, p. 161), or as Jobert (1992) states, «a process of social reality modelling» (p. 220). As a system of beliefs, a frame of reference is also a strategic approach, where a multiplicity of agents constantly intervenes, and which cannot be reduced to a merely discursive process. The British case proved to be crucial, «one «that must closely fit a theory if one is to have confidence in the theory's validity»... a case is crucial in a somewhat weaker – but much more common-sense when it is most, or least, likely to fulfil a theoretical prediction» (Eckstein, 1975, cit. by Gerring, 2008, p. 659).

According to this explanatory theory, this case study research have involved the numerous components of the British one: central policies, mediators, normative documents, and instrumental

institutions, forms of governance, demonstration sites, regional interventions, national campaigns, evaluations, new concepts and approaches.

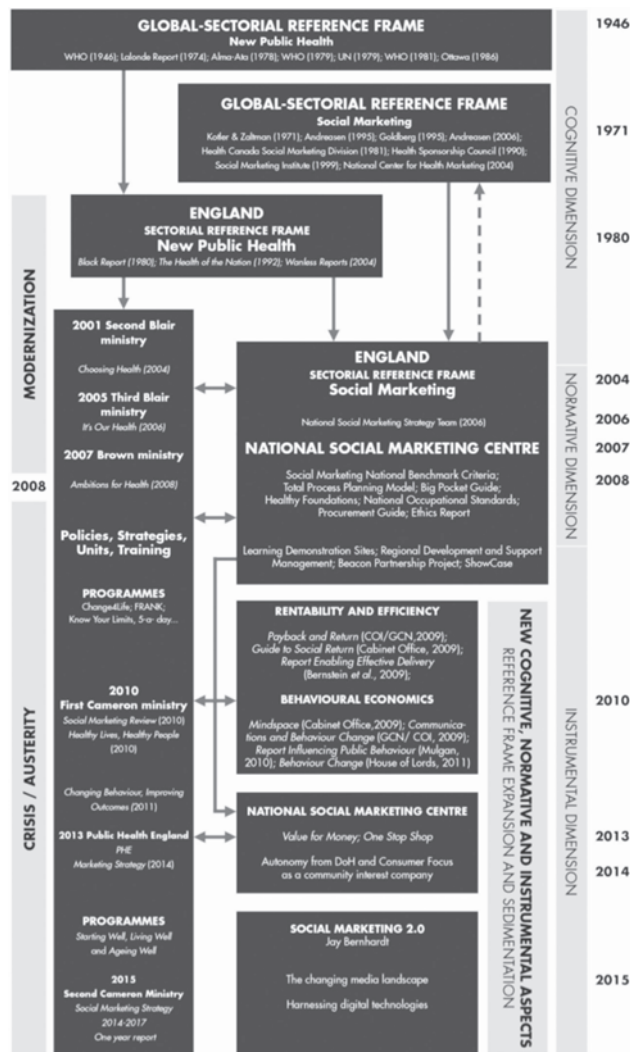


Figure 2. Framework for the British national policy on social marketing reference mediation

Results

As Tversky (2011) points out, stressing its importance, visualizing thought «may not provide definitions with the rigor of words, but rather provide suggestions for meanings and constraints on them, giving them greater flexibility than words. Figure 2 frames the emergence and evolution of the British policy on social marketing through its cognitive, normative and instrumental dimensions, and components, including the transformation (conception, expansion, sedimentation) of this new reference frame generated namely by the profound global crisis of 2007-2008, and by a substantial political change in British government. It involves:

- The decisive influence of the new public health global-sectorial reference frame on the British new public health sectorial reference frame, and on the emergence of the British social marketing reference frame;
- A diversified group of early main mediators (figure 3) involving top leadership (the Prime Minister and the related ministers), DoH' officers, academics, autonomous institutions (NCC), and marketing and communication experts;

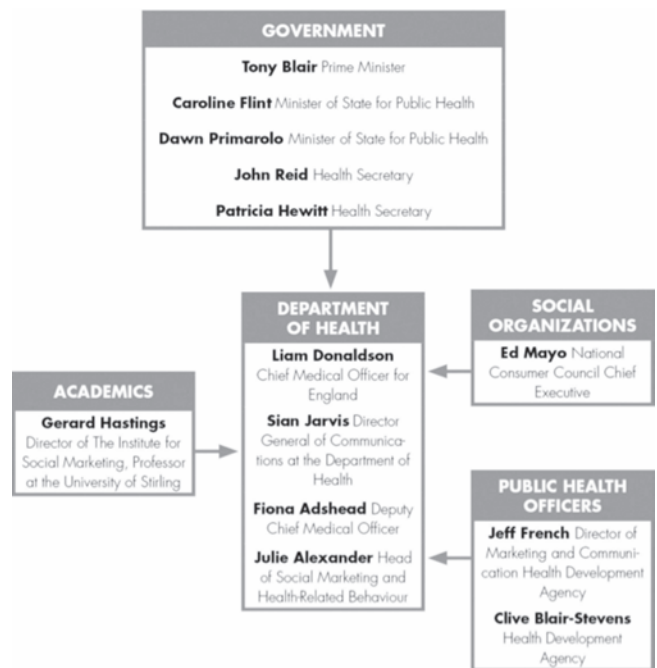


Figure 3. Main early mediators of the social marketing reference frame in England.

Source: DoH (2004); NSMC (2006); DoH (2008)

- A good articulation between the cognitive, normative and instrumental dimensions, managing the components of each one;
- A strong presence of decisions based in research;
- The creation of proper organizations (National Social Marketing Strategy Team, National Social Marketing Centre, Public Health England, and several steering and regional groups), the establishment of forms of governance (figure 4), the allocation of resources, and a vast institutional cooperation;

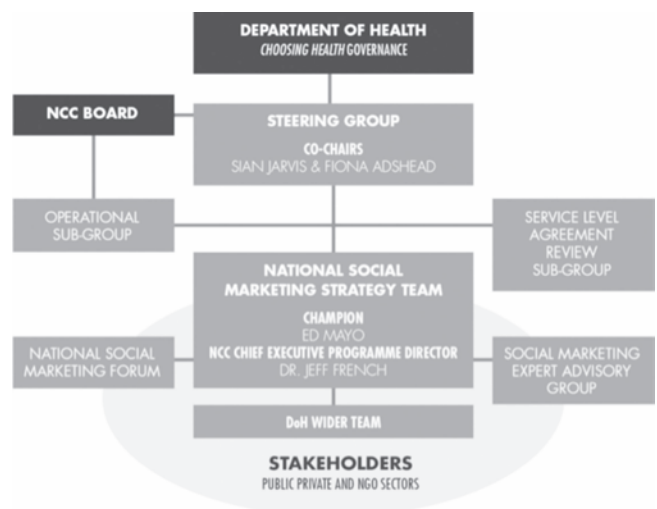


Figure 4. Early National Social Marketing Strategy governance arrangements. Source: NSMS (2005)

- The establishment of appropriate norms and standards, including the National Occupational Standards for Social Marketing (NSMC, 2009);
- The promotion of learning and training in a great scale about social marketing and behaviour change, enlarging the number of mediators;
- Combining national and local levels, and promoting learning demonstration sites;
- Generating important behaviour change interventions and results;
- A lot of evaluation in different moments and from diverse levels and institutions, ensuring evidence and insight in people's wellbeing perspective;

- Managing the reference frame evolution, incorporating new approaches about rentability and efficiency, and new technologies and communication;
- A cognitive, normative and instrumental adaptation (sedimentation) through a profound contextual change and a great governmental and policy change.

This new British social marketing reference frame created a significant field, from the zero, with a lot of mediators and experts, and it's still alive and productive nowadays (see PHE, Public Health England, 2014). Nothing is as it was. In a decade, the British State in action, to use Jobert and Muller's (1987) expression, has generated a new field, considered important for health policy and society – a field that keeps its dynamism and its capacity to question its own processes, searching new directions and solutions.

Conclusions

According to Yin's (1984) or Eisenhardt's (1989) perspectives, it is admissible to generalize, analytically, the results of the English case study into a theoretical cognitive framework. Figure 5 attempts to represent a generic framework for a national policy on social marketing, that involves:

- exploring the relation between a global-sectorial reference frame and a national one;
- mediators, including individuals and institutions;
- policy processes involving cognitive, normative and instrumental dimensions;
- norms and standards' establishment;
- training sessions and mediators extension;
- establishment of intervention processes and means adjudication;
- implementation of interventions;
- its evaluation and possible reformulation;
- a proper management of the reference frame evolution.

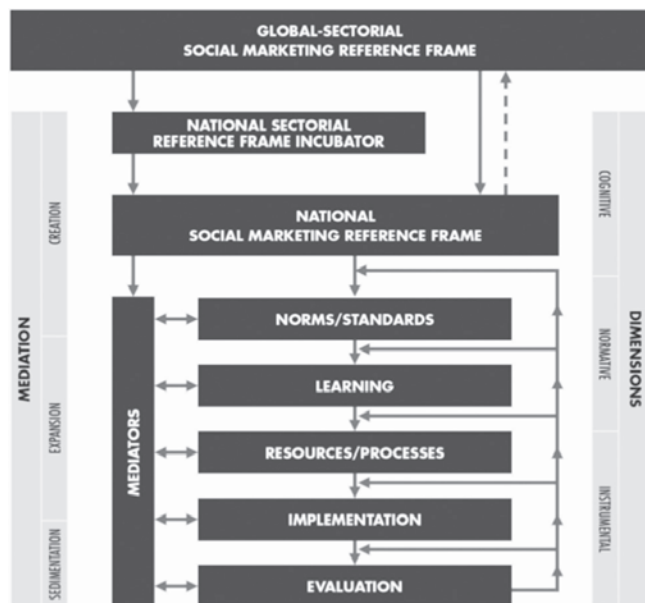


Figure 5. Framework for a national policy on social marketing

This policy process on social marketing supposes, in our approach, responsive and accountable public governance, subject to empirical processes and to pragmatic concepts and criteria, with full pertinence only in a political democratic and freedom framework.

With proper knowledge and policy transfer, this generic framework for a national policy on social marketing can play an important role on other situations and countries, as a guideline for their own purposes. It is not an easy and simple way, but it is surely one that democratic societies can explore and go through.

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Note: Quotations, when made from a different edition of the first, keep the year of the first edition, and also mention the year of the edition used, with its page or pages.

Number: 153

Using service design to co-create a digital strategy to improve tertiary education participation amongst under-represented markets

Abstract

Participation in tertiary education is an important factor in achieving social parity and access to opportunity for Australians. The current government agenda is to increase participation amongst low socio-economic, culturally and linguistic diverse, Indigenous and remote peoples to be representative of their proportion in the population. This paper draws on the field of service design to bring an innovative approach to developing social marketing strategy. This research reports the findings of two qualitative studies involving 211 participants across Australia to elicit a psychologically based approach to segmentation and generate innovative digital solutions that will increase applications to participate in tertiary education. This work is the result of a multi-disciplinary team that brought together practitioners from the widening participation and equity fields along with social marketers and service marketers.

Introduction/Background

Equity in education is based on the goal of creating an environment in which students with experience of disadvantage can achieve parity of representation in student enrolments as in the broader Australian population. For low socio-economic background students, therefore, equity of representation would be achieved at 25% of the student population. Currently, the national undergraduate enrolment share for low socio-economic status (low SES) students is under-represented at 16.5% with enrolments now totalling 229,056 having grown from 14.4% or 153,357 enrolments in 2008 for this group (Department of Education 2015). This increase also illustrates how participation in university study has widened beyond the social and cultural groups that traditionally access tertiary education and is the result of a national policy agenda called Widening Participation (WP). The typical cohorts of interest to this agenda are low-income earners, people with a disability, Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds (CALD) (Martin, 1994). Within these cohorts of interest, four target markets have been identified as needing attention; to primary markets (high school students and recent school leavers) and two influencer markets (parents and high school staff) (Bennett et al., 2015). A key stage in the customer journey for tertiary education participation, where interventions are crucial, is the application stage (Bennett et al., 2015). A lack of evidence as to the effectiveness of widening participation interventions (see Naylor et al. 2013) led to a review of 76 of the numerous interventions to date. Bennett et al. (2015) identified that well-designed technologies and online resources were effective and encouraged stakeholder-centred, research-informed and iterative interventions. Another shortcoming of interventions to date include favouring of demographic segmentation which appears related to Australian Government policy being focused on demographic shifts (e.g. Bradley et al., 2008).

A national approach is desired by the Australian federal government and one method to achieve this in a cost-effective way that can be upscaled, addresses barriers of physical location across the vast distance in Australia while allowing tailored personalised information

that is consumer-specific is digital. However there are many misconceptions about the digital literacy and digital divide of the under-represented markets that are the focus of widening participation efforts and this research seeks to address these misconceptions and pose that a digital approach would indeed an effective national approach. To this end, we use a service design approach that is co-creative and engaging to elicit a psychologically based approach to segmentation that generates innovative digital solutions that will increase applications to participate in tertiary education.

Psychological segments

The extensive WP research typically focuses upon grouping individuals on the basis of their demographic characteristics. This demographic-focused approach has produced a large body of work with insight that has advanced the practices of equity practitioners to date. In marketing theory and practice, we know that new levels of insight can be gained by grouping individuals by multiple shared characteristics, such as psychographic and behavioural qualities. It is in the interplay between these characteristics of a target group, that a different and deeper understanding can be garnered. In social marketing, effective behaviour change rests upon identifying and selecting characteristics that are meaningful predictors of behaviour (Lee & Kotler, 2016). It is from this basis that new insights emerge and new strategies can be developed. The target markets are the basis from which the personas are derived. A persona is a research-based profile which represents variations within a target group with distinct motivations and behaviours (Marshall et al, 2015; Neilsen, 2011; Sankupellay et al, 2015). Importantly, personas often transcend demographic characteristics, describing and categorising common attitudes, experiences and perspectives. As such, individuals of various demographics may share an attitude, be in a similar stage of the change process, or be seeking similar support. It is this attitude/stage/need that is the more meaningful common predictor of behaviour and, if leveraged well, will bring about the desired change in behaviour. By focusing on these common denominators, thus moving beyond the demographic-focused lens, a strategy can be more widely applied in a manner that ameliorates location and time hurdles that have impeded prior WP efforts. Thus we pose the following research question: RQ1. What are the personas in under-represented market segments for tertiary education participation?

Digital preferences of under-represented markets

Past research in the UK (Helsper, 2008), US (Choi & DiNitto, 2013) and Australia (Newman et al. 2010) suggests that those with deep social disadvantages are also likely to be disengaged from the Internet. Findings suggest that the socially disadvantaged tend to have very low rates of Internet use compared to the socially advantaged, owing to lack of exposure to digital technology, low income or medical conditions, and quality of access and attitudes towards ICTs (Choi & DiNitto 2013). Nonetheless, Choi and DiNitto (2013) also discovered "the unexpectedly engaged" who used technology despite their social disadvantage. Characteristics were youthfulness, being single, or having children and a higher level of education. This particular result demonstrates that certain individuals within socially disadvantaged groups can overcome barriers to digital engagement. These assumptions about reduced levels of digital literacy amongst low income and disadvantaged cohorts are contradicted by the uptake and current use of digital technologies such as smartphone ownership and devices. In Australia nine out of 10 people own a smartphone (Lancaster 2016) and research on low-income earners found internet access, device and smartphone ownership to be high (Russell-Bennett, Mulcahy, Foth, Little, & Swinton 2014). A digital approach to providing information and services about participating in tertiary education would be broadly accepted by the cohorts that comprise LSES and disadvantaged communities. Supporting evidence is found in the level of access to online learning among regional, remote and outer-urban students and is a viable solution for students with a disability, those not wanting or able to relocate, mature-aged students and Indigenous peoples, due to its holistic approach (Watson, 2013). The Australian Bureau of Statistics (2016) reports that in 2014-2015, 97% of households with children aged under 15 years had internet access, and 82% of households without children under 15 years of age. Households in major cities were more likely to have internet

access at home (88%); yet some 79% of households in remote and very remote parts of Australia also had internet access. Hence, this data provides further evidence that a digital approach to providing information to low SES and disadvantaged communities is suitable, advantageous and viable. We therefore raise the following research question: RQ2. What are the digital preferences of personas for engaging with tertiary education participation?

Method

This research involved service design, which is an interdisciplinary process to solve a problem, a new way of thinking and a set of evolving tools and techniques that can be applied to industries such as retail, banking, transportation, healthcare and education. Service design is human-centred, co-creative, iterative, evidenced and holistic with an ability to provide solutions and experiences (Patricio & Fisk 2010). Importantly service design can be harnessed for social impact. In this project, a service design approach was used to generate imaginative, innovative and interesting social marketing strategies to increase participation amongst groups with low tertiary education participation. The research used two qualitative studies in the service design process: the first study involved interviews to identify personas reflecting key psychological motivators and barriers for participating in tertiary education with the second study involving participatory workshops to co-create solutions for a national social marketing strategy. Interviews seek to deepen information and understanding, allowing researchers to make sense of the multiple meanings and interpretations of a specific action, occasion, location or cultural practice (Johnson, 2002). The method permits the researcher to delve into the ‘hidden perceptions’ of their research participants and overcome cognitive bias (Marvasti, 2004).

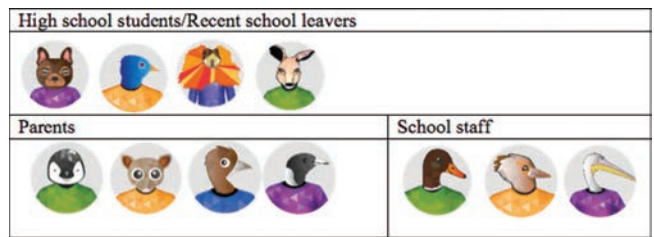
Following Human Research Ethics Approval, participants were recruited from the four target markets to provide primary research to develop personas and identify digital preferences for a national approach to tertiary education. The data were collected in three phases to provide a total sample size of 211 participants: 39 participants for the interviews, 121 participants in participatory workshops and 51 participants in validation interviews to confirm the proposed persona-specific solutions. Participants were recruited from urban, outer urban, inner regional, regional and remote locations across Australia. The sample characteristics showed an even distribution amongst males (47%) and females (53%) with key cohorts well represented e.g. Australian and Torres Strait Islanders 20.3% and CALD 15.2%.

Results

Interviews

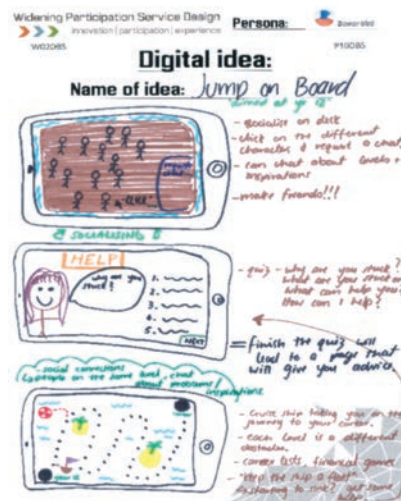
The participant voice is critical to a deeper understanding of the motivations, barriers and benefits of tertiary education within low SES cohort groups. Personas are the qualitative expression of participant voices distilled to the key characteristics, motivations, barriers and behaviours. Hence this research focused on the use of service design tools to develop cohort personas that can then be mapped to goals, behavioural determinants and the final social marketing strategy. The foundation for developing the personas was drawn from the intervention modelling recommendations of Michie et al. (2008), and the interviews to group individual decision-making styles according to their shared attitudes, knowledge, personal values, perceptions and dreams (see image below). This took a step further than the demographic groups of the low SES cohorts, which was the focus of a survey of expert proxies on barriers and motivators for widening participation (Raciti, Eagle & Hay 2016). In all four learner personas (high school and recent school leavers), four parent personas and three school staff personas were identified, as outlined in the next three pages. The interviews and workshops revealed many shared needs and these have been used to underpin the strategy. The personas that emerged were represented by visuals that are gender, ethnicity and age neutral (See Figure 1). Australian animal images were selected as the visual device to avoid biases such as gender, age and ethnicity, yet still resonate with the participants. The animals were anthropomorphised to have sufficient human qualities that generated emotional transfer, while still retaining the animal characteristics. The personas for high school students and recent school leavers were found to be the same.

Figure 1 Personas for under-represented markets



Based on the interview data, the profile of each of the personas has been visualised in two ways: 1) a continuum of psychological characteristics and 2) key support mechanisms that create the person-specific value propositions (see Appendix A for an example of a persona profile). The key psychological characteristics relevant to preparing and applying for tertiary education were career goal (making money or life journey); stage of decision process; preference for doing things by themselves or with others; space and urgency of getting stated with a career; and confidence about future study. The high school students’ temporal perception is aspirational as study options are in the future. The recent school leavers, unlike the high school learners, had the temporal perspective of the present, thus creating a sense of urgency for action. The profile of each persona is based on the theoretical frameworks of stage of change (Prochaska 2008) and social support theory (Loane, Webster and D’Allesandro 2014). The profile also includes a summary of the key motivators and barriers for participating in tertiary education as well as key messages to be used when communicating the value proposition to each persona.

Figure 2 Visualised poster example



Participatory workshops The data from the participatory workshops was in the form of visualised posters (See Figure 2). Content was analysed using an emergent strategy which allows the nature of the analysis to follow the structure of the data itself (Mostakas, 1994). All personas in each target market demonstrated a preference for digital solution that provided access to both face-to-face and digital solutions however, specific themes arose at the target market level (see Table 2) and persona level (see appendix B). Interestingly the needs to address fears and emotions rather than just provide information was a key feature for some personas. Participant data was then visualised as digital portal mock-ups for each persona and these were validated in a final study. For an example mock-up see Appendix C.

Table 2 Preferences for digital features

<p>School student themes:</p> <ul style="list-style-type: none"> Higher needs for informational, network and instrumental social support; however, Wallabies need emotional and esteem support. Designed digital tools that were highly focused for the persona that knew their career goal (Tasmanian devils) with broader content for personas that were uncertain of their options or had not commenced the decision-process. The digital tools were highly personalised to create relevance. The use of storytelling through video and forums to bust myths and demonstrate the reality of tertiary study. Designed people-rich activities that linked students to different workplace experts and to students with similar career aspirations. 	<p>Parent themes:</p> <ul style="list-style-type: none"> Higher needs for informational, network and instrumental social support compared to emotional and esteem; however, the Possum persona demonstrated high needs for emotional and esteem support. Designed digital tools that demystified tertiary education terms and process, linked parents with parents 'like them' and provided access to career planning tools to assist their children. Designed people-rich activities that brought parents on campus for non-educational purposes to overcome uncertainty and myths, and build identity that tertiary institutions were for people 'like them'. Designed three-way, face-to-face meetings between parents, teachers and students to facilitate career planning and realistic goal-setting
<p>Recent school leaver themes:</p> <ul style="list-style-type: none"> Higher needs for informational, network and instrumental social support compared to school students; however, the Tasmanian Devil and Wallaby personas demonstrated high needs for emotional and esteem support. Stage of change was different from their school student counterpart owing to the sense of urgency created by the completion of school. Designed digital tools that were short-term and oriented around earning an income or balancing work-life commitments as well as managing the stress and anxiety created by 'leaving their options too late'. Designed people-rich activities that provided information about tertiary study in an incidental, stealthy manner that used daily activities that were important to the persona as a vehicle to deliver tertiary information. 	<p>School staff themes:</p> <ul style="list-style-type: none"> Higher needs for informational, network and instrumental social support compared to emotional and esteem. Stage of change was 'action' where school staff are motivated to seek information and assist parents and students. Designed digital tools that enabled school staff to be the connector of information with parents and students. Designed people-rich activities that linked school teachers to workplace experts and professional/mentor events.

Figure 3 Digital tools framework



Qualitative analysis of the workshop data revealed three categories of digital features suggested by the workshop participants in their visualisations: passive (Web 1.0), interactive (Web 2.0) and proactive (Web 3.0). These categories have been developed into a framework, with the highest level being proactive due to the higher levels of engagement and motivation associated with these digital features and the lowest being the passive level (Kowalkiewicz et al.,

2016) (see Figure 3).

Using this framework of digital features, the visualised data were analysed to identify the preferences for each of the three features by the personas in each target market. The key differences across the four target markets are shown in Table 1 Digital preferences by target markets.

Table 3 Digital preferences by target markets

<p>High School Learners: Had preferences for all three levels with almost all digital solutions present in their visualisations.</p>	<p>Parents: Had a similar profile to the school students with a preference for all three levels, although noticeably less preference for the interactive tools than the school students. This may reflect a lack of confidence in using these types of digital features and familiarity with Web 1.0. Parents have grown up in a different era to their children where digital media was not as embedded in schooling as it is for their children today (Watson, 2013, p. 74).</p>
<p>Recent School Leavers: Had preferences for the interactive level. This may reflect the time-critical nature of their decision-making being more immediate than the school students who still have time on their side. This finding is consistent with the Position Paper which identified that mature-age students tend to return to study online and have a preference for these types of technologies (Abbott-Chapman, 2011, p. 61).</p>	<p>School Staff: Had a preference for all three levels with a keen interest in proactive features. This may be due to the workload efficiencies that can be gained from the interactive and proactive tools that would enable them to support their students more effectively, without adding the burden of time. This finding is consistent with the findings of the US study cited in the Position Paper about the lack of material for educators which allows them to sufficiently support students (Shechtman et al., 2013, p. 83).</p>

Discussion

To address the issue of widening participation in tertiary education for low SES groups, this research developed personas within under-represented market segments and used participatory workshops to co-create solutions to generate a change in attitudes and behaviours. As such, this paper advocates a holistic approach to widening participation that collectively engages all stakeholders (students, parents, school staff and university equity practitioners) in finding solutions to the problem. This research converges information in a manner that simplifies decision-making for a service high in credence qualities, and presents an approach that provides for effective evaluation and development of an evidence base (shortcomings of interventions noted by Bennett et al., 2015 and Naylor et al., 2013) of interventions at local, state and national levels. We identified fifteen personas across four target markets that were gender, age and ethnically neutral based on a psychological segmentation approach. These personas are innovative in that they cut across the traditional demographic groups usually targeted in widening participation interventions and reveal many commonalities that would facilitate the upscaling of social marketing activities. These personas then provide a unique foundation from which to identify digital preferences that would deliver personalised, relevant and tailored access to services for students, recent school leavers, parents and school staff that addresses the current problems of information overload, clutter and passive websites. The theoretical implications of this study include: challenging myths about low income earners and technological disengagement (Helsper, 2008, Choi & DiNitto, 2013, Newman et al., 2010); highlighting the role of fear and other emotions in tertiary education participation, thereby expanding beyond information processing and cognitive approaches that emphasise beliefs and attitudes. Managerial implications arising from this research are that, in cluttered market places, digital portals should be developed rather than websites; well-developed personas can be used to guide how marketers reach and influence target markets with more subtlety and precision; and participant design is an important tool for marketers to ensure that the final product is fit for purpose and audience.

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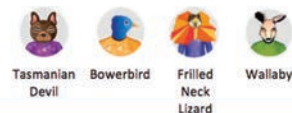
Appendix A Example Persona Profile

Tasmanian Devil Learner Past & Present
A planned approach to future career

Career goal is to make money	● ● ● ● ●	Career goal is life is a journey	● ● ● ● ●
Decided on career path	● ● ● ● ●	Keeping options open	● ● ● ● ●
Likes to do things solo	● ● ● ● ●	Likes to do things with others	● ● ● ● ●
Sprinting through life	● ● ● ● ●	Strolling through life	● ● ● ● ●
Confident about going to study	● ● ● ● ●	Cautious about going to study	● ● ● ● ●

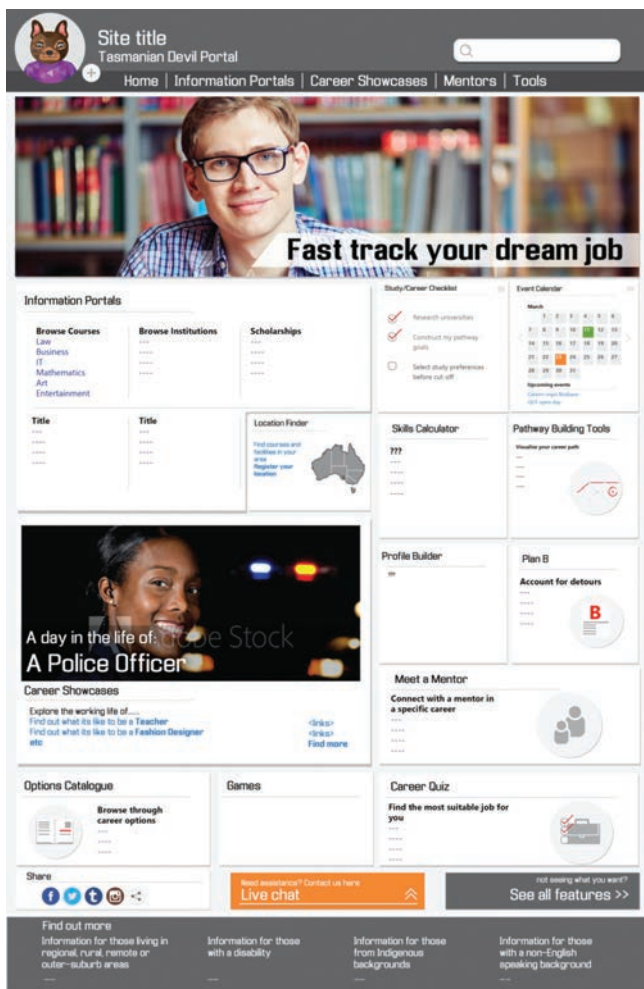
Stage of Change	Preparation	Key Messages
Social Support Needed	Network, emotion and esteem	<p><i>"Getting back on track for your dream job"</i></p> <p>Had or have a very clear goal, however life got in the way and they are now off track. Need help building confidence and seeking alternate pathway ways back to study.</p>
Motivators to encourage post-school study	<p>Clear goal of the career they desire and the steps needed to get there</p> <p>Understanding that goal attainment might take longer than desired e.g. articulation pathways</p>	
Barriers to encourage post-school study	<p>Lack of confidence in overcoming hurdles that have prevented them to leaving their chosen path.</p> <p>Anxiety about financial costs of study versus working</p>	

Appendix B Example: High school Learners – Framework of Digital Features



Passive	Tasmanian Devil	Bowerbird	Frilled Neck Lizard	Wallaby
Financial Assistance Information				
Videos/ Podcasts / Blog Storytelling				
Explanations of Tertiary Education Terms				
Study / Career Checklist				
Course Options Catalogue				
Jobs / Careers / Work Experience / Internships Catalogue				
Industry Professionals' Database				
FAQs / Tips/ Hints				
Links to Tertiary Institutions & Social Media Platforms				
Calendar of Events				
Tertiary Institutions Locations Map				
Interactive				
Registration for Local Events				
Profile / CV Builder				
Avatar Builder				
Goal Setting				
Career Quizzes / Calculator				
Pathway Builder				
Games				
Support Forum				
SMS / Call Chat				
Online Chat				
Live Webinar				
Virtual Reality Training / Tours				
Email / Private Messages				
Proactive				
Recommendations				
Assistant				
Autopilot				

Appendix C: Example Portal mock-up for Tasmanian Devil High School Student



Number: 156

Applying Social Marketing Formative Research to Wicked Problems: the case of human trafficking in Nigeria

Abstract

Formative research in social marketing is used to gain insights into target audiences' in order to understand how effective social marketing programs can be designed and implemented. Social marketing theory and practice currently favours individual level behavior change, which provides only a micro view of the problem behavior thereby limiting understanding and insight to the individual. This paper contributes a multi-stream, multi-method and multi-theory approach providing a case study to demonstrate how formative research can be used to gain unique insights into complex social problems. A broad and more focused understanding of the problem of human trafficking in Nigeria is outlined demonstrating how a multi-stream formative research undertaking offers the potential to change current human trafficking prevention efforts.

Background

Social marketers use formative research to gain insights into the very issue(s) they are seeking to influence and change, and since most social issues are complex problems, a single-perspective and one-method approach will rarely provide sufficient understanding (Kubacki & Rundle-Thiele, 2017). Therefore, in order to fully understand problem behaviors social marketers must employ formative research to understand the other side, the side that is perceived, lived and experienced by the target audiences, sponsors, partners and other stakeholders and, most crucially, the society at large (Kubacki & Rundle-Thiele, 2017). The National Social Marketing Centre NSMC (2006) proposes the benchmark criteria of customer orientation, insight, and theory as framework for conducting formative research in social marketing. Customer orientation focuses on the audience and aims to fully understand their lives, the behavior and the issue using a mix of data sources and research methods; insight identifies actionable pieces of understanding that will lead intervention development; and theory is used to understand behavior and inform the program design (NSMC, 2006). Frameworks that currently guide social marketing practice all acknowledge the importance of formative research (for examples, see Lefebvre & Flora, 1988; Walsh et al., 1993; Andreasen, 2002; French & Blair-Stevens, 2005; Robinson-Maynard et al., 2013; Lee & Kotler, 2015; Hastings & Domegan, 2014).

Need for a multi-stream approach to Social Marketing formative research

Social marketing comprises three streams that can be used to influence behavior change, namely downstream (micro level), midstream (meso level) and upstream (macro level) (Brennan et al., 2014; Luca, Hibbert & McDonald, 2016; Hoek & Jones, 2011). Downstream is focused on the individual (illustrative examples include Francis & Taylor, 2009; Young et al., 2004; Potter & Stapleton, 2012), while midstream targets the important others surrounding the individual (Luca & McDonald, 2016) and upstream involves focusing on the economic and built environment and other causal agents and determinants of social problems (French, 2012). The call to move upstream is not new (Wymer, 2011; Hoek and Jones, 2011) and more recently a systems view is gaining favor amongst social marketing researchers (Domegan et al. 2016; French & Gordon, 2015; Kennedy, 2015; Langford & Panter-Brick, 2013; Stead et al., 2007).

Limited theory use and application in Social Marketing

Theory use in social marketing is sparse (Lefebvre, 2000; Peattie & Peattie, 2003; Luca & Suggs, 2013; Truong, 2016) despite being embedded in most social marketing frameworks (NSMC, 2006; Hastings & Domegan 2014; Lee & Kotler, 2015). Theories serve to explain how and why things are related; assist in identifying what should be focused upon; suggest what questions should be asked; help formulate assumptions about what should be done about a social problem; suggest the type of outcomes that should be set; and determine how success should be measured (Lefebvre, 2013; Brennan et al., 2015). In the limited settings where theory is applied in social marketing theories the individual downstream view is evident with psychological theories of behavior change, such as the Theory of Planned Behavior/Reasoned Action, and the Stages of Change

Theory dominating (Truong & Dang, 2016). Only a limited number of social marketing programs have sought to examine the contextual and environmental factors that influence the behavior of the target audience, and these were primarily based on the Ecological Model or Social-Cognitive Theory (Truong & Dang, 2016). Lefebvre (2013, p. 79) argues that it is only when social marketers 'switch to social cognitive and diffusion theories that they begin to consider aspects of a person's "outside world" or environment in solving the puzzles that are presented [to them].' Additionally, accelerating social issues and complex problems call for social marketers to extend social marketing theory (Domegan et al., 2016). Deeper exchange insights come from all eyes on the problem, addressing the barriers to, options for, and benefits of change at each level (Domegan et al., 2016).

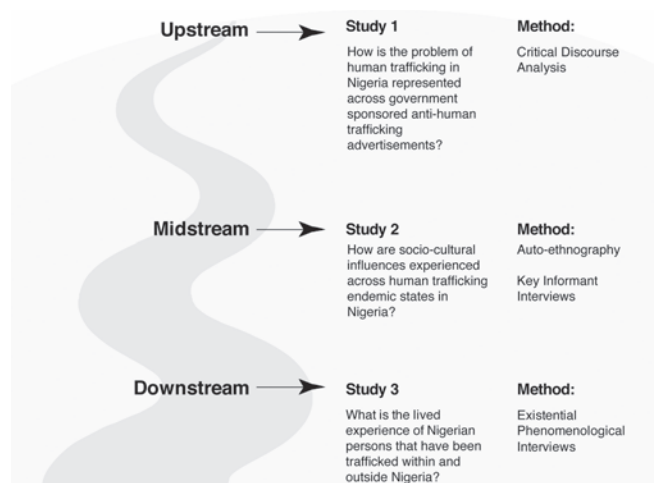
A Multi-stream Formative Research Case Study

This paper outlines a theory-led multi-stream, multi-method and multi-theory formative research study. Human trafficking in Nigeria provides a context to undertake a multi-stream formative research study to gain insights into a wicked problem. In Nigeria, human trafficking is driven by a number of factors collectively referred to as 'push and pull' factors. Push factors include poverty, unemployment, and economic inequalities, which are largely beyond the control of the individual and contribute to the supply of trafficked persons; pull factors such as low-risk high profit, demand for sex and low skilled labour, and the individual desire for a higher quality of life contribute to the demand for trafficked persons (Omoroguiwa, 2012; Geshinde & Elegbeleye, 2011; Ellis & Akpala, 2011; Jegede et al., 2011; Akor, 2011; Okojie, 2009; Dave-Odigie, 2008; Asiwaju, 2008; Carling, 2006; UNICEF, 2006; Adepoju, 2005; Onyijekwe, 2005; Agbu, 2003; Okonofua et al., 2004; Elabor-Idemudia, 2003).

Human trafficking prevention efforts in Nigeria range from legislative measures to public awareness campaigns, short-term economic empowerment programs, and public health and social work initiatives (Omoroguiwa, 2012; Todres, 2011; Nieuwenhuys, 2007; UNESCO, 2006; Cole, 2006; Onyijekwe, 2005). Yet the extent of human trafficking across and from Nigeria continues to rise (Okojie, 2009), prompting calls for human trafficking in Nigeria to be addressed not just as a transnational crime but also to be tackled as a social problem (Asiwaju, 2008), considering the involvement of trafficked persons can arise from both voluntary and non-voluntary behaviors (Murray et al., 2015; Weitzer, 2014; Zhang, 2009; Goździak, 2008). Indeed, studies of migrant sex workers have found that few were coercively trafficked and that many recruiters were friends, acquaintances, or family members (e.g. Jacobsen & Skilbrei, 2010; Surtees, 2008; Vocks & Nijboer, 2000).

Hence, the voluntary behaviors that can be present in human trafficking, particularly in Nigeria's case, may enable a behavior change field such as social marketing to contribute to prevention efforts. Pennington et al. (2009) agrees that human trafficking occurs within the context of modern marketing systems and that understanding the structures, functions and implications of this system is critical to the eventual destruction of that system; and the replacement of it with one more conducive to societal wellbeing. Murray et al (2015) also agrees that marketing theory ought to be developed toward the goal of understanding the human trafficking system to develop counter strategies. There is no identified evidence that a multi-stream social marketing approach has been used to address the problem of human trafficking (see formative research study outline in Figure 1).

Figure 1: Research Design



A three study design was used with one study applied at each social marketing stream level. Each study will now be discussed in turn.

Study 1 – Critical Discourse Analysis of Crafted Texts

Study one is situated in the upstream. Critical Discourse Analysis was used to understand how the problem of human trafficking in Nigeria is represented across government-sponsored anti-human trafficking advertisements. Critical Discourse Analysis is a form of discourse analysis that examines the relationships between discourse, power and ideology (Fairclough, 1995; Wodak & Meyer, 2001). Study one conducted a critical discourse analysis of 'crafted texts' comprising 23 state-sponsored anti-human trafficking advertisements across print and television, and transcripts of interviews with seven key state officials. The study sought to understand how the state's production and representation of human trafficking may be reproducing existing social inequalities (Fairclough, 1999) and thereby may be further contributing to the problem of human trafficking in Nigeria.

While current anti-human trafficking advertisements are working to create mass awareness of human trafficking throughout Nigeria (NAPTIP, 2014; US Department of State TIP Report, 2016), this study reveals that hegemonic beliefs of the state about voluntary participation in human trafficking both threaten and undermine the success of existing prevention efforts. Specifically, the state's moralising of human trafficking creates the single social identity of 'deviant' for voluntarily trafficked persons. This moralising of voluntary participation in human trafficking reproduces existing socioeconomic and sociocultural inequalities because it discourages citizen participation in the fight against human trafficking while stigmatising trafficked persons (see Olaniyi, 2003; Omorodion, 2009), in addition to inadvertently promoting human trafficking as a possible source of gaining wealth. Furthermore, the moralising of human trafficking focuses attention on the issue of sex trafficking at the expense of other forms of human trafficking, thus marginalizing other perspectives such as the much bigger problem of child trafficking (see Okojie, 2009; Folami, 2008) in Nigeria.

Study 2 – Key Informant Interviews and Auto-ethnography of Midstream

Study two is situated in the midstream. Key informant interviews (n=13) with socialisation agents (family members) and auto-ethnography were guided by Consumer Socialisation Theory (Brennan et al., 2014), the Marxist social theory of false consciousness (Marx and Engels, 1845-1846), and cultural hegemony (Gramsci, 1971) to understand the sociocultural influences experienced across human trafficking endemic states in Nigeria.

This study found that external influences, from the family unit to broader sociocultural factors, play a role in the lives of the sample population across human trafficking endemic states in Nigeria. Some key informants endorsed human trafficking because of the perceived opportunity to escape socioeconomic oppression in Nigeria. This explicit support of human trafficking supports this study's theory that experiences of oppression have given rise to a false consciousness. This false consciousness about human trafficking implies that key informants could themselves become

enablers of human trafficking through negatively influencing members of their family or social unit. Given that family members can function as socialisation agents (Brennan et al., 2014), and consumer socialisation is a lifelong process (Ekstrom, 2006), these key informant insights about human trafficking could be contributing to the problem of human trafficking in Nigeria.

Results of this study support previous studies findings that voluntary participation in human trafficking is motivated by economic hardships including poverty and unemployment (see Okonofua et al., 2004; Elabor-Idemudia, 2003; Ellis & Akpala, 2011; Omoroguiwa, 2012). Importantly it also finds that key informants have become hopeless about their own ability to change their socioeconomic condition within Nigeria. This hopelessness in Nigeria is reflected in their distrust of the state to provide for them, and in their experiences of systematic class oppression. Furthermore, social influences in the form of reference groups and a hegemonic popular culture that glorifies overseas-made wealth also appear to contribute to an idealised view of migration, further fuelling the desperation to escape economic oppression for greener pastures abroad.

Study 3 – Existential Phenomenological Interviews with Trafficked Nigerian Women

Study three was situated in the downstream social marketing space and uses existential phenomenology (Merleau-Ponty, 1945; Pollio, 1982; Sartre, 1943) to gain insights into the lived experience of ten Nigerian women that have been trafficked within and outside Nigeria. The goal in existential phenomenological approaches is to attain a first-person description of some specified domain of experience and the participant largely sets the course of the dialogue (Thompson et al., 1989). The study found various dimensions to the experience of being trafficked. Despite their varied experiences, the majority of trafficked participants viewed human trafficking positively, and did not identify as victims because they were not forced into it. Rather, they viewed human trafficking as an opportunity for freedom from unemployment in Nigeria, even if for some of them the costs of that freedom were emotional and physical abuse. For these women human trafficking was a preferred alternative to the oppression of joblessness and the inability to make ends meet in Nigeria. This study also found that the majority of trafficked women did not feel exploited by their traffickers, and that the few who did exercised their agency by seeking help to escape from their traffickers.

Results suggested that human trafficking favours the human traffickers who profit from these women, who are deported while still in debt bondage to their traffickers, or before they have a chance to also profit from human trafficking. Ironically, deported/‘rescued’ trafficked women end up feeling like victims of the state because they were unwillingly rescued and some of them are held against their will at state shelters for trafficked persons. The insights from this study indicate that the state’s existing dichotomous victim/criminal lens used to address the problem of human trafficking in Nigeria is problematic since it relies on a single story (victim/criminal narrative) to address a complex problem.

Contribution and Implications for Social Marketing

This research utilised a multi-stream, multi method and multi-theory social marketing approach to paint a broader and clearer picture of human trafficking in Nigeria. Through data triangulation and innovative qualitative research methods including existential phenomenology, auto-ethnography and critical discourse analysis, this study contributes robust alternative insights into the complex social problem of human trafficking in Nigeria while demonstrating how social marketers can move from the traditional downstream focus on individual behavior change towards the upstream. The formative research approach employed in the current study indicates human trafficking is reinforced by the current behavioral change attempts and a system that continues to reward traffickers.

This research also contributes to the extension of social marketing by demonstrating its potential application to a broader range of problem behaviors and complex social issues such as human trafficking. Particularly, it demonstrates the robustness and validity in other research and country contexts (Truong, 2014) of the social marketing formative research approach. Thus, this study’s application of social marketing formative research to the multifaceted problem of human trafficking presents a response to

the call which contributes to the broadening of social marketing literature and application. The actionable insights yielded from this multi-method and multi-stream formative research further demonstrate the utility of social marketing to the field of human trafficking.

Conclusion

All formative research methods help develop and implement programs that are designed with and for the target audience. By focusing on the target audience social marketers are able to reduce the number of costly mistakes due to their comprehensive understanding of people’s everyday lives and the needs, values, motivations and the surrounding environments that drive them (Kubacki & Rundle-Thiele, 2016). Brennan (2011) agrees that a diversity of perspectives is needed to address complex social problems. This complexity thinking approach to addressing complex social problems thus resulted in a multi-stream, multi-method and multi-theory social marketing study. This approach in turn generated both a broader and more focused understanding of the complex problem of human trafficking in Nigeria. These insights can assist in the development of multi-factorial programs aiming to prevent and reduce the prevalence of human trafficking in Nigeria.

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Towards the development of a dynamic behaviour change theory

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Abstract

Non-communicable diseases (NCD) are the leading cause of death worldwide, with obesity being largely responsible for many NCDs. Over two in every three people are overweight or obese in Australia. This means there is an urgent need for effective interventions to be developed and implemented. Theory is one of the eight benchmark criteria in social marketing, which can help achieve effective programs. Thus, use of theory for changing behaviours is crucial. Since social marketing is concerned with changing behaviour, research is needed to understand what actually explains behaviour change. Given there are differences between behaviour and behaviour change, we can expect that the determinants of behaviour at one point in time may not be associated with behaviour change. The aim of this study is to empirically explore the determinants of behaviour change in a program in the context of physical activity and healthful eating. Data used for this study was drawn from a weight management program. Statistical analysis consisted in the creation of change scores and execution of multiple linear regressions. Findings showed that a change in self-efficacy was a determinant of physical activity change, while a change in perceived behavioural control and desires were a determinant of healthful eating change. This study provides an important first step in understanding the process of behaviour change and how this may vary for different behaviours. Through this and other concurrent studies, a proposed Theory of Behaviour Change can be developed in readiness for testing, thereby contributing to theory development for social marketing.

Keywords: behaviour, behaviour change, health, static, dynamic, social marketing, theory

Background

Non-communicable diseases (NCDs) are responsible for over two

thirds of all deaths globally (World Health Organization, 2015). This means that NCDs are the leading cause of death worldwide and NCDs are entirely preventable. Thus, there is an urgent need for effective interventions that can achieve positive behaviour change to reduce the incidence of NCDs. Obesity is a complex problem, with both poor nutrition and low rates of physical activity contributing to its prevalence (Parkinson, 2016). The combination of increased consumption of unhealthy food with the increasingly sedentary lifestyle, and concurrent decreases in physical activity levels has produced levels of obesity higher than ever before. In the last 30 years, the prevalence of obesity has more than doubled (World Health Organization, 2015) and forecasts indicate continued growth in obesity rates is expected (WHO, 2015). In 2014, 39% of adults worldwide were overweight and 13% were obese (WHO, 2015). Common health consequences related to obesity include the reduction of life expectancy, development of type 2 diabetes, cardiovascular disease and cancer (Centers for Disease Control and Prevention, 2014), amongst others.

The ultimate goal of social marketing is to change behaviour for the better, for example to increase physical activity, decrease junk food consumption, alcohol drinking and/or smoking. Since social marketing is concerned with changing behaviour, research is needed to understand what actually explains behavioural change. However, there is limited social research focussing on the process of behaviour change (Ployhart & Vandenberg, 2010). Theoretically, it is important not to assume that behaviour and behavioural change are the same. Behaviour is an action or a series of actions that occur at one point in time. Alternatively, behaviour change can be defined as the modification of the target behaviour over time (Sundel & Sundel, 2004). In other words, change is a process. Given there are differences between behaviour and behaviour change, we can expect that the determinants of behaviour at one point in time may not be associated with behaviour change. Furthermore, according to Michie et al. (2008), effective interventions can be achieved when aiming at the causal determinants of both behaviour and behavioural change.

Theory is one of the eight social marketing benchmark criteria, (French & Blair-Stevens, 2006) and theory has been shown to help develop effective interventions (Brennan et al., 2014; Luca & Suggs, 2013). While the importance of theory use in interventions is acknowledged by social marketers, according to (Truong & Dang, 2017) only 23% of the 143 articles reviewed explicitly mentioned theory in their research. Furthermore, there is a long history of a lack of theory use in the social marketing (Lefebvre, 2001; Truong, 2014) despite ongoing calls to use theory (Luca & Suggs, 2013). Taken together, a review of prior research indicates theoretical development and testing is thus warranted (Thaler & Helmlig, 2013).

The objectives of this research are to investigate which changes in which dependent variables can be associated with behaviour change using psychographic variables from the Model of Goal Directed Behaviour (Perugini & Bagozzi, 2001). The aim of this study is to empirically explore the determinants of behaviour change in a program designed to increase physical activity and healthful eating. This study is part of a larger study with the ultimate goal of developing a Theory of Behaviour Change.

Method

Data was collected using two online surveys in 2014. Participants were invited to take part in the survey via email from the commercial weight management organisation at the commencement of a 12 week program using a convenience sampling method. Participants who completed the first survey were invited to participate in a follow-up survey at the end of the 12 week program, with reminders sent one week later. The program encouraged participants to engage in physical activity and healthful eating. Respondents (n=1,124) were mostly female (97.6%), with a mean age of 43 years. Most respondents were from a high socio-economic status, having a salary of \$120,000 per year and 64.1% having completed a University degree.

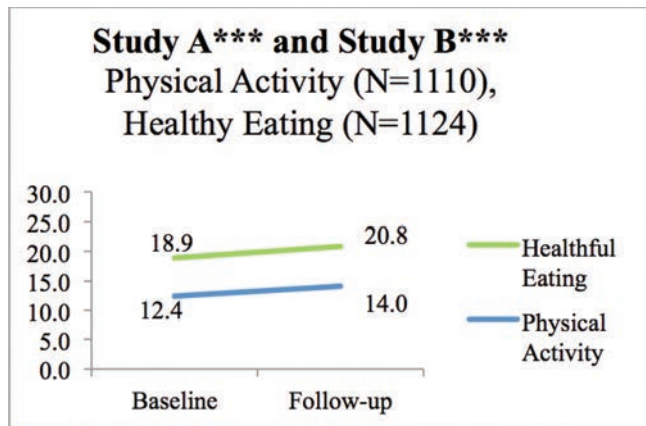
The study was conducted in two parts, due to measurement of two different behaviours: physical activity (Study A) and healthful eating (Study B). In Study A, the behavioural measure used was the frequency of participating in physical activity in the month prior to the survey with selected categories provided to respondents. Categories were then coded into the number of days per month.

For example daily was coded as 30 and 1 day per month was coded as 1. Behaviour measured in Study B consisted of the frequency that participants ate healthily in the month with seven categories provided. Categories were then coded to create a continuous variable in preparation for regression analysis. For example, 2-4 days per month was coded as 3 and 6 days per week was coded as 25.8.

Seven psychographic variables available in this study were investigated. Intentions to perform the behaviour were measured using 3 unipolar scales from 1 to 7 (Perugini & Bagozzi, 2001). Attitudes were measured with 11 seven-point bipolar scales, where respondents had to choose from opposite adjectives such as "Unpleasant-Pleasant" (Perugini & Bagozzi, 2001). Subjective norms (2 injunctive and 3 descriptive norms items) and 3 items of perceived behavioural control (PBC) were measured using seven-point unipolar scales (Rhodes & Courneya, 2003). Self-efficacy measured the participants' confidence and perceived ability to engage in physical activity and healthful eating, using 3 seven-point Likert-scales (Rhodes & Courneya, 2003). Desire to perform physical activity and engage in healthful eating were also measured using 6 seven-point unipolar scales (Perugini & Bagozzi, 2001).

Prior to statistical analyses, data cleaning and coding was executed and reliability tests of the items using Cronbach's alpha was performed to ensure validity. Analysis of change in physical activity behaviour (Study A) and healthful eating behaviour (Study B) was performed to understand whether there was a positive or negative change in behaviour from T1 to T2. Results showed a statistically significant increase in both physical activity (PA) behaviour and healthful eating (HE), as illustrated in Figure 2 below.

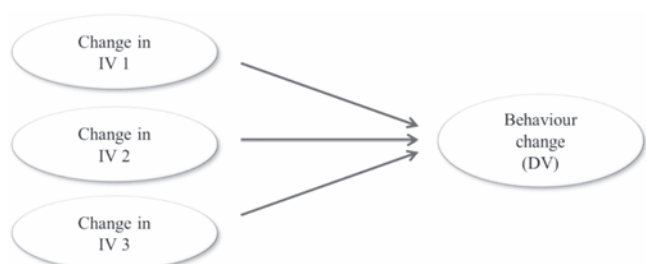
Figure 2. Change in behaviour



*p < .05, **p < .01, ***p < .001

Change score variables were created (Allison, 1990) for behaviours in both Study A and Study B by calculating the difference between behaviour in Time 2 and behaviour in Time 1 (T2-T1). Respondents with no change in behaviour (Behaviour change = 0) were removed from the analysis (Study A: n=391; Study B: n=432), restricting the analysis to people that reported change in behaviour. A total of 719 people remained for Study A, while 692 remained for Study B. Sequentially, behavioural determinant change variables (T2-T1) were created for all psychographic variables (intentions, attitudes, injunctive norms, descriptive norms, PBC, self-efficacy, desires). In order to understand whether a change in psychographic variables could explain a change in self-reported behaviour (see Figure 1), two multiple linear regressions were undertaken using SPSS version 22.

Figure 1. Model testing determinants of behaviour change



Results

Due to the longitudinal nature of this study, only respondents that have responded to surveys at baseline (T1) and follow-up (T2) whose data could be matched across time were included in the statistical analysis. Analysis of multiple linear regression tested whether intentions change, attitudes change, injunctive norms change, descriptive norms change, PBC change, self-efficacy change and desire change could explain change in physical activity. The model showed statistical significance (Adj. R² = .078, F(7, 1102) = 14.382, p < .001). The only statistically significant construct in the model was self-efficacy change (B = 1.664, p < .001). Examination of the Beta weightings demonstrated that a 1-point increase in self-efficacy would increase change in physical activity by 1.7.

Table 1. Study A: Multiple linear regression

	Dependent variable: Change in physical activity	B	β	t-value
Study A	(Constant)	1.803		7.480
	Intentions change	.121	.019	.572
	Attitudes change	.027	.005	.183
	Injunctive Norm change	.092	.014	.456
	Descriptive Norm change	-.282	-.036	-1.183
	PBC change	.222	.031	.904
	Self-efficacy change***	1.664	.244	6.317
	Desire to change physical activity	.350	.038	1.152
R ² = .084		Adjusted R ² = .078	F-value = 14.382	Sig = .000

*p < .05, **p < .01, ***p < .001

Data analysis of Study B tested whether there was a change in intentions, attitudes, injunctive norms, descriptive norms, PBC, self-efficacy and desire and if these changes could explain change in healthful eating.

Table 2. Study B: Multiple linear regression

	Dependent variable: Change in healthful eating	B	β	t-value
Study B	(Constant)	2.974		8.739
	Intentions change	.154	.018	.469
	Attitude change	-.145	-.026	-.696
	Injunctive Norm change	-.133	-.019	-.473
	Descriptive Norm change	-.120	-.013	-.327
	PBC change*	1.157	.103	2.199
	Self-efficacy change	.870	.084	1.713
	Desire to change healthful eating*	1.230	.087	2.092
R ² = .048		Adjusted R ² = .039	F-value = 5.164	Sig = .000

*p < .05, **p < .01, ***p < .001

Findings showed a statistically significant model (Adj. R² = .039, F(7, 718) = 5.164, p < .001). Results showed that PBC change (B = 1.157, p < .05) and desires change (B = 1.230, p < .05) were statistically significant in explaining change in healthful eating. Beta weightings analysis demonstrated that a 1 point increase in PBC would increase healthful eating by 1.2; and a 1 point increase in desires would also increase healthful eating by 1.2.

Discussion

The objectives of this research were to investigate whether determinant changes could be associated with behaviour change for health in the context of social marketing using psychographic variables available in this study, which were drawn from the Model of Goal Directed Behaviour (Perugini & Bagozzi, 2001). The current study puts forward the idea of examining the determinants of behaviour change, shifting the focus from understanding the determinants of behaviour in one point in time to behaviour change over time. By moving beyond understanding of static behaviour, knowledge of determinants of behaviour change can be obtained, resulting in important insights for social marketers and change agents aiming to change behaviours.

Results of this research show that a change in self-efficacy may influence change in physical activity. On the other hand, in the healthful eating context, behaviour change may be explained by change in perceived behavioural control and desire to eat more healthfully. These findings highlight the importance of understanding when and how varying degrees of perceived behavioural control, self-efficacy and desire to eat healthfully can influence change in physical activity levels and healthful eating behaviour. Furthermore, differences were encountered in determinants of behaviour change across different behaviours, indicating to the need for more research within one context to establish patterns of behavioural change.

Verplanken and Wood (2006) suggest when a behaviour is new, the behavioural-intention component will be solely responsible for the behaviour. However, as behaviour repeatedly takes place, self-

efficacy becomes a better predictor of behaviour than behavioural intentions (van Stralen, De Vries, Mudde, Bolman, & Lechner, 2009). The findings from Study A support this notion and this may be due to mastery of behaviour effects as performance of the behaviour (namely, physical activity) is changed by the collective effects of a person's efforts over time (Warner, Schütz, Wolff, Parschau, L., Wurm, & Schwarzer, 2014). There may also be reinforcing effects of repeatedly performing a behaviour (Bandura, 2012). This suggests that the more experience with a program which supports participation in a behaviour, the more direct influence self-efficacy has on behaviours. Therefore, such outcome information is pivotal for decision-makers at both an organisational level and a policy level to develop offerings and policies which increase and maintain individuals' self-efficacy for changing their behaviour.

Ajzen (1991) defined perceived behavioural control as the presence or absence of resources and opportunities to perform a behaviour and the extent to which the performance of the behaviour is perceived to be up to the individual. The results from this study reveal that a change in PBC influences a change in healthful eating behaviour. Increasing levels of perceived behavioural control due to experience with performing the behaviour and changing positively individual's perceptions of eating healthful diet being difficult or expensive, for example, can result in change in healthful eating behaviour. In Study B, a change in desire to eat more healthfully was significantly associated with changes in eating behaviour. Desires represent the motivational state of mind to continuously perform a behaviour (Perugini & Bagozzi, 2001). Therefore, increasing a person's motivational state of mind in relational to healthy eating may be just as beneficial as ensuring a person perceives they can perform a behaviour to achieve behavioural change. In the case of healthful eating, desire may be considered more important over time by respondents as they become increasingly aware healthful eating is more beneficial to the goal attainment of a healthy body weight (Perugini & Bagozzi, 2001) and may function as an extrinsic desire, which deserves future research attention involving a longitudinal design.

Finally, this study provides an important first step in understanding the process of behaviour change finding different psychographic factors are associated with different behaviours. The findings of the current study are restricted to the psychographic variables measured in a study that had previously been conducted. Continued research involving different variables is needed before conclusive findings can be drawn. Additionally, the current study is restricted to two time points and additional time points are recommended. The results from this study inform a larger study, which aims to explore which determinant changes can reliably predict behaviour change for health in the context of social marketing. Through this and other concurrent studies, a proposed Theory of Behaviour Change can be developed in readiness for testing, thereby contributing to theory development for social marketing.

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Number: 165

Self-efficacy techniques used in Physical Activity interventions targeting adults: a systematic literature review (2007 – 2015)

Track: Advancing theory, research and technology in social marketing

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Abstract

Physical activity (PA) is an important factor for maintaining health. PA levels in the general population are low. One of the most modifiable factors to increase PA is self-efficacy (SE). There are five SE sub-factors namely, mastery experience, vicarious experience, verbal persuasion, psychological /emotional state and imagery experience. This paper aims to update and synthesise the evidence base relating to Physical Activity (PA) interventions targeting adults using self-efficacy (SE) published between 2007 and 2015. Following PRISMA guidelines a systematic literature review was conducted on 12 interventions reported in 26 studies. The review found that recent interventions commonly used an in-person and tailored approach to change PA behaviours. Limitations

of the study and future research directions are outlined.

Introduction

PA is an important factor for maintaining health. The increasing number of obese and overweight adults in the population fuels health issues including non-communicable diseases (WHO, 2016), which are entirely preventable. There is an urgent need for effective interventions to encourage PA. SE which refers to ‘the belief in one’s capabilities to organise and execute the courses of action required to produce given attainments’ (Bandura, 1977, p. 3) was found to be a key modifiable factor that can be used to effectively change health behaviours including PA (Bandura, 1986, 1997; Duncan, Rodgers, Hall, & Wilson, 2011; Higgins, Middleton, Winner, & Janelle, 2014). Hence, understanding the use of SE in interventions may be important to create effective behaviour change. To date, five SE factors have been proposed including enactive mastery experience, which refers to past successful/unsuccessful experiences, vicarious experience, refers to observing similar others as a model, verbal persuasion, refers to direct convincing encouragement or discouragement in the individual’s capability from others, physiological/emotional states refers to an emotional feeling state (Bandura, 1977) and recently, imagery experience, refers to imagining yourself behaving effectively or ineffectively (Maddux, 2009). A few reviews have indicated how these first four SE factors were utilised in previous PA interventions (e.g. Ashford, Edmunds, & French, 2010; Williams & French, 2011); however, there is a lack of review covering all five SE factors (Maddux, 2009). Furthermore, previous reviews are limited to PA interventions conducted until 2007 (e.g. Ashford et al., 2010; Williams & French, 2011). Therefore, this study has two aims: first this study aims to understand the characteristics of more recent PA interventions from 2007 to 2015 which used SE techniques. Second, this study aims to identify which SE factors have been used in recent PA interventions.

Method

Following the PRISMA guidelines (Moher, Liberati, Tetzlaff, & Altman, 2009), a systematic literature review was conducted in October 2015. Procedures used in previous social marketing reviews (e.g. Carins & Rundle-Thiele, 2014) were followed. First, seven major data bases (EBSCO All databases, Emerald, ProQuest All databases, Ovid All databases, ScienceDirect, Taylor & Francis, and Web of Science) were searched. The search key terms used were: (1) self-efficacy OR self efficacy, (2) campaign* OR intervention* OR trial OR program* OR control* OR random?ed controlled trial OR study OR studies, (3) behavio*, (4) change, (5) evaluat*, and (7) theor*. Symbols such as “*” and “?” were used to include possible plurals and to capture both American and British spellings. Due to the limited number of social marketing interventions reporting the use of SE techniques, the search was not limited within social marketing. A total of 1,050 records were obtained, and 416 duplicated articles were removed. Eight exclusion criteria were then applied including: (1) Non peer reviewed scholarly journal articles, (2) Non-English (3) Non-intervention studies, (4) Not in the PA context, (5) Education/Medical/Work organisation policy related papers, (6) Not targeting adults (18-64 years old), (7) Not using SE, (8) Interventions implemented before 2007. After application of the exclusion criteria, 15 qualified records remained. Further backward and forward searches were conducted including searching for the authors’ names and intervention names in Google Scholar and in the researcher’s University library website. As a result, 26 qualified papers across 12 intervention studies were identified and included in this review. Firstly, the qualified papers were examined to identify the characteristics. Secondly, the numbers of explicitly self-claimed SE modifiable factors were counted and then more detailed SE techniques were coded into each SE factor consistent with the Ashford et al. (2010) review. This coding framework was used as it was previously validated between researchers and it is effective method to capture the practical SE strategies when SE factors are not explicitly stated (Ashford et al., 2010). Lastly, since the previous review covered only four SE techniques, the fifth factor, Imagery experience techniques were adopted from another review examined the Athletic level PA interventions which utilised imagery experience techniques (Short & Ross-Stewart, 2009).

Results

Intervention characteristics

All PA interventions (N=12) using SE techniques were Western country dominated (US=3, UK=3, Australia=2, Netherland=2, Belgium=1, Finland=1). While two interventions targeted the general adult population, most interventions (N=10) targeted more specific groups such as overweight or obese adults (e.g. Hardcastle & Hagger, 2011) and adults who were at a health risk (e.g. Gillison et al., 2015). The most common mode of delivery was in person (N=6). There were three types of goals across 12 interventions which included (i) behaviour change (e.g. increase PA and healthy diet), (ii) changing psychological factors and (iii) reducing weight. The review identified seven interventions which achieved all proposed goals, four interventions partly achieved multiple goals, and one intervention reported no effect. Importantly, the majority (N=11) of the interventions which employed SE techniques reported inclusion of theories, however, only about a half (N=7) of them were explicitly self-claimed as theory-based interventions. The most common theories used were Social Cognitive Theory (N=3) and Self-Determination Theory (N=3) (See the Table 1).. Two interventions included SE as a single-stand-alone theory, while SE theory was used in conjunction with other theories (e.g. Transtheoretical Model) or included only for evaluation in other studies. Another characteristic to note amongst the 12 interventions was the common use of tailored design (N=10).

Table1. Summary of theories used in interventions.

Intervention name	Goal achieved	SCT*	TTM*	SDT*	TPB*	SE Theory*	SRT*	Implementation intentions & goal	Relapse prevention theory	Precaution Adoption Process Model	PMLBC*	Dual process theory	HAPA model	Total number of theories used
Brisk walking (UK,2009)	Partly yes				✓									1
COACH (Belgium, 2009-2010)	Yes			✓										1
GOAL (Finland,2002-2012)	Partly yes		✓			✓								2
GRIPP (Netherland,2009)	No				✓		✓	✓	✓	✓				5
Guide-to-Health (US, 2007 – 2010)	Yes	✓												1
NHF-NRG In Balance	Yes						✓	✓						2
Project CHANGE	Yes			✓										1
SHED-IT	Yes	✓												1
GHS	Yes													0
NERS	Partly yes			✓		✓								2
Waste the Waist	Partly yes			✓								✓	✓	4
WB-GTH	Yes	✓												1
Total		3	2	3	2	2	2	2	1	1	1	1	1	2

*SCT = Social Cognitive Theory, TTM = Transtheoretical Model, SDT=Self-Determination Theory, TPB = Theory of Planned Behaviour, SRT =Self-Regulation Theory, PMLBC = Process Model for Lifestyle Behavior Change.

Self-efficacy techniques

Only three interventions explicitly stated that specific modifiable SE factors were used. Verbal persuasion was self-reported by all three interventions while only two stated Mastery experience and one stated Vicarious experience. No intervention explicitly stated the inclusion of physiological/emotional states and Imagery experience. However, 23 sub-categorical SE techniques which belong to each SE factor were reported across 12 interventions. Similar to previous findings(Ashford et al., 2010), the most commonly used SE technique was Verbal persuasion (N=58) which includes techniques such as providing feedback and goal setting. The second most used SE technique was Mastery experience (N=23) which includes self-monitoring and performing the behaviour. Interestingly, the third most frequently reported technique in the studies was physiological/emotional states state (N=12). Psychological states were evidenced by reporting of providing positive feedback and enhancing enjoyment. It is important to note that positive feedback may fit both Verbal persuasion and Psychological state. Vicarious experience was placed fourth and included modelling and observing behaviour virtually. The least used SE technique was Imagery experience (N=1) and included visualisation of personal feedback (See table 2 for details). It is important to highlight that successful interventions which achieved all goals were more likely to use more SE techniques (M=12.6) compared to interventions which partly achieved the goals (M=7.7) suggesting there may be a relationship between extent of SE use in PA interventions.

Table 2: Frequencies of SE factors and techniques used in the interventions

SE techniques (Adopted from Ashford et al., 2010)	Number of intervention group	%
USE of SE factors (explicitly stated)	3	25.0%
1. Enactive mastery experience	2	16.7%
2. Vicarious experience	1	8.3%
3. Verbal Persuasion	3	25.0%
4. Psychological state	0	0.0%
5. Imagery experience	0	0.0%
Use of SE techniques		
Mastery experience	Subtotal: 23	
Performed during the intervention	3	25.0%
Performed outside sessions	6	50.0%
Think back when: previously been successful at	5	41.7%
Self-monitoring	9	75.0%
Vicarious experience	Subtotal: 4	
Modelling	3	25.0%
See similar others carry out the behaviour virtually	1	8.3%
Verbal Persuasion	Subtotal: 58	
Verbally state how confident they are	2	16.7%
Relapse prevention	3	25.0%
Barrier identification tasks	3	25.0%
Counselling	3	25.0%
Response efficacy – focus on benefits	5	41.7%
Other knowledge – new information about PA	5	41.7%
Coping/Barrier planning	8	66.7%
Action planning	9	75.0%
Feed back	9	75.0%
Goal setting	11	91.7%
Physiological/emotional states	Subtotal: 12	
Fear arousal	1	8.3%
Stress management	1	8.3%
Motivational interviewing	1	8.3%
Positive feedback	6	50.0%
Enhance enjoyment	2	16.7%
Present an attitude of caring	1	8.3%
Imagery experience	Subtotal: 1	
Visualisation of personal feedback	1	8.3%

Discussion and conclusion

The current paper carefully examined the five SE techniques utilised amongst 12 PA interventions reported across 26 studies targeting adults that were published between 2007 and 2015. Despite the low number of interventions explicitly stating the use of specific SE factors (N=3), the results indicated that interventions that reported use of SE techniques were found to be effective as 92% of identified interventions either partly achieved or achieved all proposed goals. Furthermore, a high proportion of theory based and tailored intervention design was another key feature of SE interventions. Given that SE is an individual based approach, it might be understandable that in-person and personalised features were found to be common. This review found that vicarious experience was the most commonly used technique, yet the new modifiable SE factor, imagery experience was the least common with only one intervention using it. This paper contributes to the literature by providing an updated holistic review of SE techniques used in recent PA intervention settings.

Limitation and future research directions

It is challenging to identify which SE technique was most effective to create behaviour change in the current study. Meta-analysis is recommended to quantify the effectiveness of each SE technique in future research.

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Number: 6

Customized Evidence Based Community Interventions: Impact Evaluation on Behavior Change for Breast Cancer Early Detection

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Background: Breast cancer continues to be a worldwide preventable women's health priority. In Jordan breast cancer is still ranking first among all cancers and among female cancers as well. National efforts to fight the disease and alleviate women and communities sufferings are led by The Jordan Breast Cancer Program (JBCP). The JBCP is the national institution that coordinates breast cancer early detection efforts across Jordan. Although the outreach activities of the JBCP (lectures, workshops and community sessions) target the whole Jordanian community, and despite a multitude of mass and group breast cancer activities and interventions, many of the barriers continue to prevail. One to one individual behavior change communication via Community Health Workers (CHW) initiatives demonstrated effectiveness in enhancing the uptake of mammography screening services.

Purpose: To enhance women's health awareness about breast cancer and preventive health behavior, namely utilization of mammography services by adopting the one to one individual behavior change communication via CHW. Furthermore, to inform policy and future development of outreach programs.

Method: The project targets underprivileged community areas based on thorough situation assessment of the targeted community. In collaboration with local Community-Based Organizations (CBOs), the JBCP conduct training of community workers to become breast cancer outreach workers. Eventually, the CBOs establish home visits outreach program within the targeted community. To overcome fiscal and logistic obstacles, CHW are equipped with a service voucher to a local or mobile clinic when the service is not available in that community.

Results: significant increment in the initiation of mammography screening was evident across the three project areas; Al Wehdat, Al Hussein, and Al Mafraq. Rates of mammography were 53%, 83% and 76% respectively.

Conclusion: The findings have significant implications for public health practice by indicating that individualized one to one behavior change communication interventions are associated with improvements in rate of the initiation of screening mammography in underserved underprivileged communities. However, the provision of multiple intervention components dictates cautious interpretation of the strong increase in the screening rates. Independent effect needs to be evaluated.

Number: 11

Promoting the Protector Condom Brand to top the Condom Market in Uganda

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For consideration: If this paper is accepted; oral presentation is the intended delivery method

Background Information

Uganda's national HIV prevalence stands at 7.3%. There are an estimated 128,980 new HIV infections each year in Uganda of which 57,685 are among females. The new infections are on the increase and they exceed the AIDS related deaths by two fold. The main mode of HIV transmission is unprotected sexual intercourse as an increasing number of people are having multiple concurrent sexual partnerships, discordance and non-disclosure of status. The HIV infections are shifting from young people (19 to 25years) to adults (30 -44 years) and the infections are shifting from singles to

married couples and persons in long term relationships as well as people with high rates of sexually transmitted infections (HSV2).

Condom use for dual protection is considered as one of the national strategies of preventing the spread of HIV in Uganda. The high fertility rate of 6.3%, shows a need to improve the contraceptive prevalence rates, which currently stands at 30% (UDHS 2011). Although the uptake of modern contraceptive methods is increasing among women, condom use for contraception stands at only 2.7% (UDHS 2011 preliminary report). Nationally, on average, 79.5% of women and 84.5% of men age 18 to 34 years knew that HIV can be prevented by using condoms. However, only 29.4% of women and 34.7% of men aged 18 -34 years reported using a condom during their last sexual encounter (UDHS 2011).

Aims and Objectives

In October 2005, AFFORD/UHMG commenced the promotion of Protector, as the condom brand of choice among per-urban and rural youth. Protector was introduced within the Ugandan market 23 years ago and currently claims the biggest share of the condom market with national distribution coverage of about 80% and a market share of 53%.

According to the HIV/AIDS progress report 2014, there has been intensified condom programming with the endorsement of comprehensive condom programming strategy and increase in number of condoms from 187 million condoms in 2013 and about 230 million by end of 2014.

Behavioural Objectives and Target Group

The overall goal of the Protector Promotion is to increase the adoption of correct and consistent use of condoms among young people so as to reduce the prevalence of HIV/AIDS among young people in Uganda.

Promotion objectives:

- To promote correct and consistent use of condoms among the peri-urban youth between 18-35 years within the C1, C2 wealth quintiles from 39% to 50% by 2015
- To increase Protector availability in all key outlets from 50% in 2013 to at least 75% by 2015
- To increase the market share of Protector from 41% in 2014 to at least 50% by 2015

In order to achieve these objectives, two target groups were identified:

- Primary target audience: Sexually active men and women aged 18-35 years living in rural and per-urban areas
- Secondary audience: Couples in permanent relationships; married or cohabiting living in rural and per-urban areas

Citizen/Customer Orientation

Uganda's condom market is supply driven and characterized by high levels of foreign donor assistance. As of 2008, the Government of Uganda, through Ministry of Health supplied an estimated 75% of available condoms with social marketing brands comprising most of the remaining 25% of the supplies. Precise market figures for private sector brands are not known however it is thought to be negligible at about 1%.

According to the AFFORD Project report: on Potential Market and segmentation Analysis for condoms; in reference to the demand/ consumption of condoms, AFFROD estimated that the current annual consumption based on the current population that the total potential market for condoms ranges from approximately 71.8 million to 76.2 million.

In a bid to increase demand for Protector within the socially marketed condom category, UHMG has focused on four areas:

1. Product packaging: Protector is packed in a flow dispenser in order for retail outlets to easily purchase and display product for visibility. Also for consumers, Protector is packed as 3 pcs within a packet.
2. Price: A consumer can purchase the product at less than a dollar making it affordable and accessible.
3. Promotion: Using various tailored marketing platforms and Social Behaviour Change communication campaigns, Protector is promoted amongst the intended audience.

4. Evidence: Using the Brand tracking survey and quarterly retail audits, improvements are made to improve perceptions on condom purchase and use and increasing access to convenient points and visibility.

The Social Offering

Globally, new HIV infections are majorly among young people (15-24 years). Among the adults 15 years and older, young people accounted for 40% of new HIV infections in 2006. Increased vulnerability to HIV infection is still compounded by the fact that most sexual encounters are without the benefit of consistent and correct condom use.

Promotion of Protector as the condom brand of choice among young people offers an attractive brand that resonates with rural and peri urban youth and offers the assurance of protection against HIV/AIDS and unintended pregnancies.

Engagement and Exchange

Over the years the promotion of Protector has gradually shifted from the functional benefits of using Protector to the more emotional benefits of responsibility, love of oneself and the love for one's partner.

Competition Analysis

The major competitors of Protector within the socially marketed category are Lifeguard and Trust. According to the Retail Audit September 2015 conducted by Research World International Ltd, there was increase in Protector availability from 75% in the period of Oct-Dec to 81% in July –Sept 2015 whereas Lifeguard had a decline from 56% to 47% and Trust from 64% to 33%. Protector had the highest condom volume share at 44% and the highest sales market share at 24%.

The brand tracking survey conducted in 2015 which checks the health of the brand in terms of perception, top of mind awareness and overall awareness and willingness to pay revealed that in regards to features 81% considered Protector to be available, total brand awareness was at 50% and overall consideration for use at 75%.

This understanding has informed the development of the subsequent Protector marketing plans and campaigns ensuring that each marketing plan is specific to the intended audience.

Segmentation

- More high-risk sex acts, where high-risk sex involves extramarital partners, especially among urban, peri-urban and rural men in the lower-wealth quintiles (C2, D)
- High-risk sex within marriage, among discordant couples, cohabiting partners in lower –wealth quintiles
- Couples using condoms for pregnancy prevention (family planning)

Insight

AFFORD's segmentation analysis suggests that even lower-income consumers obtain condoms from private sector sources. The more informal private sector outlets are preferred over private pharmacies and clinics by the lower-income consumers. Generally, access to condoms is a challenge, suggesting that continued efforts to increase the type and number of appropriate outlets offering condoms will be beneficial.

Further analysis suggests that there is substantial high-risk sex taking place within marriage/stable relationships, where one partner is positive for HIV or STIs and the other is negative. Addressing high-risk sex within marital relationships may represent an underserved segment. Concurrently, condoms as a family planning method have received only limited attention in recent years given the understandable attention to Uganda's HIV/AIDS and STI needs, plus the stigma associated with condom use. Marketing initiatives to promote the use of condoms as a family planning method within marriage may also provide benefits with respect to preventing disease transmission.

Integrated Intervention Mix

The strategy focused on growing the Protector brand among the target audience therefore building top of mind awareness of Protector, loyalty and affinity to Protector as the condom brand of choice and Protector Availability.

Product

The product is Protector, a male latex condom that offers dual protection against HIV/AIDS and unintended pregnancies. Protector is packaged in a flow pack (sachets) design that makes the brand look refreshed while minimizing costs associated with packaging.

Price

Financial: Affordability is key in order for the target audience to access Protector therefore Protector is highly subsidised as a product. A packet of 3 pieces of Protector costs less than 1USD (UGX 500).

Time and distance: The national distribution of Protector is at about 80% indicating that most outlets are fully stocked with Protector. The goal is to ensure that all outlets have Protector reducing the time an individual takes to access Protector and the distance it takes to access Protector. Protector should be available at arm's length.

Convenience: In order to sustain the behaviour of correct and consistent use of condoms and ensure that the individual who intends to use a condom does not change his or her mind, Protector is not only available in the traditional outlets like clinics, pharmacies and drug shops but also vigorous efforts are made to ensure availability in bars, lodges, discotheques, guest houses, hotels and general merchandise shops where individuals are at a higher risk of having unprotected sex. A condom in these non-traditional outlets is accessible in real time at the point of need.

Privacy: Through consistent and sustained marketing Protector Campaigns, one of the objectives is to reduce the stigma and cultural myths & misconceptions related to condom use. There is a need to continually build the confidence of individuals to ask for a condom whenever they need it, from wherever they can access it and from whoever they can access it.

For those individuals that are still shy to ask for a condom, privacy is key and is a detrimental aspect to the emotional cost of an individual. Protector is made available in lavatories or through condom dispensers. These outlets have been highly recommended for their private settings enabling an individual to access and use Protector.

Place

Currently Protector claims the biggest share of the condom market with national distribution coverage of about 80% and a market share of 53%.

Protector is available in all key outlets like drug shops, clinics and pharmacies. Non-medical outlets like bars, lodges, general merchandise are key in ensuring Protector availability and that the intended audience is reached in real time in the most convenient way considering; easy access, convenience, visibility and privacy.

Also protector is available to target audiences through condom dispensers which are convenient and private for individuals to access Protector.

The use of community structures like the Village health teams (VHTs) or Good Life promoters (GLPs) is also key in ensuring access to Protector within the community.

Brand visibility is key at each of the outlets stocked with Protector. Each outlet has an identification of Protector either through a poster, an ABS board, sticker or Protector Label on the condom dispensers.

Promotion

UHMG utilizes various below the line promotion platforms/approaches in order to drive the Protector brand amongst the target audience.

Protector bar theme nights: Local pubs were selected per region and Protector Promotions were conducted at least twice a week. The promotion entailed branding, Protector DJ mentions, running Protector Ads, one on one sales, condom demonstrations and establishment of the pub as a Protector outlet.

Protector beach activations: Twenty beaches were selected within the central peri-urban region and Protector Promotions conducted every weekend. The promotions entailed branding for product visibility, one on one condom demo sessions with the revellers on the beach, Protector Ads running during the music beach interludes and establishing the beach as a key outlet for Protector Condoms.

Protector landing site activations: In collaboration with IAVI, UHMG conducted landing site activations to ensure Protector Condom availability in the hard to reach areas with most at risk populations focusing on the fisher folk and commercial sex workers.

Protector rugby Super Series: UHMG utilized the sports platform of rugby to promote correct and consistent use of condoms among youth 18-25 years. The rugby game series were sponsored by brand Protector which took over the naming rights of the games thus Protector Rugby super series.

Love safely with Protector (Nyumuliwa Omuhabati) campaign: This was a Protector campaign targeting young couples during the Valentine season. The main message was Love Safely with Protector!

Co-creation through Social Markets

The monthly feedback and quarterly retail audits have helped to continuously develop tailored Protector marketing plans informing distribution, presence and availability. This has also given the direction for development of campaign messages, new creative concepts and promotional materials.

Systematic Planning

The overarching social marketing strategy is based on the Total Market Approach that segments the market into the public sector, social marketing sector and the commercial sector. The priority audience for the Protector promotion is young individuals between 18-35years who are sexually active living in peri-urban and rural areas. The promotion also engages couples who desire a family planning method that is non-hormonal.

Quarterly retail audits are conducted to check Protector Availability and presence within the market. The brand tracking survey was conducted in 2015 checking on the general health of the Protector brand in terms of attitudes and perceptions about Protector.

Theoretical framework

Figure 1: Protector within the TMA approach



Adapted from O'Sullivan G., C. Cisek, J. Barnes, and S. Netzer. May 2007.

Moving Toward Sustainability: Transition Strategies for Social Marketing Programs.

Protector; as a condom brand is highly subsidised and falls within the Social marketing sector as shown in the diagram above. Protector is marketed/promoted using or adapting marketing principles from the commercial sector for social good and not for profit.

Results and Learning

The above approaches contributed to the growth of Protector within the Ugandan condom market as shown by the monthly retail audit 2012-2014

Protector indicators	Time period	Results
Protector CYPs	2008-March 2015	
Protector presence	Oct-Dec 2014	78% presence within the market

Protector market share	Oct-Dec 2014	21% of the condom market
Protector volume share	Oct-Dec 2014	Protector has the highest volume share at 35% Other Competitors-Lifeguard-18% and Trust-25%

Protector availability in key outlets (% of key outlets stocking Protector Condoms)

Non-medical outlets	%
1. General merchandise shops	71
2. Bars	40
3. Supermarkets	60
Medical outlets	%
1. Drug shops	86
2. Clinics	63
3. Pharmacy	85

Lessons Learned

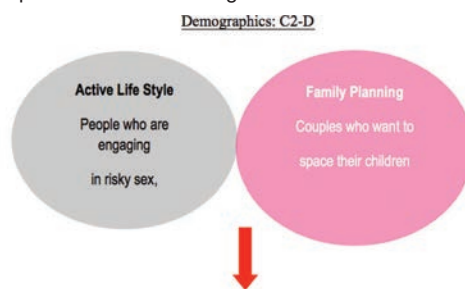
Whereas using a single strategy can be a great approach, strategically engaging a combination of strategies exponentially increases the market share and enhances social acceptability and availability of condoms in non-traditional outlets.

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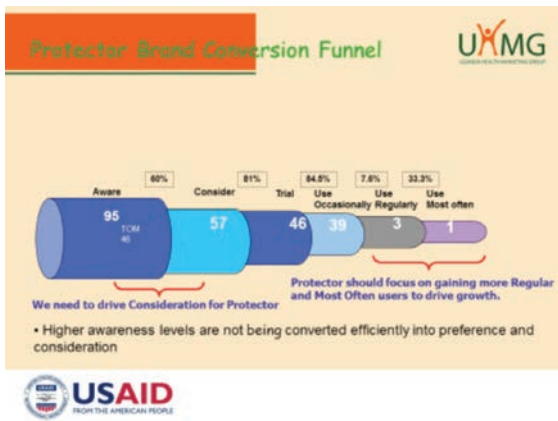
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Appendix

Detailed profile of Protector target audience



They feel that price & quality is an issue and need options available to give them the power to make a good decision.



Advertising



Number: 14

Conference Track: Global climate change, environment protection and sustainability

Two Recent Landmark Case Studies Show Sustained Impacts after One Year, Illustrate How to Research and Tailor Campaigns Neighborhood by Neighborhood

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Oral presentation plus Q&A

Revised Submission, January 10, 2017

Two Recent Landmark Case Studies Show Sustained Impacts After One Year, Illustrate How to Research and Tailor Campaigns Neighborhood by Neighborhood

Aims and objectives

The two aims of this presentation are: (1) to use two recent case studies to illustrate key social marketing principles and (2) to present key insights from these case studies that might help even advanced social marketers promoting energy conservation or sustainable transportation behaviors. Designation by the Tools of Change Landmark peer-selection process recognizes behavior change approaches and programs considered to be among the most successful, innovative, replicable and adaptable in the world.

King County in Motion, the first of the two case studies, was designed to reduce drive alone travel among participants.

Get Energized Iowa!, the second case study, encouraged rural Iowa communities to compete against one another to achieve high gas and electricity savings.

Behavioural Objectives and Target Group

King County in Motion was designed to shift drive alone travel to shared travel, public transit or active transportation modes for non-work trips in selected Seattle neighborhoods, one neighborhood at a time. Car drivers were the target audience; further targeting / segmentation is discussed under "Insight-Driven Segmentation."

Get Energized Iowa! encouraged rural Iowa communities to adopt targeted energy-saving activities. The target households were from four rural communities that were members of the same athletic conference for football, in order to capitalize on the friendly rivalries that already existed.

A planning weakness of the two case studies is that they did not set measurable behavioural objectives.

Evidence of Citizen/Customer Orientation

King County in Motion was conceived of based on data that 80% of local single-occupant car trips were for non-work trips. In advance of each community program, a guided group discussion with residents and community leaders helped organizers learn how best to reach that community; understand their concerns and suggestions for the program; solicit partners for the program; identify specific motivations, barriers and benefits to using alternative modes of transportation; and identify the best communication channels to reach members of the community. This research helped organizers understand some of the most common barriers, including a real and perceived lack of travel choices, inconvenience, safety, geography (e.g., hills for cyclists / pedestrians), or cultural norms, and helped identify the most promising messaging for each neighborhood.

Get Energized Iowa! was modelled on previous successful energy reduction competitions. Key lessons included pitting natural competitors against each other (in this case, getting four communities in the same athletic conference) and partnering with existing local community organizations (called "guide teams"). A unique action plan was developed for each community, by the local partners with support from the program organizers, based on local information about motivators and barriers and communication channels.

The Social Offering

King County in Motion provided incentives (such as pre-loaded transit passes) and an improved quality of life to get participants to try alternative, more sustainable modes of transportation.

Get Energized Iowa! offered participants an opportunity to feel and express their community spirit and sense of affiliation and compete against other communities that were in the same athletic conference for football, while reducing their energy use.

Engagement and Exchange

King County in Motion sent direct mail to each household in a neighborhood (5,000 to 10,000 households per campaign) that included messages specific to each neighborhood, and a neighborhood map. Participants were asked to pledge to shift two drive-alone car trips a week to alternative travel modes by returning a sign-up card or signing up online. The map showed local transit routes and how long it took to walk from the neighborhood to surrounding locations. Relationships were also developed through displays at community events.

Get Energized Iowa! first engaged community partners in developing unique action plans for their communities. The competition itself was based on a points system and points were awarded for many different behaviours, including taking specific energy-reducing actions, completing pre- and post-program surveys, and signing up for a free weatherization audit. A website was developed where people could check their community's points and how that rated against the competition. Relationships were also developed through displays at community events. Participants were asked to fill out checklists twice. The first round consisted of the actions people were already taking; in the second round, residents were asked to choose what other steps they could take and, from those steps, asked to choose five things that they would do. Then they were helped to make a personalized action plan. A later phone call acted as a reminder and mild social pressure by simply asking, "how's it going?"

Competition Analysis

King County in Motion's competition was driving alone, which allowed for greater flexibility and privacy, and sometimes greater convenience.

Get Energized Iowa!'s competition was the existing energy use habits that the program hoped to change. These existing habits offered familiarity and an option to resist change.

Segmentation and Insight

King County in Motion segmented primarily by neighbourhood and shared circumstance, executing the program one neighbourhood at a time. Organizers targeted areas where people identified as belonging and where there was an available travel network, or where changes to transit services or major construction projects would impact travel. The program implementation process began with audience and partner research in each community, one community at a time, so insights and tactics changed from one community to the next. Overall, because there was a real and perceived lack of travel choices, the program highlighted the appropriate options for each neighborhood. Because of misconceptions and concerns about time and inconvenience, maps were distributed showing how long it took to walk and take transit from the neighborhood to local landmarks.

Get Energized Iowa! targeted households in four rural communities that were members of the same athletic conference for football. The key insights were that the friendly rivalries that already existed helped fuel a friendly competition; and that this helped raise the immediate relevance of the targeted actions and enabled neighbours to feel more comfortable enlisting their neighbours to make changes as well.

Integrated Intervention Mix

King County in Motion's Core Product was tailored somewhat for each neighborhood, based on research findings. Overall, it involved quality of life and getting rewards like a transit pass and fitbit. Its Actual Product was walking, cycling or taking transit instead of driving alone, two trips per week. Its augmented product included the incentives and pledge cards. In terms of Price, because there was a real and perceived lack of travel choices, the program highlighted the appropriate options for each neighborhood. Because of concerns about time and inconvenience, maps were distributed showing how long it took to walk and take transit from the neighborhood to local landmarks. The most popular incentive was a transit smart card that was pre-loaded with two weeks of unlimited travel. In terms of Place, to increase convenience the program was delivered and promoted within each targeted neighbourhood. Promotion channels included direct mail and community events, yard signs displayed by participants, and posters and window slicks displayed by local businesses. Participants also received weekly email bulletins.

Get Energized Iowa!'s Core Product was belonging and contributing to one's local community. Its Actual Product included a number of targeted energy conservation behaviours. Its augmented product included the competition itself, tables at community events, and a website where participants could check their community's points and how that rated against the competition. In terms of Price, the weatherization audits were offered for free, to ensure that this critical step wasn't left out and also to provide an incentive for participating in the program. The competition itself offered an incentive to try out and adopt some of the targeted behaviours. Further, the winning community received a small solar photovoltaic system on one of its public building; and all participating communities also received 25 trees. In terms of Place, to increase convenience the targeted behaviours all took place within one's home, and the program was promoted within each targeted community. Promotion channels included pre- and post- surveys distributed to residents of the targeted communities, community events, and yard signs displayed by participants.

Co creation through Social Markets

King County in Motion engaged local community stakeholders, one community at a time, in planning meetings that helped develop each community campaign.

Get Energized Iowa! first found community organizations in each of the four towns that were willing to serve as local guide teams for the project. With help from the researchers, each guide team determined how the competition would be implemented in its community. The guide teams collectively determined the prizes for the competition. Using local teams helped organizers quickly raise the credibility of the program, tailor communications, gain community access, and promote peer-to-peer communication

Systematic Planning

King County in Motion was based on McKenzie-Mohr's cbsm model

and the traditional Kotler-Lee social marketing model. It used four key ways to measure program impacts:

1. Pre and Post Surveys. At the start and end of each program, participants were surveyed about their travel habits. The post-program survey also asked about changes in mode use, barriers and motivators to participate. Each community project was a different size and sample sizes varied accordingly. The pre-surveys typically included 500-1,000 respondents - close to 100% of program participants, because these surveys were part of the sign up form. The post surveys usually included 25-30% as many people.
2. Trip Tracking. Participants logged trips by mode and day. This reinforced their behavior changes and provided information for tracking personal and program progress in reducing car trips, vehicle miles, CO₂, and fuel.
3. Legacy Survey. To assess sustained changes in travel behavior, the program re-surveyed participants from two programs again about 18 months after the programs ended. It had a sample size of N=282 people that completed all three surveys.
4. Transit Data. Participants received pre-loaded transit cards, which enabled program managers to directly collect aggregate program data on participant transit boardings, fare re-loading value, and whether the rider had added a pass.

Get Energized Iowa! is based largely on a competition between communities, using elements from social psychology, McKenzie-Mohr's cbsm model and the traditional Kotler-Lee social marketing model. It also used four ways to measure program impact:

1. Pre and used Post Surveys measured before and after-intervention attitudes, values, knowledge and behaviors. Out of rough 2,000 households in the neighborhood, the pre-survey included 417 households and the post-survey included 162 households.
2. For a small sample, the reported changes were verified through interviews.
3. Organizers directly measured total residential gas and electric usage from January 2013 to December 2013 to determine actual energy savings. These figures were adjusted by degree day and by occupancy changes over the study period.
4. To measure the persistence of changes found, organizers resurveyed the four communities and recollected energy data from January 2014 till June 2014, up to 17 months following the end of the competition.

Results and Learning

King County in Motion: On average, each participant shifted about one car tip a week to walking, cycling and transit, during the intervention. The effect persisted one and a half years later but at a reduced level (60% retention of the mode shift). Key points of possible interest to seasoned social marketers include: the community-by-community research and delivery approach for larger cities; targeting / segmenting by shared circumstance where changes to transit services or major construction projects will impact travel; and the cost-effective legacy evaluation showing sustained impacts one and a half years after the intervention period. It is not possible to report on the degree of progress relative to the program's objectives, as this program did not set measurable targets

Get Energized Iowa! was successful in engaging rural Iowa communities to adopt targeted energy-saving activities. It is not possible to report on the degree of progress relative to the program's objectives, as this program did not set measurable targets, however the relatively high overall energy savings reflect relatively high behavioural impacts. Over the nine-month program period, participants tried a number of new behaviours as a result of the competition. The most commonly tried were: using natural day lighting (80%), washing clothes in cold or warm water (70%), running the dishwasher only when there is a full load (60%), using a clothes drying rack, and installing surge protectors (both 50%). In sum, these behaviours resulted in a total average household reduction in electricity use of 563 kWh (the equivalent of 750 kWh on an annualized basis) and represented a 4% reduction. At average U.S. electricity rates (\$0.1264 per kWh in 2015), the average savings per household was \$71.12 over nine months, and

\$94.80 per year. The average household reduction in natural gas use was 51 therms (1,495 kWh) over nine months (the equivalent of 1,993 kWh on an annualized basis) and represented a 10% reduction. At average U.S. natural gas prices (\$1.04 per therm in 2015) the average savings per household was \$53.06.

Total savings per household (electricity plus gas) was 2,245 kWh over nine months, or 2,993 kWh per year. One and one half years after the intervention the results persisted, with even a little bit of additional saving the year after the project was over. Keep in mind that these numbers include all residents in the four targeted communities, whether they participated in the program or not.

Key points of possible interest to seasoned social marketers include: the community-by-community research and delivery approach for smaller communities; targeting communities that are already competing with each other; and the cost-effective legacy evaluation showing sustained impacts one and a half years after the intervention period.

Number: 28

Applying Social Marketing Principles and Methods to Preventing Type 2 Diabetes

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Aims and Objectives

Type 2 diabetes, a serious and costly disease, is on the rise across the globe. However, it can be prevented or delayed if people with prediabetes complete an evidence-based structured lifestyle change program supporting weight loss, healthy eating, and increased physical activity. In 2010, the U.S. Centers for Disease Control and Prevention (CDC) and its partners launched the National Diabetes Prevention Program (National DPP) to expand availability and use of CDC-recognized lifestyle change programs and prevent or delay type 2 diabetes.

Behavioral Objectives and Target Group

The primary behavioral objective of the program is to increase the number of adults (aged 18 and over) with prediabetes who enroll in and complete a CDC-recognized lifestyle change program, thereby significantly reducing their risk of developing type 2 diabetes. To support and enable individual behavior change, the program identified three major secondary audiences and behavioral objectives:

- Increase the number of high-quality, effective lifestyle change programs
- Increase healthcare provider referrals to a lifestyle change program
- Increase insurance coverage of the program by employers or the number of covered lives by public and private insurance programs

Evidence of Citizen/Customer Orientation

CDC incorporated input from a wide range of partners and stakeholders into the design and implementation of the national program. The marketing team carries out extensive research with each new audience to understand the context for behavior change; the existing environment; and beliefs, attitudes, behaviors, needs, wants, and perceived barriers of people at risk for type 2 diabetes. Research methods include environmental scans, literature reviews, analysing existing quantitative consumer databases, focus groups, triads, and in-depth interviews. Additionally, CDC has conducted in-depth assessments of approaches to increase enrollment in lifestyle change programs using a behavioral economics perspective. This involved a literature review, input from an expert panel to identify promising practices, and a pilot study to assess the effectiveness of

promising practices.

The Social Offering

Type 2 diabetes is a common disease with serious health and quality of life consequences (e.g., heart attack, blindness, amputation). However, people at high risk can prevent or delay it through a convenient lifestyle change program proven to prevent type 2 diabetes. This program empowers participants by building their skills, offering tips and tools, and providing support and encouragement from a trained coach and others in the class. The lifestyle change program is fun. To improve the social offering, CDC is carrying out activities to increase the number of community and online lifestyle change programs and monitoring their effectiveness, and is working with employers and public and private insurers to cover the costs of the program.

Engagement and Exchange

Identifying an effective exchange has been challenging. People at high risk for type 2 diabetes are asked to attend a year-long lifestyle change program and track their weight loss, food intake, and physical activity during that year, i.e., daily or weekly behaviors with more short-term costs than benefits. In exchange, participants experience the long-term physical and mental benefits of losing weight and the even longer-term reduction in their risk for type 2 diabetes. CDC has attempted to decrease short-term costs (e.g., monetary, time, and opportunity costs) by increasing the number of lifestyle change programs in a community and increasing insurance coverage, and to increase short-term perceived benefits by stressing the social and fun aspects of the lifestyle change program, looking and feeling better, having more energy, or being more productive at work.

The National DPP is a partnership managed by the CDC and engages a wide group of stakeholders, including community-based organizations, health care delivery organizations, public and private health insurers, weight loss companies, medical associations, diabetes organizations, states, and other federal government organizations. Consumers are engaged through national, state, and local promotion activities and materials informed by quantitative and qualitative audience research and testing.

Competition Analysis

Formative research, environmental scans, and behavior change model building identified a range of competitors to the year-long lifestyle change program, including:

- Individual -- time, money, effort, fear of failure
- Social – limiting favorite foods in social situations; cultural norms related to weight, physical activity, and eating; competing family activities
- External – other weight loss or diabetes programs, competing media messages, lack of healthcare provider or employer support, easy access to high-calorie foods or limited access to places for safe physical activity

Understanding the competition has guided the content of the lifestyle change program sessions, the development of a virtual program, and the work to increase insurance coverage of the program and increase healthcare provider and employer involvement.

Segmentation and Insight

The national efforts have addressed relatively large population segments in several stages, but efforts are underway to identify narrower behavioral segments. In stage one, as the program was developing, segmentation analyses examined: people at high risk who were unaware of their risk, those who were aware of their general risk but taking no action, and those diagnosed with prediabetes but taking no action. Marketing efforts have focused on the last two segments, and a national campaign is addressing people unaware of their risk. In stage two, the program is focusing on Hispanics/Latinos at risk for type 2 diabetes with different levels of acculturation and assimilation. Efforts currently are underway to identify high priority audience segments for future marketing activities.

The National DPP is a national program addressing a significant public health problem that affects millions of American adults. We need approaches that will have an impact on all people at risk (such

as a campaign to increase awareness of prediabetes, widespread availability of lifestyle change programs and insurance coverage). However, one size does not fit all, and segmentation and tailoring are going to be key. At a general level, we found a distinct split between people unaware of their risk and those aware or diagnosed with prediabetes. In focus group research, the unaware group preferred a fear-based promotion approach to get their attention, while the other two groups wanted a hopeful approach stressing that they have the opportunity to make behavioral changes and prevent type 2 diabetes. Hispanic Latino people at risk preferred a family-centered approach, but differed according to their acculturation levels.

Integrated Intervention Mix

Product

The product is a year-long, structured, evidence-based lifestyle change program offered by organizations in communities or online. Organizations must use a CDC-approved curriculum and meet certain standards, so limited changes can be made to the product itself. However, CDC is examining incentives to enrolling in a lifestyle change program based on behavioral economics and developing resources to help organizations recruit and retain participants.

Place

The product is offered in community and health care settings throughout the country, and the program continually strives to increase the number of lifestyle change programs to fill gaps in accessibility. In 2014, organizations began offering virtual (online) lifestyle change programs, which resulting in more options that appeal to different users, particularly men.

Price

The cost to participants varies, depending on insurance coverage, the organization offering the program, and transportation and childcare. The average cost for the year is \$500, but some participants have full coverage and may pay nothing, and others may pay on a sliding scale. Other costs include time to attend the sessions and track food and activity, effort to limit calories and be physically active, and pressure from family and daily life. The National DPP is addressing costs by working with employers and public and private insurers to cover the cost of the lifestyle change program, developing resources to engage participants throughout the year and make tracking easier, and increasing the number of high quality lifestyle change programs in convenient locations.

Promotion

Promotion of the program is implemented primarily through partnerships and at the community level. Some major promotion activities include: providing support to organizations and promotion tools and materials for recruitment and engagement of people at risk; partnering with national associations to increase awareness of prediabetes through a multi-year media campaign; funding states, communities, and organizations to scale up and promote the lifestyle change program; and partnering with the American Medical Association (AMA) to promote the program to healthcare providers. CDC also has used the formative research results to develop a consumer-facing brand for the updated National DPP curriculum and promotional resources, and a website with sections tailored for people at risk, organizations offering the program, healthcare providers, and employers/insurers.

Co creation through Social Markets

CDC has carried out formative research and testing with each specific audience segment to gather input and feedback from people at risk for type 2 diabetes and their family members and from secondary audience members. National DPP stakeholders include CDC-funded states, communities, and organizations; national partners (e.g., Y of the USA, AMA, American Diabetes Association, United Health Group, National Association of Chronic Disease Directors; public and private insurers, community organizations offering the program, and healthcare providers. The program engages these stakeholders on a regular basis to help shape marketing strategies, and promotions.

Systematic Planning

The strategic planning framework has followed the social marketing planning process – analyzing the health problem and the

environment, identifying target populations and audiences, determining behavioral objectives, conducting formative research, developing the marketing strategy, testing, implementation, and evaluation. The marketing strategy is based on a theoretical framework informed by behavioral economics, the integrated model of behavior change, the social ecological model, and stages of change.

Results and Learning

CDC collects data from lifestyle change programs yearly on number of sessions offered, attendance, and participant physical activity levels and weight loss. As of September, 2016, 1045 organizations across the country had registered to provide the CDC-recognized program. Those that had completed at least one year of the lifestyle change program reported enrolling over 85,000 people. We expect a significant increase when the next yearly data are submitted.

In examining these data and feedback from lifestyle change program staff, an issue that has risen to the top is the challenge of retaining individuals for the entire 12 months of the lifestyle change program. Completing the entire year is important because research has shown that the more sessions a person attends, the more weight he or she loses, resulting in greater reduction of risk. However, current data show substantial drop out after 1-2 sessions and at the halfway point of the lifestyle change program, when it goes from weekly to monthly sessions. In response, CDC is testing a number of enrollment and retention approaches, as well as an effort to develop a tool to help retain people in the programs.

As the National DPP continues to develop and expand, CDC is collecting and applying lessons learned from national and state efforts to increase the number of lifestyle change programs, healthcare provider referrals, insurance coverage, and awareness and enrollment/retention of people at risk for type 2 diabetes. Several pilot studies are underway to examine incentives to increase enrollment and approaches to increase physician identification and referral of people with prediabetes.

From a marketing perspective, it has been challenging to identify and implement the most effective approaches to change the behavior of the estimated 86 million Americans with prediabetes. In the first five years of the National DPP, the marketing activities addressed large audience segments with general behavioral approaches. Currently, we are examining the data available and the many lessons learned to identify more specific high priority audience segments and approaches to changing their behavior, and will be able to report on the results of this activity at the meeting.

Number: 29

Global climate change, environmental protection and sustainability

NGO, Government, and Academic Partners: Working With Rural Landowners To Protect Their Woodlands

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NGO, Government, and Academic Partners: Working With Rural Landowners To Protect Their Woodlands

Aims and Objectives

Forests in the United States provide a myriad of public benefits. An immense range of American forestland is owned by families and individuals all across the country, collectively referred to as family forest owners. Of the 751 million acres of forestland in the United States, 56 percent is privately owned, and of this, nearly two-thirds is owned by families and individuals. Future trends show that large parcels of land will be subdivided into smaller ones, creating a patchwork quilt of fragmented ecosystems and degraded wildlife

habitats (American Forest Foundation, 2011).

To address this trend, the American Forest Foundation has partnered with the New England Forestry Foundation, the United States Forest Service and Yale University to conduct social marketing research and test interventions with forest landowners. The collaborative provides individual forest landowners with the ability to make informed decisions about woodland habitat conservation. Partners address landowner misconceptions about implementing conservation strategies and also provide critical resources to facilitate the process. The collaborative also trains other conservation partners in social marketing to help them design additional campaigns around landowner barriers to action and motivations.

Behavioral Objectives and Target Group

The goal is to get woodland owners to conserve at least a part of their property through a conservation easement over the next three to five years. Currently 14% of landowners in the project focal area have an easement (Action Research, 2014). A conservation easement is a voluntary legal agreement between a landowner and a land trust or government agency that permanently limits uses of the land in order to protect its conservation values. The landowner keeps the land but gives up their development rights. The deed is permanently changed so that if they sell the land or will it to their children all future landowners cannot develop the land. The land is monitored by a land trust that holds the development rights. The target population is located in ten towns on the border of Massachusetts and Connecticut between four currently protected wildlife areas.

Evidence of Citizen/Customer Orientation

Our research included a literature review, two baseline surveys (one for barriers and benefits and one for attitudes and awareness), message testing and two focus groups.

The literature review included information from Yale University and the Sustaining Family Forests Initiative (SFFI) which has conducted multiple focus groups and surveys with woodland owners throughout the United States. It also included information from the USDA Forest Service's National Woodland Owner Survey (NWOS).

The attitudes and awareness survey, called a Conservation Awareness Index, was conducted in partnership with the University of Massachusetts to gauge the landowner's awareness of available resources and how prepared they are to make conservation decisions. A follow-up to this survey will be conducted in 2017, three years after the initial campaign started, to track progress.

The Social Offering

The project's core product is to provide aging landowners with peace of mind that their land will remain forested forever and managed per their instructions after they are gone. The actual product that gets to the core product is a conservation easement. Lastly, the augmented product that is provided to the woodland owners is information and/or an expert to help create an estate plan and ultimately conserve their land.

Engagement and Exchange

Forest conservation is a desired outcome that involves multiple actions be taken by the woodland owner over time. For this reason, the research, interventions and iterative evaluations are lengthy and must be broken up into phases. Through the use of woodland owner focus groups and talking with on-the-ground partners the following actions were chosen as part of a behavior chain towards the ultimate goal of conserving land: 1: Get more information; 2: Meet with a land trust and estate planner; 3: Write an estate plan; 4: Talk with family; and 5: Conserve land.

Competition Analysis

The research identified barriers to address in our interventions. One of the main barriers is trust (Action Research, 2014). A landowner doesn't trust the opinion of experts to advise them. They also don't trust their own thoughts as to what should be done on their land. This lack of self-efficacy leads to decision paralysis and them doing nothing. Another barrier is the difficulty in discussing with their family what they want done with their land after they have passed away (Action Research, 2015). Along with these are price implications both in time and actual money. There are legal and transaction costs associated with conserving land.

Segmentation and Insight

Every 5-7 years the United States Forest Service (USFS) conducts a national woodland owner survey (U.S. Forest Service, 2016). This survey asks woodland owners about their reasons for ownership, actions taken on the land, and their intentions for the future. The NWOS survey provides valuable insight into the attitudes and behaviors of woodland owners, both past and future. Key findings from this research have provided a general understanding about how woodland owners perceive their land and have been used by the American Forest Foundation to segment and improve the creation of messages sent to woodland owners. These findings are summarized below.

1. The most important reasons reported for owning forestland are related to aesthetics, privacy, and the desire for a family legacy. Many woodland owners have a primary or secondary residence on their land and greatly value the privacy and solitude their forests provide. Oftentimes, owners have inherited the land from their parents or other relatives and would like to pass it on to future generations (Butler, 2016).
2. The NWOS has resulted in a typology that includes four categories of woodland owners: 1) woodland retreat owners; 2) working the land owners; 3) supplemental income owners; and, 4) ready to sell owners. Woodland owners statistically aggregate into these four categories according to similar attributes (Butler, 2007).

Using data from the NWOS and SFFI landowner focus groups the American Forest Foundation segments woodland owners and creates targeted messaging. Additional segmentation includes acres, participation in other conservation programs and spatial data.

Integrated Intervention Mix

The campaign's multi-touch integrated marketing mix includes different strategies, messages and messengers around the use of the 4P's (product, price, place and promotion). The augmented product as stated above is free information and/or an expert to help create an estate plan and ultimately conserve their land.

The price attribute is addressed in a couple of ways. The actual cost of the expert visit is supplied through grant funds. The collaborative works to overcome the issue some woodland owners had in trusting experts to visit their land. The outreach efforts to address this barrier involve using peer woodland owners as an intermediary messenger prior to sending an expert to visit with an owner and/or publicly displaying the biography of the expert that visits woodland owners in the direct mail appeal and on the website. The use of peer landowners supports local community norms for conservation easements.

To address the place component, the intervention of the expert visit occurs on the woodland owner's property so that the expert can advise them regarding forest conservation planning next steps. Additional strategies such as commitment, prompts and feedback are part of the marketing mix as it relates to the expert visit. While on the property the expert asks the woodland owner to commit to an action they will perform in the next three to six months and the expert follows-up in six months to check on the status.

The promotion component of the marketing mix includes prompts like direct mail, websites, e-newsletters and community flyers. Based on our research of woodland owner's main activities on their land, messages are segmented and targeted to the topics that resonated. The project team seeks to help landowners know that conserving their land can be flexible - you do not need to give up all your rights. The messengers used are trusted local land trusts, estate planners and peer landowners.

Co-creation Through Social Markets

The project has multiple partners. The American Forest Foundation (AFF) works with local academics at Yale University and the University of Massachusetts to conduct research and evaluate the project. Other local NGO's (the New England Forestry Foundation and the MassConn Sustainable Forestry Initiative) in the geography help implement the campaign. Together the coalition builds infrastructure that can support the project long-after the initial phase.

Systematic Planning

The main model being used is the Stages of Change. This was chosen due to the multiple actions required over time by a landowner. AFF oversees similar projects, with different behavioral goals, throughout the United States. A process for conducting research, building infrastructure (i.e. creating a tracking database, landowner fact sheets and training experts) and monitoring campaigns are now in place.

Results and Learning

Each campaign wave is closely monitored for varying test results around the 4 P's. Using data warehouse appends we have analyzed responders looking for patterns to find future prime prospects. As of December 2016, 244 landowners have responded (10% response rate) to our direct mail intervention offering information or a visit with an expert. Eighteen met with a land trust and one is currently working on the paperwork to get an easement.

Through site visit evaluations we know they are more prepared to talk to their family about their wishes, 20% already implemented the expert's recommendations and three said they plan to conserve in the next three to six months and seven said they will within six months to a year.

Three of the eighteen met with an estate planner to help walk them through the stages of change. These 244 landowners represent 10,000 acres. In 2017 a follow-up survey will be sent to see if landowner attitudes and awareness towards conservation easements has changed.

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Number: 31

Reducing Global Communicable Disease Through Behavioral Influence

'A Good Night's Sleep' – Repositioning Mosquito Nets as a Lifestyle Commodity to Create a Market and Increase Consistent Use in Uganda

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'A Good Night's Sleep' – Repositioning Mosquito Nets as a Lifestyle Commodity to Create a Market and Increase Consistent Use in Uganda

Aims and Objectives

Sleeping under an insecticide treated net is an effective method to prevent malaria infection. The Government of Uganda has distributed country-wide free insecticide treated nets across the entire population, however, there is a need to develop complementary mechanisms for sustaining access to and use of long lasting insecticide treated nets (LLINs) beyond free

distributions. Malaria Consortium developed an integrated marketing and communication intervention to create a culture of mosquito net use in one district, working with the private sector to strengthen their sales offers and create a sustainable demand and supply for long lasting insecticidal treated nets (LLINs).

Behavioural Objectives and Target Group

The behavioural objectives to be achieved between October 2013 and October 2016 in one district of eastern Uganda were two-fold:

- **Consumers:** To increase the proportion of household members who slept under an LLIN the previous night in the project area (maintained over and above the recommended national percentage of 80 percent)ⁱ. Primary target group: All household members who are caregivers of children less than five years, pregnant women and school children in the first and fourth years of primary school.
- **Retail outlets:** To increase by 60 percent the proportion of retailers giving sales-point information on mosquito nets to their clients. Secondary target group: Private sector retail outlet owners.

ⁱ A baseline survey conducted three months after the countrywide universal coverage; LLIN mass distribution campaign that gave a net to every two household members found that 89 percent of usual household members slept under an LLIN the previous night.

Evidence of Citizen/Customer Orientation

A situation and behaviour analysis was conducted to identify primary and secondary target audiences and their current understanding of ideal malaria control culture practices and how they valued the use of mosquito nets, using the Behaviour Change Wheel framework^[1]. 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 sleeping under a mosquito net. These focused on comfort, a good night's sleep, 'no stress', 'peaceful night' and protection against insects. The health benefit of preventing malaria was promoted as an additional gain from using mosquito nets.

Engagement and Exchange

A formative survey was held with the target audience to determine their trigger factors. Bi-annual review meetings were also held to regularly refine the campaign. A 'push and pull' strategy was utilised. The 'push factor' was applied to target audiences' emotional 'hot buttons' (a good night's sleep) so they attach additional value to using a mosquito net, thus creating demand for mosquito nets. The 'pull factor' (at sales point mosquito net information) was applied by partnering with 40 selected local shops that received marketing training to become reliable sellers of quality mosquito nets.

Competition Analysis

There was a perception that nets can be harmful, for example by causing infertility because of their chemical component, or being too hot (not comfortable). This belief leads to the non-usage of mosquito nets.

Segmentation and Insight

The primary target audience were:

- Both men and women caregivers of children less than five years old and pregnant women. The target audiences were mainly in rural areas with access to radio and who get their information through word-of-mouth from local leaders and community members.
- Men were seen to be less likely to invest in health commodities than women. Women seemed to place more value on nets than men; however, they were constrained in their ability to buy more expensive LLINs by their partner's or male family member's lack of willingness to pay for a net, which is perceived by men as a non-essential household good.

- Children in early primary school are often more receptive to health messaging given by their teachers. They can act as agents of change in their homes by bringing the knowledge they gained in school to their parents.

The secondary target audience was retail outlets. They are mainly family-owned general merchandise stores dealing with fast-moving consumer products and selling nets as a source of 'additional income and to serve community interests'. They are profit driven and stock merchandise that is fast moving or with high-profit margins.

Integrated Intervention Mix

The project adopted an integrated marketing and communication approach, using the "7 Ps" of product, price, placement and promotion, people, participation and partners.

Product: Promoted LLINs as a lifestyle product that will give you 'a good night's' sleep so you wake up energised'.

Price: Promoted that the benefits of using a mosquito net outweighed the price paid as money is saved from avoiding frequent hospital visits and medicines.

Placement: Signboards to promote LLINs were placed in the 40 retail outlets across the district for customers to know where to access LLINs.

Promotion: An integrated marketing communication campaign was rolled out providing the target audiences with simple and actionable things they could do to control malaria. Activities included community dialogues, radio programmes and posters, school-based edutainment activities, advocacy and public relations, sales promotion and marketing collateral. Partnering shopkeepers were trained to improve their marketing skills and were given point-of-sale materials to promote LLINs when interacting with clients.

Participation: The campaign was designed using a participatory approach and regularly refined through bi-annual meetings and by analysing the impact to the target audience.

People: The campaign trained retail outlet owners on how to deliver sales-point consumer information to help consumers appreciate net use.

Partners: The campaign partnered with cultural leaders, district officials, schools, religious leaders and media outlets to help foster a culture of net use.

Co-creation Through Social Markets

The project involved the target audience throughout the creative process. A 'dipstick' study identified the needs, wants and desires of shopkeepers and consumers and a range of visuals and slogans were tested with target audiences to ensure that the campaign resonated with local values and aspirations. School children took home messages and activities around mosquito net use and malaria prevention, and were actively involved in creating messages and materials through 'malaria school music clubs'. Under the guidance of their teachers, they composed malaria anthems, which they performed during parents' days. The anthems were played on daily school assemblies, on district radio stations and during World Malaria Day. Radio stations and talk shows also hosted school children to promote net use.

Systematic Planning

The intervention design followed an integrated marketing communications approach^[2] and involved systematic planning: 1) deciding the precise behavioural goals; 2) conducting behaviour and market analysis; 3) developing an overall strategy and implementation plan for achieving stated behavioural result; and 4) developing the marketing communication pack, piloting and refining it.

Use of theories: the formative research and audience research were developed based on key behavioural determinants identified by cognitive theories, the Theory of reasoned action, by M. Fishbein and I. Ajzen, that specifies that adoption of a behavior is a function of intent, which is determined by a person's attitude (beliefs and expected values) toward performing the behaviour and by perceived social norms (importance and perception that others assign the behavior) (Fishbein and Ajzen, 1975).

Appeal Technique: Messages combined a positive benefit appeal technique: 'sleep under a mosquito net and wake up energised

because the net won't let mosquitoes disturb you through the night'. The malaria prevention benefit was an add-on to the primary benefit of a 'good night's sleep'. The tone and style of the campaign ensured that all messages and visuals were bright, simple and easy to understand, so it could resonate with audiences with low literacy.

Communications Campaign: Social mobilisation was conducted through a school-based approach, mass media using radio and interpersonal communication using a peer-to-peer approach and community dialogues during village health club meetings.

Social Mobilisation through Schools: A musical competition was held for school children. Each school composed a malaria anthem, which was played and sang at school assemblies each morning. The winning anthems were played on the radio daily to promote a culture of malaria control.

Radio: Three radio spots repeated eight times a day at prime time on community radio stations, for eight months were complemented by live interviews, panel discussions, talk shows and interactive programmes with call-ins.

Community Dialogues: The campaign supported village health volunteers to conduct regular community dialogue meetings on malaria prevention and net use. It strengthened the capacity of religious and traditional leaders through training and used their position of influence in the community to promote net use in the district.

Private sector Engagement: Private sector outlets were trained with marketing skills to attract customers to buy LLINs.

Monitoring and Evaluation: Annual cross-sectional representative household surveys, market surveys and dipsticks were held at the baseline, mid-term and endline of the intervention. These guided the campaign messages and the timing of the messaging. Routine monitoring of mosquito net sales in the private sector were also conducted.

Results and Learning

Results:

Results from the endline survey showed a positive impact on both behavioural objectives.

An increase in demand for LLINs and willingness to pay for a mosquito net:

- The volume of net sales increased steadily from 991 to 15,728 in three years.
- Willingness to pay for a net improved by 13.5 percent during the three-year period. About 71.5 percent of the target audience who considered buying a net proceeded to purchase a net. Respondents from the endline survey showed those willing to pay US\$0.8 for a net increased by 23 percent and those willing to pay US\$3.2 for a net increased by 14 percent.
- According to LLIN retailers, demand for LLINs increased during the project span. The number of providers affirming that demand was high increased by 30 percent, and those attesting to low demand reduced by 17.6 percent.

An increase in self-reported mosquito net use:

- Respondents of the endline survey who attested to always sleep under a net increased by 4.1 percent and those that never sleep under a net reduced by 1.6 percent. This was mainly attributed to campaign activities. Those most often cited as sources of information included: community dialogues, messages provided by religious leaders and door-to-door Net-Hang Up campaigns.

Improved retailers' ability to market mosquito nets:

- The training provided to outlet service providers at the start of the project was beneficial as seen by an increase of about 6 percent of providers attesting to have sufficient information on LLINs for their clients. The number of providers able to claim for after sales support also increased by 35.3 percent.

Learning:

- Ensuring that the products and behavior(s) being promoted are in harmony with local values and promote benefits other than health can help reach target audiences more effectively. Monitoring the effectiveness of communication efforts should be built into monitoring and evaluation plans from the onset to aid

tracking progress and identifying key outcomes.

- Changing net use behaviours require addressing both push and pull factors through an integrated marketing and communication approach.

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Number: 32

Reducing Global Communicable Disease through Behavioral Influence

'Time, Trust & Tango' the Factors that are Influential in the Uptake of Malaria Rapid Diagnostic Tests:

A Case Study of Uganda

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Aims and Objectives

Malaria Consortium implemented the 'UNITAID private sector RDT project' a UNITAID-funded project to create a private sector market for quality-assured malaria rapid diagnostic tests (mRDTs) in Uganda and Nigeria. This was a three-year, two-country project that ran from April 2013 to April 2016. The aim of the project was to increase the appropriate use and uptake of quality mRDTs in private sector outlets. This would be done through targeted activities that would increase the availability of affordable mRDTs, inform demand and improve the quality of case management. This case study focuses on the Ugandan experience.

Behavioural Change Objectives

Malaria Consortium aimed to achieve the following objectives in nine districts of mid-western and central regions in Uganda in ten months:

- Increase from 34 percent to 50 percent the number of the those who seek diagnosis and treatment within 24 hours.
- Increase from 9 percent to 25 percent the number of patients demanding an mRDT test upon visiting the private health facility.
- Increase from 37 percent to 50 percent, the number of health providers that prescribe the use of mRDTs when a patient presents with fever in their respective outlets.
- Increase the number of mRDT kits purchased by participating outlets from an average of 4,500 kits per month to 45,000 kits per month.

Target Audience

Primary Audience: Men and women between ages 20 and 35 years in urban, peri-urban and rural areas.

Secondary Audience: Health providers/outlets, which include private health facilities, hospitals, private clinics and drug shops.

Tertiary audience: The Ministry of Health (MoH) and district technical health teams (DHT) in the nine districts.

Citizen/Customer Orientation

The project commissioned a market study in Wakiso district (central region) to develop its overall communication strategy. This considered an understanding of customer's needs, wants and desires with respect to the concept of 'testing before treatment' as well as sources of information for the target audience.

Macro Environmental: The study found that there are 11 million Ugandans classified as 'insecure non-poor' in the nine project districts. These individuals can access healthcare through a fee for services in the private sector. This offered Malaria

Consortium with an established environment to scale up use of mRDTs in the private sector.

The Market Place: The study showed that between 40 to 60 percent of the population go to the private sector for initial treatment. Based on this finding, the project targeted 40 to 50 percent of the total population of 1,400,826 in one district in the first year (2013) and scaled up to the remaining eight districts. Behavioral patterns observed in the initial 201 facilities selected estimate that 278,472 test cases were expected in the first six months.

In addition, a dipstick study conducted among clients showed that the barriers to testing before treatment included: very little knowledge and awareness about the importance of testing for malaria before taking medicines; a lack of mRDTs in the market; misunderstanding that mRDT's would also test for HIV; and to some extent, a belief in the use and effectiveness of traditional medicine. Clients also said that if they understood the role of mRDTs, for instance, how taking a malaria test would be helpful, they would be more likely to use them. Information on the effectiveness, safety and costs of mRDTs were also needed. Clients also expressed readiness to take the test at drugstores and informal outlets, as they were already buying other drugs from them.

The Social Offering

To the clients, malaria testing using mRDT was offered as 'A time and money saver, that is simple, trustworthy, and safe that will make your life easier'. To the provider, malaria testing using mRDT was offered as 'A time saver (hence you will diagnose more clients) and make more money'; it is simple, approved by the MoH, safe and does not need electricity. The testing was promoted as a 'fast, quick, short test (5-20 minutes for the test and a 15-minute wait for the results), safe solution (it is provided by a trained and certified health worker in an MoH accredited outlet) for people to know whether they have malaria or not. This also meant that clients would be able to get the right treatment and avoid unnecessary medication, saving their time and hard earned money. Both the price of the test and treatment was set within an acceptable price that people were willing to and able to pay. The drug stores and outlets accredited by MoH offering mRDTs were branded with campaign materials that would create a positive association for clients. It had a signage, logo and cheerful colors – lemon green for easy recognition. The outlets were promoted as the 'Go to' places for malaria testing and treatment.

Engagement and Exchange

The dipstick study revealed that clients expressed an importance in understanding how mRDTs work and a willingness to be part of a 'shared solution'. The project, therefore, trained health providers on how to communicate with their clients to enable 'shared decision making'. The study also noted a need for client's trust in the health provider and in the mRDT in order to increase its use. To create this trust, the project trained health providers on communication skills and using celebrity endorsement. To improve the quality of the services offered, the project worked with the MoH and the DHT to train health providers. For health providers, conducting an mRDT without the need for electricity was an advantage. Increased use of mRDTs also resulted in reduced waiting times.

Competition Analysis

Four categories of competition were met: 1) behaviour of self-medication (not testing before taking treatment); 2) microscopy as a trusted method for diagnosis of malaria, done only in laboratories by skilled professionals; 3) mRDTs supplied by the government and non-government organisations and offered free of charge to clients in public sector health facilities; and 4) private sector importers .

Segmentation and Insight

Target Market Profile: The population in nine districts is about 11 million.

Clients: The target audience are men and women between ages 20 and 35 years in the wealth quintiles segments of C and D. The average education of the target audience is upper primary level. The target audience is divided into two main categories:

- 1) Urban (1 percent) and peri-urban (48 percent) with similar characteristics: they have access to information and services and are mostly self-employed in small businesses (e.g. salon, selling

charcoal, retail shop) or are teachers and work in construction. They also have more leisure time and consume electronic media.

- 2) Rural (51 percent): they are mostly farmers, engaged in hard labour with little free time. They have no access to neither electricity nor television.

Providers: They are mostly registered nurses or midwives, with business monthly turnover ranging between US\$116-US\$217 for drug shops and up to US\$1,038 for hospitals. The outlets are open between 8.00am and to 9.00pm and have a staff size of four across the outlets (drug shops: 2; hospitals: 4). The drivers for providers to sell mRDTs are to serve community interests, saving time, quality control and accuracy. All providers were interested in added income/new products to boost their profits. They stated that communication for mRDTs should raise awareness on the 'quickness of the malaria test to consumers' and its affordable prices. They recommended adequate mass media advertising and timely delivery of mRDT supplies.

Integrated Intervention Mix

Product: Tagged as a 'fast, safe, affordable and easy way to know if one had malaria or not' the primary product promoted was 'quality assured malaria rapid diagnostic test' (QA-mRDT) and made available to serve the customer's needs. The QA-mRDT was visibly distinct from other mRDTs on offer as it was in a single pack with all the necessary accessories included.

Price: Findings from the value chain analysis (VCA), market study and the project's baseline studies, showed that the price range for an mRDT test was between US\$1 and US\$1.6 across all outlets, which allowed a retail margin ranging from US\$0.45-US\$1. The market entry price for a QA-mRDT was set at US\$0.74 mid-rate; this was less than the cost of a full dose of artemisinin-based combination therapies (which cost approximately US\$1) to discourage self-medication.

Placement: To increase accessibility to consumers, mRDTs were strategically placed in 201 selected accredited outlets across district headquarters, market places and residential areas. The project worked with three wholesalers/distributors to increase the availability of mRDTs. Outlets were provided with staff training and given accreditation by the MoH.

Promotion: An integrated marketing communication (IMC) approach was adopted in the design of the project. It included advocacy, advertising, public relations, direct marketing, sales promotion, experiential marketing, marketing collaterals and community activation with product demonstrations. Outlets were branded and health providers trained on how to communicate with clients for shared decision-making. The project also used the endorsement of a local celebrity for malaria testing to increase trust in the use of mRDTs.

Co-creation through Social Markets

The project was guided by findings from the baseline surveys (household, mystery clients, exit interviews and VCA), and a dipstick study provided insight on stakeholders, service providers and clients for the development of the campaign. The study explored the barriers and drivers of care-seeking behaviours and the most effective communication channels and sources of information. The campaign adopted a participatory approach to its design and was regularly refined through monthly meetings with health providers and the Ministry of Health.

Systematic Planning

The IMC approach was developed in the 1980s in the USA, under the leadership of the American Association of Advertising Agencies. Malaria Consortium's IMC approach involved systematic planning with the following elements: 1) deciding the precise behavioural goals; 2) conducting a situational market analysis to understand the project's; 3) based on the analysis, developing an overall strategy and implementation plan for achieving behavioural goals; and 4) developing a marketing communications pack, testing and refining it based on insight from the ground, production, implementation and monitoring and evaluation. Based on insight gained from the pilot implementation and the 'product and service' offering, an integrated marketing communication strategy was developed as it seemed most appropriate for gaining a significant market share in the short term and behaviour change in the longer term.

Use of theories: the formative research, market study and audience research were developed based on key behavioural determinants identified by cognitive theories, Particularly the Social cognitive (learning) theory, by A. Bandura, that specifies that audience members identify with attractive characters in the mass media who demonstrate behaviour, engage emotions, and facilitate mental rehearsal and modelling of new behaviour. The behaviour of models in the mass media also offers vicarious reinforcement to motivate audience members' adoption of the behavior (Bandura, 1977, 1986).

Appeal Technique: The campaign used a popular activity in Uganda (sports betting/gambling) and created a 'nickname' for the mRDT ('the malaria testa') to make it easier for the audience to understand, recall and differentiate from the HIV test.

Creative Approach: Campaign messages reminded clients of the need for "testing before treatment" ('not to gamble with fever'), its benefits ('you get the right treatment') and to make it the first step in case of a fever. The tagline 'Don't gamble with fever! Use a malaria Testa to know for sure that your fever is malaria so you can get the right treatment' was designed to empower clients to demand for a malaria test and see the results, rather than passively receive test/treatment.

Tone and Style: All messages, pictures/images in the campaign were simple and easy to understand. A graphic of a dice represented a popular activity and related this to making a 'gamble' if one does not adhere to 'testing before you treat' (self medication). The campaign used common words/phrases used in daily life so it would be easier for audiences to comprehend and remember, resulting in a quicker uptake of the product.

Monitoring and Evaluation Plan: During the project period, client slips were issued, collected and analysed from all participating outlets. These included clients' symptoms/complaints, test results and the treatment given. Monthly review meetings with participating providers helped to collect feedback about the communication campaign. On a quarterly basis, support supervision was carried out together with representatives of the MoH and DHT to assess the competence levels of the health providers, identify gaps and offer onsite training. 170 outlets were given smart phones equipped with an application that enabled tracking the use of mRDTs and adherence to test results.

Results

- **Awareness on mRDTs:** Over 54 percent of clients could recall the message on the mRDT campaign ('test for malaria using an mRDT'; nicknamed 'malaria testa' for the campaign). This represented an increase of over 11 percent of message recall before the campaign.³
- **Demand:** The percentage of patients demanding mRDT on their own upon visiting a private health facility increased from 9 percent to 48 percent³, exceeding the project's target of 25 percent.
- **Message recall:** In project areas, 68 percent of clients at the project endline could recall messages regarding testing and treatment of suspected malaria from the private sector outlets³, exceeding project's expectations of 50 percent.
- **Sales:** There was an increase of over 100 percent sales during the period of the mass media campaign (August to November 2015). Overall, the average total monthly sales from all participating outlets increased from 4,500 to over 70,000 sold mRDT kits for the period⁴, exceeding the project's target of 45,000.
- **Treatment seeking within 24 hours:** There was an increase from 34 percent to 37 percent among clients seeking treatment within 24 hours.

Learning

- Integrated social marketing was a key approach in increasing client knowledge and demand of mRDTs. This leads providers to manage cases as recommended by the World Health Organization and adopted by MoH, which is testing first with an mRDT before offering any treatment.
- Running a communication campaign at same time as training providers on how to communicate with their clients to enable 'shared decision making' increases mRDT uptake, adherence to

test results and appropriate management of malaria cases in line with government-recommended guidelines.

Conclusion

'Time, Trust and Tango' factors influence health decision-making. Time spent is a significant non-financial cost both for the patient and health provider, and a key sale point for mRDTs. The Trust that client puts both in the health provider and in the mRDT is critical for uptake of the product and for adherence to the test results; this trust is key for creating sustainable use of mRDTs as it helps health providers to maintain and increase their client base. Tango refers to shared decision-making, which allows the client to understand the decisions being made by the health provider and to have input into the solutions provided for a health problem.

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Number: 47

Advancing Theory, Research and Technology in Social Marketing

Engaging Private Sector Non-Graduate Medical Practitioners in the Public Health Program using Social Marketing Approach

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Engaging Private Sector Non-Graduate Medical Practitioners in the Public Health Program using Social Marketing Approach

Aims and Objectives

Over the last few decades, Bangladesh has made significant progress in improving health status and in meeting the Millennium Development Goals. However, much remains to be done as the country now moves towards achieving the Sustainable Development Goals. The fertility rate of the country has declined to 2.3 births per woman and the current contraceptive prevalence rate is 62.4 percent. Oral contraceptive pills remain most predominant in the method mix (27 percent), followed by injectables (12 percent), and condoms (6.4 percent) (BDHS, 2014).

Bangladesh is experiencing a rapid growth of the private sector including private entrepreneurship in the family planning and health sector. Social Marketing Company (SMC) is one of the largest privately managed social marketing organizations in the world and SMC's program is regarded as one of USAID's most successful investments in the health and population sector. SMC initiated its

Blue Star program by engaging the private sector non-graduate medical practitioners (NGMPs) in the public health sector by using the social marketing approach. The overall objective of the Blue Star program is to create a network of skilled community level private providers who offer a wide variety of public health products and services to improve health, family planning and nutrition status in the community.

The major outcomes of the Blue Star program include: increased utilization of injectable contraceptives, increased number of identified Tuberculosis (TB) cases and treatment, increased number of Long Acting and Permanent Method (LAPM) users and a major increase in the number of children under five years who use Micronutrient Powder (MNP) to address Iron Deficiency Anaemia (IDA), etc.

Behavioural Objectives and Target Group

By the end of the last four year program period (July, 2012 to July, 2016), the behavioural objectives of the Blue Star program were:

1. To increase number of injectable contraceptive dosage administration to married women of reproductive age (MWRA) by 38 percent (from 4.36 million to 6.03 million)
2. To increase use of micronutrient powder by the children under five years to address IDA by 80 percent (from 8.8 million to 15.8 million sachets)
3. To increase referral of suspected TB cases to the relevant service delivery centres for diagnosis and treatment by 220 percent (from 33,428 cases to 107,000 cases)
4. To refer 40,000 potential Long Acting And Permanent Method (LAPM) clients to the relevant service delivery points

The baseline has been estimated calculating the performances of the previous period (July, 2008 to July, 2012) of the program. There was no data available regarding referral performance of LAPM in this period.

The major target group for the program is estimated to be 6 million MWRA and their husbands who reside within a three kilometre radius of the Blue Star outlets.

Evidence of Citizen/Customer Orientation

Traditionally, the people of Bangladesh largely depend on the community level private providers during occurrence of common ailments. The types of services mostly offered include fever, cough, diarrhoea, skin disease, helminthiasis, arthritis, etc. A study showed that 74 percent of the population get their curative health services from the private sector providers and among them, 50 percent get their services from informal private providers like Blue Star (World Bank, 2013).

Evidence suggests that if the target population gets access to the services by the private providers, it becomes instrumental to increase the utilization of services. It may be mentioned that 12 percent of currently married women in Bangladesh have an unmet need for family planning services which means that the MWRA who are not using contraception but who wish to postpone the next birth or stop child bearing altogether (BDHS, 2014). Similarly, almost 45 percent of TB cases remain undetected among the general population of the country which is a critical health concern (WHO, 2015). The Blue Star providers have been trained so that when the patient comes to them with persistent cough for more than two weeks, that patient is considered to be a suspected TB case and is immediately referred to the relevant service delivery points.

Considering the above situation, necessary promotional activities are conducted at the community so that the people come to the Blue Star centres for these types of services.

The Social Offering

Around 6,000 Blue Star providers are engaged in the network to provide a quality reproductive health service package. In most cases, they are doing private practice by sitting in their chambers which are attached to their pharmacies. SMC does not pay them any financial benefit. They purchase injectable contraceptives at trade price from SMC and sell them at retail price and take service charge for injectable administration and counselling. The Blue Star providers are selected based on certain criteria that include at least tenth grade education, six months medical training, three years of practicing experience and adequate female and child client flow.

Initially, they receive basic training which has been designed and implemented in collaboration with the Government of Bangladesh (GoB). The training focuses on family planning methods including injectable administration procedure, counseling skills, maternal, child health and TB. Upon successful completion of the training, providers receive a certificate signed by GoB officials. As Blue Star providers, they offer family planning counseling, prescription and injectable administration, counseling and selling of MNP, safe delivery kit, refer suspected TB cases and potential LAPM clients to the service delivery centers, etc.

A study shows that the average number of patient of Blue Star providers for family planning service is 34 and the average number of patients for other services is 169 per week. The study also shows that the average administration per month per Blue Star provider is 35 vials of injectable. It also revealed that 95 percent providers mentioned that their income has increased after being a part of the Blue Star program (SOMRA MBL Limited, 2012)

Engagement and Exchange

Since Blue Star providers are doing practice at their community even before their enrolment in the program, they are already well known in their respective communities. Once they engaged themselves as Blue Star providers, SMC overbrands their outlets as Blue Star outlets. The network is being promoted by using different channels of communication. A branded signboard is erected in front of their service outlets, leaflets are distributed, loudspeaker used to introduce them as injectable service provider at their community and posters and danglers are used at the outlet level. SMC also makes use of the print media, television and radio commercials to promote the Blue Star network and their services across the country.

Competition Analysis

There are three major sources of family planning and public health services available in the community – public, private and NGO. However, they are not enough to provide sufficient coverage. Almost half (49 percent) of modern contraceptive users obtained the method from public sector, 43 percent from private sector and eight percent users get their supplies from NGO sector facilities. In case of injectable contraception, 61 percent users obtained the method from public sector, 29 percent users get their supplies from private sector facility. The Blue Star Program is the only formal source of injectables in the private sector in Bangladesh (BDHS, 2014). Thus, by making the products available at their pharmacies, the Blue Star providers are playing a significant role and are greatly contributing to increase the access and utilization of injectable method in Bangladesh. For example, the research findings suggest that about three-fourth of the respondents (of which 91 percent were women) are very comfortable to receive services from the Blue Star Providers (CSMR, 2014). The study also shows that 80 percent of the Blue Star clients perceive that the Blue Star providers provide better care. The client's satisfaction on the Blue Star providers considering their overall service quality is 4.4 out of five on the Likert scale (CSMR, 2014). The injectable services of the Blue Star Providers are positioned for lower and middle income population while hardcore poor usually take their services from public sector which is free of cost. Average monthly household income of injectable users from Blue Star sources is US\$187 and they spend less than one US\$ per injectable administration (CSMR, 2015).

Segmentation and Insight

The Blue Star program has been implemented throughout Bangladesh, covering 64 districts and 489 sub-districts. In general, the status of health and family planning indicators in rural areas are lower than in urban areas. For example, the contraceptive prevalence rate in urban areas is 66 percent while the rate in rural areas is 61 percent (BDHS, 2014). Almost half of all deliveries are conducted in health facilities in urban areas while the rate is one in five for the rural areas. Iron supplementation among children age 6-59 months is overall low in Bangladesh. The percentage of children age 6-59 months given iron supplements in last seven days is 6.1 percent in urban areas while the rate is 3.8 percent in rural areas (BDHS, 2014). Initially, the Blue Star program started operating in urban areas. Considering the above scenario, SMC adopted the strategy to expand the network in the rural areas. Currently, out of the total providers, three fourths (73 percent) are located in rural areas while the rest are located in urban areas (IMIS, 2016). A study show that the average age of injectable clients of Blue Star was 28

years and majority (96 percent) of them are housewife. Their average monthly family income was US\$ 187.56 (CSMR, 2015).

Integrated Program Mix

SMC follows the market segmentation approach where product prices are determined by the target group's willingness and ability to pay. There are three strategies which SMC follows for fixing the price of its products. First, some products are marketed with aim to make a positive contribution after recovering its direct costs (i.e., commodity, packing and promotional costs). Second, some products having a high public health value are priced to recover their commodity and packaging cost only and the promotion cost is subsidized, making them more affordable. Third, all donated commodities are sold at subsidized prices only to recover their distribution and possibly some marketing cost. SMC receives injectable (SOMA-JECT and Sayana Press) from USAID. It subsidizes the price of the donated products to reach the low-income populations. Program Income generated from the sales of donated commodities is used to subsidize marketing, packaging and distribution costs.

SMC has a well-established and efficient distribution network in Bangladesh. Nationwide coverage is carried out through twelve offices located in major divisions and district towns in Bangladesh. This enables SMC's sales force of 120 to distribute products throughout the country promptly and regularly. SMC's sales officers supply the products to the Blue Star providers' outlets as required. This ensures a consistent supply of the products throughout the supply chain.

SMC promotes its products and Blue Star network using various communication channels including poster, leaflet, dangler, Blue Star branded signboard, television and radio commercial, print media, etc. The brand image of the Blue Star network and its products have helped providers increase their sales volume within a short time. For example, a recent study shows that within one year of launching, the average number of Sayana Press administration per month by a Blue Star provider is achieved at four vials (RCS, 2015).

Co creation through Social Markets

GO-NGO and other private sector organizations were involved in the designing phase of the Blue Star network to develop brand and promotional materials. Their feedback is continuously solicited through periodical research, meetings and workshops to refine strategies and improve the network. For example, as per assessment report (USAID, 2010), all the Blue Star Providers are engaged in long acting and permanent method referral activities. Various improvements were also made to the program after consultation with the Blue Star providers. These include improving the marketing mix, distribution and reporting structure.

Systematic Planning

The program was designed after a comprehensive formative study and learning experiences from other countries who implemented the similar program. SMC also worked very closely with GoB to design and implement the program. For example, the GoB was involved in the selection process and providing training to the Blue Star providers to bring them under the network. From the very beginning, the donor agency USAID provided technical and financial assistance to implement the program. The program has a very well defined monitoring and evaluation framework. Furthermore, the program conducts periodical studies and evaluations as and when required to take informed decisions.

Results and Learning

SMC conducted several studies to assess the program impact and get insight to further improve its operation. Evidence regarding the program impact are also available in other national and international level studies.

The injectable has become an increasingly popular method among women and its use increased from 7.2 percent in 1999-2000 to 11.2 percent in 2011 and 12.4 percent in 2014. Both the public and private sector provides the method. However, the Blue Star program is the only formal source of injectables in the private sector in Bangladesh which makes a 22.2 percent contribution in total injectables CPR (BDHS, 2014).

A study mentioned that this relatively high prevalence is partly a result of the change in policy to allow non-graduate medical

providers (drug sellers and similar pharmacy staff with specialized training) to provide the method through for-profit pharmacies participating in the Social Marketing Company's Blue Star network (SHOPS, 2011).

By the end of the current referenced project period, the project has achieved the following major behavioural objectives:

1. 6.1 million vials of injectable contraceptives have been administered
2. 15.75 millions sachets of MNP have been used by the children under five years to address iron deficiency anaemia using Blue Star network
3. 107,192 suspected TB cases have been referred to the relevant service delivery points
4. 36,142 potential clients for long acting and permanent methods of contraceptives have been referred to the relevant services delivery points

SMC has learned several major lessons in implementing its Blue Star Program. The involvement of community level non-graduate private health providers is very instrumental to offer family planning services including injectable contraceptive if proper training, monitoring and supervision are ensured for them through a systematic process. Offering public health services through full-time paid health care providers is a cost intensive process whereas engaging private sector providers by increasing their capacity to offer public health services is less expensive and sustainable.

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Appendix

Picture: SMC Products for the Blue Star network



Injectable Contraceptive "SOMA-JECT"



Injectable Contraceptive "Sayana Press"



Safe Delivery Kit "Safety Kit"



Micronutrient Powder (MNP) "MoniMix"

Picture: Other SMC Products



Oral Rehydration Salt (ORS) "ORSaline-N"



Zinc Tablet "SMC-Zinc"



Oral Contraceptive Pill "Femicon"



Emergency Contraceptive Pill "Norix"



Condom "Panther"



Sanitary Napkin "Joya"

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

The role of Social Marketing in Increasing Access to, and Utilisation of Family Planning Services among Young Adolescents and Youths in Uganda

A case of USAID/Uganda Social Marketing Activity

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Background Information

The population of Uganda is predominantly young. Seventy-eight percent (78%) of Ugandans are below 35 years of age, while 50% are below 15 years. Statistics show that Uganda has a total population of 35 million, total fertility rate of 6.3, and the population growth rate of 3.0 percent. With such a high population growth rate, Uganda's population is expected to nearly double within 20 years and reach an estimated 100 million by 2050. Such a population growth rate can only be reduced through promoting behavior change by adoption of family planning services. While the family planning program has grown slowly over the past decade, modern contraceptive prevalence is only 26 percent. Uganda's adolescent fertility rate also remains one of the highest in the world. Estimated 26% of all maternal deaths are attributed to abortion, predominantly among sexually active, adolescent females. More than one in three married women who wish to postpone their next pregnancy or stop childbearing are not using contraception. Sustained high fertility rates over the past decades have exacerbated poverty, stretched national resources, capacity to provide social services and meet basic needs of the population.

Aims and Objectives

In November 2015, USAID/Uganda Health Marketing Group launched a four-year project underpinned by social marketing ¹ campaigns to address behaviour determinants that hinder adolescents to access to family planning services. The overall goal of USAID/Uganda Social Marketing Activity is to increase access and availability of quality and affordable health products and services in the country. The project was designed to achieve the following broad objectives: - to increase access to quality and affordable health products and services; to increase the demand for socially marketed health products and services; and to strengthen health systems for sustained and equitable access to health products and services.

Behavioural Objectives and Target Group

The project was specifically designed to improve behaviour of the target populations in order to increase utilization of family planning products and services; to increase the demand for socially marketed health products and services; and to strengthen health systems for sustained and equitable access to health products and services. In addition, the project planned to achieve the following specific objectives: -

- a) To increase geographic distribution of family planning services to include non-traditional outlets (300 nontraditional outlets, 100 pharmacies and 100 drug shops).
- b) To increase the social entrepreneurs distributing social marketing products by 100
- c) Hold more than 250 coordinated events at the community-level to improve behaviour
- d) To reach 1,950,000 young adolescents and youths with behavioral change messages.
- e) To provide 950,000 short-acting Couple years of Protection (CYPs)
- f) To provide 475,000 long-acting CYPs.²

To achieve the above objectives, it was important to segment the target population. Accordingly, family planning users were segmented according to age with the following segments: -14-24; 24-36; & 36-49 years. The other segments are rural and urban youths, and then wealth quintile categorization in order to promote provision of youth friendly services.

¹ Social marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviors that benefit individuals and communities for the greater social good. It seeks to

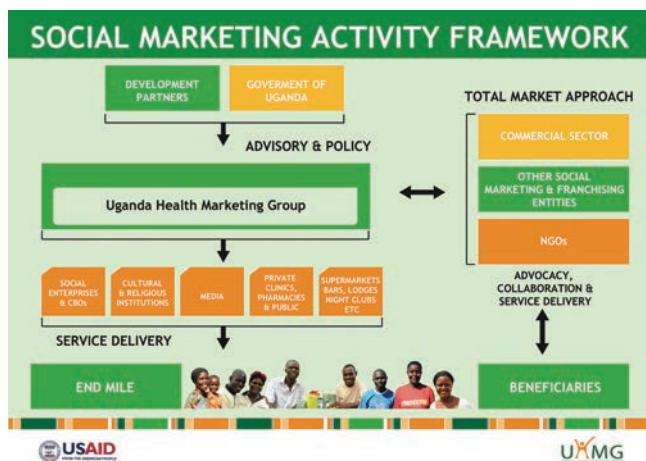
integrate research, best practice, theory, audience and partnership insight, to inform the delivery of competition sensitive and segmented social change programs that are effective, efficient, equitable and sustainable. Consensus Definition by International Social Marketing Association, European Social Marketing Association & Australian Association of Social Marketing (2013)

² Couple years of Protection is the estimated protection provided by family planning (FP) services during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period.

Citizen/Customer Orientation

The social marketing campaigns strategically link social behavior and health-seeking behaviors of the youths to products and services. By closely linking behavior with direct provision of health products and services, the project improves awareness and provides family planning products and services in order to achieve measurable improvements in behavior change. The design of this project was enriched and informed by the family planning landscape (market breath) done by the project implementing team. In addition, the project engaged a research firm to determine the behavioral determinants, which influence availability, access, uptake and utilization of family planning services among the youth in the country. This is what guided the design of the USAID/Uganda Social Marketing Activity.

Implementation Theoretical framework



As indicated from the framework above, the program works under the stewardship of the government of Uganda and USAID Uganda Mission office, and is premised on the total market approach which entails tapping into different resources, infrastructure and priority health commodities across the public, private for profit, private not for profit and the commercial sector. All these are meant to increase access and sustainability of the family planning commodities.

The Social Offering

As stated earlier, Uganda has one of the youngest and fastest growing populations in the world, with over 78% of the population below 30 years. According to the State of Uganda Population Report 2012, Ugandan youth remain at a significant risk of sexually transmitted infections and unwanted pregnancies. Investing in young people's sexual reproductive health has a direct contribution towards improving their livelihoods. This can be achieved through availing timely reproductive health information, education, products and services. Access to information, and knowledge of sexual and reproductive health, availability and access to family planning products and services will allow adolescents, specifically girls, to better plan for their future and avoid unwanted pregnancies, avert abortions and associated deaths.

Engagement and Exchange

A series of consultative meetings were held between the social marketing team and the Ad Agency to brainstorm on various family planning barriers basing on existing studies and information in order to design appropriate campaigns. The teams identified myths, misconceptions, lack of communication between couples, exclusion of youth and lack of youth friendly family planning services in the

country as the key barriers to the adoption and use of modern family planning methods among the youths. In partnership with contracted agencies, the SBCC team has developed campaigns dubbed "I was wrong" and "I made a choice". These campaigns take a testimonial approach to inspire and motivate the audience to adopt the various socially marketed modern family planning methods.



Competition Analysis

Since the inception of the project, a series of campaigns have been launched targeting specific behaviours of the target populations. In addition, operational studies are being done to determine whether or not behaviour is changing. These studies have further informed the development of the campaigns and media strategy, ensuring the strategic delivery of messages at critical times. The project uses such media as radio, television sets, social media (Facebook, Twitter, Instagram, and YouTube). The pictogram above represents a campaign codenamed "LifeinMyShoes".



Segmentation

In order to lay a foundation for a sustainable family planning market, market analysis and mapping for priority family planning products and services to guide implementation of the project was initiated. A series of activities were conducted to enhance development of a segmented and sustainable family planning market through a Total Market Approach (TMA), a platform which drives project implementation. TMA analysis and mapping for family planning and condoms was initiated, by undertaking a comprehensive literature review on family planning and condoms use. A "Use and Need" quantification was done through modeled calculations based on the DHS and PMA 2020, and the number of Women of Reproductive age for whom the use of family planning is most disproportionate to the reported need was estimated. Calculations were done across a number of variables including age, marital status, residence (rural vis-à-vis urban) and wealth quintile. A consultancy firm was also contracted to collect primary market data across the production and use spectrum. All collected data inclusive of size estimates, market depth and breadth was synthesized in preparation for the TMA strategy development which will climax with a segmentation strategy.



Insight

Operational research identified behavioural determinants to include fear, myths, access and availability of family planning services. In addition, knowledge of available family planning services among the youths and the general population left a lot to be desired. In many communities in the country, such discussions as family planning is a preserve of the adults, whom the data show dislike family planning due to the desire for a big number of children who are considered security at old age. Young adolescents and youth are excluded from family planning services due to a paucity of youth friendly services in the country.

Integrated Intervention Mix

Product

The product is avoiding unwanted pregnancies by encouraging youths and young adolescents to use family planning methods. SBCC campaigns aimed at modifying the behaviours of youths and young adolescents continue to be launched in radios, TVs social media (Facebook, Twitter, Instagram, and YouTube).

Price

Unintended pregnancy is common in Uganda, leading to high levels of unplanned births, unsafe abortion, and maternal injury and death. According to the 2011 Uganda Demographic and Health Survey (DHS), more than four in 10 births are unplanned³. Because most pregnancies that end in abortion are unwanted, nearly all injury and death resulting from unsafe abortion can be avoided by preventing unwanted or unintended pregnancies. Uganda's Ministry of Health estimated that unsafe abortion accounted for 26% of the country's maternal deaths. The health benefits of contraceptive use are substantial. Contraceptives prevent unintended pregnancy, reduce the number of abortions, and lower the incidence of death and disability related to complications of pregnancy and childbirth. According to a 2009 study done by the Guttmacher Institute, contraceptive use in Uganda averts approximately 490,000 unintended pregnancies and 150,000 induced abortions each year.⁴

³ Uganda Bureau of Statistics (UBOS) and ICF International, Uganda Demographic and Health Survey 2011, Kampala, Uganda: UBOS; and Calverton, MD, USA: ICF International, 2012.

⁴ Vlassoff M et al., Benefits of meeting the contraceptive needs of Ugandan women, In Brief, New York: Guttmacher Institute, 2009, No. 4.

Place

The SBCC campaigns are being delivered in places where the target audience live and work using many platforms which include but not limited to the following:

- Multimedia such as radios, television sets, outdoor campaigns, point of sale, bar and work place activations and by print
- Social media (Facebook, Twitter, Instagram, and YouTube).
- Interpersonal communication campaigns led by community's own resource persons

- Places with established youth friendly services to promote uptake of family planning services and the youths and adolescents.
- Establishing new outlets for family planning products and services

Promotion

One of the main focus of Social Marketing Activity is the promotion of positive behaviour change through behavioural change social marketing campaigns, and increasing availability of family planning products and services through establishing new outlets for family planning services. In order to achieve this, the project promotes corporation not competition among the family planning providers through an overarching campaign dubbed "I was wrong campaign" and the participation of private health facilities, pharmacies, drug shops and non-traditional outlets in order to reach the end mile users residing in remote locations in the country.

Co-creation Through Social Markets

USAID/Uganda Social Marketing Activity implementing team engages target audience on a regular basis in order to change or modify their behaviours. At the community level, the community's own resource persons popularly known as the Interpersonal Communication agents (IPCs) sensitize and educate the communities on importance of family planning and refer them to project supported health facilities. The community based social behaviour interventions are complemented with regular radio and TV talk shows. The project also collaborates with the cultural and religious leaders to disseminate family planning messages. This is based on the understanding that religious and community leaders are individuals who are highly cherished by their respective communities, and whatever they say is obeyed to the dot. The paucity of medical personnel with skills to provide long term family planning methods necessitated training of health workers to enable them administer injectable contraceptives and help meet the growing demand for family planning services generated by the field based social marketing teams.

Systematic Planning

Prior to developing social marketing change campaigns, a behavioural determinants study was conducted. This study was aimed at establishing knowledge, practices, perceptions/attitudes and behavioural determinants that influence access to, and utilization of family planning services among young adolescents and youths in the country. The findings of the behavioural determinants study was complemented by the retail audit, a survey which assessed the stocking levels of various family planning products and services in the country. The findings of these studies were further enriched by previous studies which were done by Population Services International (PSI) in social marketing. These were the studies that informed the design and implementation of the social behaviour change campaigns that the social marketing activity launched.

Results and Learning

The project has promoted positive behaviour among the youths and has made strides towards increasing access and utilisation of modern family methods among the youths in the country. Increased trajectory of utilisation of family planning services among the youths is attributable to the social behaviour communication campaigns being carried out by the Social marketing team. So far, the project has reached more than 300,000 youths and may more adults with social marketing and behaviour change messages. Not only has the campaign succeeded in increasing utilisation of family planning services among the youths but it has also enabled 59,128 youths to access family planning services thus, contributing to 9,408 couple years of protection; averting 3,071 unwanted pregnancies; averted a total of 6,435 DALYs and 78 deaths related to child bearing the country. These results were made possible by increased distribution channels of family planning services which now cover 300 non-traditional outlets, 100 pharmacies, 100 drug shops and 100 social marketing entrepreneurs in the country.

Lessons Learned

The social marketing campaigns continue to yield dividends for the young adolescents and youths who have adopted the use of family planning to avoid unwanted pregnancies. In addition, couple years

of protection and DALYs associated with the pregnancies continue to show positive indicators. These benefits have been made possible due to the involvement of community structures including the community and religious leaders, peer to peer communication, use of community's own resource persons, and evidence based decision making. Involvement of peers, use of peer to peer education and youth friendly services play a pivotal role in ensuring that young adolescents and youth access family planning services in the country are fully involved in the design and implementation of the social marketing campaigns.

Negative cultural practices including the desire for children and the practice of taking children as a social security during old age can be very challenging to disengage. This notwithstanding, participation of leaders at various levels is useful in disengaging negative cultures. Such practices are worth replicating and scaling up.

Appendix



Number: 63

Global climate change, environment protection and sustainability

Saving The World Isn't Just For The Movies: How The Scottish Government Convinced Their Citizens To Help Them Fight Climate Change

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Background Information

Climate change is one of the thorniest problems we face in today's society. Scotland's Government is no different to many others in having steep carbon reduction targets within a challenging timeframe - a 42% reduction in emissions by 2020.

The Scottish Government launched a behaviours framework that outlined what they would do to drive and support a move to low carbon living in Scotland in the lead-up to 2020. It is aimed at policymakers and other key influencers and intermediaries who can help in this move, specifying ten key behaviours changes which break down into four themes: housing, transport, food, consumption (Scottish Government 1).

This framework also highlights the Scottish Government's commitment to supporting the policies and proposals with a broad spectrum of behaviour-related interventions (Scottish Government 1). One of these is a national social marketing campaign, aimed at Scottish households and individuals, which aims to encourage the uptake of specific behaviours to contribute to meeting the carbon reduction target.

Aims and Objectives

Having identified that people (rather than business and industry) were responsible for 70% of Scotland's emissions, the Scottish Government set out to change individual behaviour in order to help to meet their target of a 42% reduction in emissions by 2020 (Scottish Government, 1).

Although the ten key behaviours which have most impact on an individual's carbon footprint had been identified (Scottish Government, 2), our research showed that expecting people to adopt all ten behaviours was optimistic. Using qualitative and quantitative research, the 'easiest to adopt' behaviours (high personal control and minimal impact on health and finances) were identified by segment. The Scottish Government then set specific objectives to be achieved amongst those most predisposed to act - ABC1 adults, in Scotland by March 2016.

Behavioural Objectives and Target Group

In 2008, the Scottish Environmental Attitudes and Behaviours Survey showed that almost half of people (45%) felt that recycling was the action that would most help reduce climate change. Many people believed they were 'doing their bit' for the environment through recycling household packaging and did not realise they needed to do anything else. Scottish Government had to start to build a better understanding of what 'doing your bit' really involves, and support more people to adopt and follow more of the ten key behaviours more often - in addition to their current recycling efforts (Scottish Government1).

Those identified for the target group were the top three most affluent adults segments living in Scotland - they had the capacity to be able to think more about changing their behaviour for the good of the environment. Those who were more socially and economically disadvantaged had too many immediate challenges in their lives to be able to consider doing more to help the environment. Also, they were already being targeted by the Scottish Government regarding health and education behaviours.

The SMART objectives set were:

1. To increase the number of ABC1 adults in Scotland who report to undertake the following more / more often by 10%:

- washing your clothes at 30 degrees (instead of 40)
- turning your heating thermostat down by 1 degree
- wasting less food (prevention and recycling).

2. To increase, by 15%*, the number of ABC1 adults in Scotland who report to understand that the following household behaviours can help tackle climate change:

- washing your clothes at 30 degrees (instead of 40)
- turning your heating thermostat down by 1 degree
- wasting less food (prevention and recycling).

*Measure taken from those exposed to the campaign reporting increased understanding as a result of the campaign.

Evidence of Citizen/Customer Orientation

To inform the choice of the priority key behaviours, research agency 2CV was commissioned to explore attitudes and behaviours amongst our nine audience segments (identified by Experian in a behaviour mapping exercise). The qualitative research consisted of ten ethnographic interviews and x6 qualitative focus groups, each with 8 respondents. Initial hypotheses were validated with a piece of quantitative research, also run by 2CV, consisting of a 15 minute questionnaire completed by 2,000 respondents who matched Experian's nine segment profiles. This was followed up with creative testing research run by Corr Research in September 2015. Six qualitative groups with the three priority segments helped to identify the creative idea that did the best job of prompting behaviour change. The overall social marketing strategy and subsequent communications campaign was informed by this research.

The Social Offering

Climate change is a global problem but as such, lacks local salience. Those that care to any degree, feel they're doing enough already. But with individual households responsible for 70% of Scotland's carbon emissions, individuals clearly have a role to play in meeting Scotland's emission reduction targets.

The Saving the world isn't just for the movies campaign uses humour to dramatise small, easy things that each individual can do to make a difference. Fun and inclusive, it borrows from a popular cultural genre (action movies), tackling negative perceptions of 'green' enthusiasts (often seen as 'hippies' or 'weird') by presenting people who take positive action as action heroes. By showing how easy it is to take small steps, the campaign invites our audience to

make a personal contribution to reducing climate change, underpinned by collective action.

Engagement and Exchange

The Scottish Government Policy team worked closely with the Marketing team from the outset. The Policy team provided the list of ten key behaviours and we used this to identify our priority audience segments and then understand which behaviours were easiest to adopt for each segment. We collaborated with stakeholders like the Energy Saving Trust and Zero Waste Scotland to ensure that they could positively support the campaign ask.

We also engaged citizens in the development process. We consulted with them through qualitative research including co-creation and quantitative research. And we partnered with a number of universities, shops, cinemas and large employers to extend the reach of campaign.

Competition Analysis

A mix of formative research, audience segmentation profiling by Experian, media consumption data (TGI GB) and our qualitative research helped us to understand what competes for our target audiences' time and attention.

Because people are generally disinterested in the topic, even the minimal effort required to change feels like too much. They'll seize on excuses to justify inaction, e.g. "recycling food waste will attract vermin" / "everyone else will take their car so not taking mine won't make any difference" (2 CV). The alternatives often feel costly and impractical (e.g. taking public transport).

Segmentation

A market segmentation exercise identified nine distinct attitude and behaviour patterns with regard to environmental behaviour amongst the Scottish population. Through qualitative and quantitative research (including Mosaic data), we identified the three segments most predisposed to change:

- Busy family recyclers: time-poor families, 5.4% of households (contemplation stage in Prochaska's model)
- Wealthy selectively engaged: wealthy professional couples, 8.2% of households (contemplation)
- Professionals with green habits: comfortably off couples, 19.3% of households (preparation)

These were the most affluent segments, those whom had the least amount of financial worry and room to think about and adopt more behaviours to improve the environment. Those less socially and economically advantaged just didn't have the scope to contemplate these behaviours at this time in their lives. Details on all nine segments can be found in the appendix.

Insight

Ethnography and conflict focus groups helped to uncover why our audience wasn't doing more to reduce its carbon footprint. It became clear that:

- Visible 'environmental' problems (litter, pollution) feel more pressing than 'invisible' climate change
- Climate change is only a cause for concern at times of extreme weather or natural disaster (availability heuristic)
- Recycling is currently a 'cul de sac' – by recycling packaging, people assume they're doing 'enough' and don't need to take any further action.

Given the context, simply raising awareness of the behaviours was never going to cut it. We needed to:

- Inform or remind people about the desired behaviours;
- Build belief in the value of the behaviours; and
- Remind people that every small action added up to make a big difference.

This helped to shape our proposition, intended as a rallying cry to our target group:

Lots of small actions will make a big difference to Scotland.

Integrated Intervention Mix

Product

The Greener Scotland website is a one stop shop for greener living provided by the Scottish Government. It's a central hub hosting

relevant content, tools, tips and hints to help visitors reduce their carbon footprint. The website also enables you to create your own personalised Greener Plan that lets you choose your own goals and then tracks your progress in achieving them. It also, importantly, lets you see how many other people have achieved the same goals, helping to normalise these behaviours. A screen shot can be found in the appendix.

In addition, for energy related behaviours, there is a helpline and an app for travel related behaviours. All products utilise the Scottish Government's Greener Scotland brand.

Price

Our research demonstrated that cost (financial, psychological or social) was often the biggest barrier to behaviour change.

No new equipment was required for washing your clothes at 30 degrees (instead of 40), turning your heating thermostat down by 1 degree or wasting less food by prevention (e.g. planning, making a list) but a food waste caddy was required to recycle food however this could be obtained free of charge from local councils.

The cost for learning and doing the behaviours was time. As it was a small amount of time the hassle factor was a more notable barrier. The personal benefits were financial for all but food waste recycling, but only small, insignificant amounts would be seen in fuel bills from a reduction in energy use or food purchasing.

Place

The campaign delivers convenient access to and reminders about behaviour change through a variety of tools and services, including:

- The Greener Plan which is mobile and tablet compatible
- Greener Scotland website offering information and advice about saving energy in the home, reducing food waste, eating seasonally and reducing reliance on cars
- A free telephone and online support service (Home Energy Housebuilder) signposting advice and financial support to improve the energy efficiency of your home

Promotion

To meet Scotland's steep carbon reduction targets, we needed as many people as possible to adopt as many of the identified behaviours as possible.

We used the Government Communication Service (GCS) EAST framework by:

- Presenting the desired behaviours as quick and easy
- Presenting the behaviours as attractive (money saving or aspirational)
- Creating social content that invited sharing (#emissionsimpossible)
- Using time-specific messaging (timely) to ensure the behaviours were relevant.

The campaign was delivered through TV, cinema, digital, out of home, field and partnership marketing and PR. The call to action led with the desired behaviour and signed off with the Greener Scotland website URL. After visiting the website, people can make their own action plans to help Scotland fight climate change.

Following the campaign launch, we provided multiple opportunities for engagement online:

- Web and mobile-responsive site
- Invitation to sign up for emails and subsequent CRM strategy
- Content provided through social channels (Facebook / Twitter) and bloggers (explorer Luke Robertson, food blogger A Scots Larder, fashion blogger Forever Yours Betty. Example post: <http://foreveryoursbetty.com/2016/02/greener-superhero-talk-climate-change/>)

Online activity supported PR activity in traditional media titles which generated 40 pieces of media coverage and over 9 million campaign impressions.

We invited people who visited our field marketing activity in major shopping centres to be photographed in an action hero pose and then share their photos on social media. 333 people starred in their own action movie poster (9,430 total visitors to field stand in a month). Products were created to help maintain the intended behaviour change; for example, the food planner to help reduce

food waste (4,000 distributed across Scotland).

Partnership activity with universities, shops, cinemas and large employers helped to extend the reach further giving 4.7 million more opportunities for people to see the campaign.

Co creation through Social Markets

Comprehensive research with our target audience segments has helped inform and shape the development of the ‘Saving The World’ campaign. The campaign objectives and strategy were shaped by propensity to take action amongst our target segments. We then tested campaign ideas in qualitative research with our audience segments to understand which were most unifying and motivating. Understanding people’s needs for practical advice, tools and financial support shaped the wider Greener Scotland offering.

Systematic Planning

The classic ‘Stages of Change’ model (Prochaska) underpins this social marketing strategy. Our target segments were at the contemplation and preparation stages. The information provided motivated individuals, nudging them from inaction towards action. Digital retargeting was intended to help maintain behaviour change for enough time to embed the behaviour and turn it into a habit.

Education was also an important strand of our activity. Many of our audience members felt that recycling packaging was enough. This campaign showed that it was easy to do more.

Having set SMART objectives, the OASIS framework enabled us to develop a campaign based on robust audience insight (while developing strategy and creative response) and implementation based on target audience media consumption.

Post campaign evaluation encompassed media reach analysis, online data analytics (content and engagement metrics for website and digital / social activity), pre and post campaign tracking research, engagement and reach of field, partnership and PR activity and finally, progress against campaign objectives (i.e. reduction in Scotland’s carbon emissions).

Results and Learning

The campaign was evaluated using social media analytics and quantitative research methods, with a sample of 500 people. The results established that we increased:

- The number of adults who understand what household behaviours can help tackle climate change; by 17%
- Number of adults who wash their clothes at 30 degrees; by 10%
- Number of adults turn their heating thermostat down by a degree; by 9%
- Number of adults who were wasting less food increased; by 11%

These measures indicate that we achieved the desired behaviour change. Coupled with campaign awareness and engagement figures, we can be confident that our campaign was noticed and triggered an intention to change. More importantly, four years early, Scotland has already met its 2020 carbon reduction target.

“Basically we’ve shot past the 2020 target, which is fantastic news for Scotland. We’ve made our annual targets and...that longer-term target...so it’s beginning to show that the cumulative efforts of people right across the country are having an impact...the campaign to get people to turn their heating down is beginning to have an impact and it’s a really good indicator of how a decision taken in a household, which benefits the household of course in terms of heating bills, multiplied across all the households...in Scotland has this fantastic impact on reducing emissions. So you know small actions can have big impacts.”

Roseanna Cunningham, Cabinet Secretary for Climate Change, 14 June 2016

Lessons Learned

Previous Scottish Government campaigns intended to change environmental behaviour have demonstrated how tough it is to motivate action to reduce carbon emissions. This campaign shows that by identifying a warmer prospect pool (pre-contemplators and contemplators), by using a smart approach to channel choice and an aspirational and unifying creative idea, those who are open-minded can be persuaded to change. Having said that, the relatively small increases in claimed behaviour (9, 10 and 11% across desired

behaviours), whilst meeting our objectives, show that we must continue to think of attitudes towards climate change and its salience as a journey and one in which the destination will not be reached overnight.

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Appendix

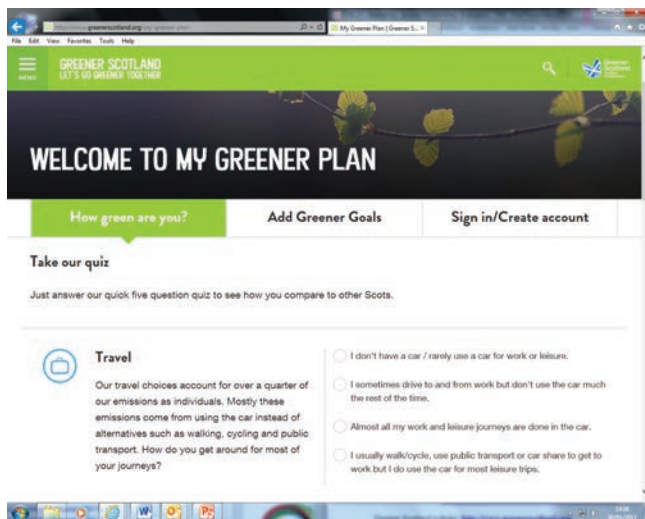
Overview Of Experian’s Greener Scotland Segmentation Model

Segment	Description	Households	%
1	Wealthy selectively engaged	206,444	8.2%
2	Busy family recyclers	134,368	5.4%
3	Professionals with green habits	485,409	19.3%
4	Rural with good intentions	211,642	8.4%
5	Modest income, disengaged families	448,193	17.9%
6	Engaged younger city dwellers	170,445	6.8%
7	Renters under pressure	248,646	9.9%
8	Senior waste watchers	347,172	13.8%
9	Struggling singles with other priorities	256,726	10.2%

10 Key Behaviours

1. Keeping the heat in (insulation, draught proofing, double glazing)
2. Better heating management (turning down heating thermostat to between 180 and 210, reducing the hours the heating is on, and turning down hot water thermostat to a maximum of 600)
3. Saving electricity (buying energy efficient appliances, lightbulbs, TVs and other products when they need to be replaced, washing clothes at low temperatures)
4. Installing a more energy-efficient heating system or generating your own heat by replacing inefficient boilers with condensing boilers and/or microgeneration (e.g. solar water heating, biomass boiler, heat pump)
5. Becoming less reliant on the car (walking, cycling, using public transport and/or car-sharing instead of driving)
6. Driving more efficiently (using a low carbon vehicle (fuel efficient, hybrid, alternative fuel or electric), and/or following fuel-efficient driving principles)
7. Using alternatives to flying where practical (e.g. train or teleconferencing for business)
8. Avoiding food waste
9. Eating a healthy diet high in fruit and vegetables, in season where we live
10. Reducing and reusing in addition to the efforts we already make on recycling

Website screen grab



Advertising



TV / cinema advert:

<https://www.youtube.com/watch?v=3Smb3jZUPHA>

Greener Scotland website: <http://www.greenerScotland.org/>

Number: 66

Shifting Family Planning Positioning from Health to Development in Jordan: Impact on Family Size Social Norm and Attitudes towards Family Planning

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Shifting Family Planning Positioning from Health to Development in Jordan: Impact on Family Size Social Norms and Attitudes towards Family Planning

Aims and Objectives

Jordan's population expanded from 2.1 million people in 1979 to 9.5 million in 2015. This presents a significant challenge for a country with limited resources to achieve its development goals, maintain stability and sustain the quality of essential services as healthcare and education. Despite significant improvements in access to family planning (FP) services and information, the total fertility rate in Jordan has stalled since 2002 at an average of 3.5 children per woman, and the desire to have larger families remains a dominant social norm. Contraceptive prevalence has stagnated at 61%, including one fifth of the population relying on traditional methods¹. The Social and Behaviour Change Communication (SBCC) strategies implemented in Jordan over the last 15 years addressed FP from the perspective of health. The impact of FP on household education and economic well-being is still not obvious. The purpose of this case is to demonstrate the impact of addressing FP from a development perspective rather than health only. The new positioning promotes FP as a key life planning strategy for families to achieve a quality life by adopting modern FP. Given the significant recent Syrian refugee influx in Jordan, this SBCC effort is even more important. Through the US Agency for International Development (USAID)-funded Jordan Communication, Advocacy and Policy (JCAP) Project, implemented by Abt Associates and its' partners, a multi-component SBCC social marketing campaign was implemented from March 15 to August 10, 2016 to improve attitudes towards smaller family sizes and foster behaviours to use modern family planning.

Communication Objectives and Audience Target Groups

The communication objectives of the campaign were that at least: 1) 60 % of the engaged or married couples will be able to demonstrate knowledge on the benefits of FP of women, children and family; 2) 40% of the engaged or married couples will be convinced that a smaller family would lead to a better quality of life ; 3) 35 % of targeted engaged and newlywed couples will agree that delaying the first baby for at least one year will contribute to better opportunities for parents and children; 4) 80 % of active childbearing families will agree that birth spacing contributes to better opportunities for parents and children; 5) 80 % of Married Women of Reproductive Age (MWRA) will agree that modern FP methods are effective and 6) 60 % of MWRA will agree that modern FP methods are safe.

The target groups were engaged or married women and men representing the three different marriage stages; a) engaged and newlywed couples; b) active childbearing with one or two children and d) completed families with three or more children, who lack adequate knowledge on modern FP and/or are influenced by social and cultural norms favouring large family size.

Citizen/Customer Orientation

The campaign was designed based on the findings of a population-based survey² conducted by JCAP to measure knowledge, attitudes, and practices of MWRA with respect to fertility choices and FP practices in Jordan. The campaign also benefited from a Jordan Family Planning Market Segmentation Analysis³ that provided descriptions of each target segment profile and identified behaviour change opportunities. The analysis mentioned above was complemented by the findings of several focus group discussions (FGDs)⁴ that took place to explore deeply-rooted social and cultural factors affecting the adoption of FP practices.

¹ Jordan DHS 2012

² KAP survey: Knowledge, Attitudes, and Practices toward Family Planning and Reproductive Health among Married Women of Reproductive Age in Selected Districts in Jordan, 2015

³ Jordan Family Planning Market Segmentation Analysis, 2011

⁴ JCAP Family Planning Campaign Testing Study, 2016

The Social Offering

The campaign promised families the enjoyment of an improved quality of life as an outcome of adopting FP. This promise was reflected through the campaign slogan “Plan your pregnancies, ease your burden”. The slogan is a play on words. In Arabic ‘pregnancies’ and ‘burdens’ are the same word but pronounced differently. The campaign also stressed the effectiveness and safety of modern FP methods and promoted the following end benefits: a) delaying the first birth helps build a sound foundation for the family’s future; b) spacing births strengthens parents’ ability to manage marriage responsibilities and raise healthy, and successfully educated children and c) reducing family size leads to a balanced family, enjoying good standards of living, and assuring a better future for the children.

Engagement and Exchange

The campaign was sponsored by public and private sector stakeholders including the Ministry of Health (MOH), the Higher Population Council (HPC), UNRWA, and the Royal Medical Services (RMS). The campaign sponsors were engaged through a Campaign Technical Committee (CTC) that followed the whole process of the campaign development, execution and monitoring. The campaign materials were pre-tested among the target groups, reviewed accordingly and shared with the stakeholders and NGO partners. JCAP Private Network Doctors were actively engaged through displaying the campaign materials in their clinics and providing FP services for referred women. The Project also collaborated with MOH to support community health committees (CHCs) to implement community-based activities including edutainment lectures and ‘family open days’. The ‘family open days’ were also an opportunity to engage community-based organizations (CBOs) that contributed to the health and social booths. Other project partners, e.g. governorate development committees including religious leaders and governorate officials, were engaged in the ‘family open day’ activities and advocated for reducing population growth and adopting FP to support Jordan’s development. JCAP Facebook fans were also engaged to share their opinions and anecdotes.

Competition Analysis

1-Social norms and cultural values influencing FP including preference of large family size, immediate first child birth, short birth spacing intervals, completion of family before the age of 35 for women and preference for sons.

2-The use of traditional FP methods has increased steadily from 15% in 2007 to 19% in 2012 compared to a stagnant 42% for modern FP method use for the same period. Withdrawal (14 %) is the most common traditional method and has also increased steadily from 4 % in 1990 to 14 % in 2012¹.

Segmentation and Insight

1- Engaged and Newly Married Couples. FP is not a priority for these couples and the information they receive from their friends or family is often not accurate. Newlyweds who plan to delay the first child face considerable pressure to demonstrate fertility almost immediately after the wedding. They share deeply-rooted misconceptions related to using modern FP at an early age and losing fertility. However, they are keen to acquire more information about FP to make informed fertility decisions.

2- Active Child Bearing Families who have one or two children. Couples in this segment usually prefer to have large families to enhance their status as mothers and fathers. Others who wish to delay pregnancy still face societal pressure to have more children, with preferences for male children adding further pressure. Furthermore, women tend to space births closely in order to complete their families before the age of 35 and avoid the negative implications of late pregnancies. This segment shares misconceptions related to health risks associated with hormonal methods. Despite these concerns, this segment appreciates the benefits of birth spacing on wellbeing and lifestyle and is keen to obtain more knowledge and counselling on modern FP.

3- Completed Families who have three children or more. These couples appreciate the benefits of a small family size and wish to limit births but the concept of ‘limiting’ childbirth is not generally socially acceptable. Women in this segment share the same issues with modern FP, notably health risks associated with long term methods. Despite the financial implications of having a large family,

some couples are still influenced by the social norms related to preference for large families.

The key insight that drove the campaign strategy was that all families aim at achieving a good quality of life. However, the link between FP and achieving this goal is not obvious. The impact of FP on families’ health, educational and economic status is not clear. Moreover, couples who are keen to adopt FP still face societal pressure for large families

Integrated Intervention Mix

a- Mass Media Placements for three months through TV and radio spots, outdoor signs and newspaper ads. The campaign succeeded during this period to reach 2.8 million adults aged 18+.

b- Public Relations included TV interviews featuring CHC members to highlight the role of communities in supporting the campaign and to emphasize the link between family planning, family welfare and the country’s development.

c- Community-based Activities implemented through CHCs and trained MOH midwives including edutainment lectures targeting 1500 engaged couples, newlyweds and MWRA and ‘family open days’ targeting 3600 family member with theatrical performance on FP, CBOs’ exhibition booths, FP counselling and edutainment games. The campaign was also supported by JCAP’s subcontractors and grantees which implemented SBCC activities including women’s and men’s group discussions, youth social leadership initiatives and the home outreach program.

d- Community-Mobilization including officials’ and CBO representatives’ advocacy speeches during ‘family open days’ emphasizing the role of FP in addressing population growth challenges in Jordan and enhancing families’ welfare.

e- Point-of-service Materials included 250,000 family planning posters, brochures and roll-ups reflecting the campaign’s messages, distributed to 400 MOH public health centres, NGO clinics, and private network doctors’ clinics and during the campaign’s edutainment activities.

f- Social Media Campaign-related digital content was developed and uploaded on JCAP social platforms including Facebook, Twitter, and YouTube to complement and reinforce the above-the-line and below-the-line channels of the campaign

Co-creation Through Social Markets

Weekly working sessions with the members of the CTC were conducted to ensure the clarity, appeal and relevance of the campaign creative designs and messages. The materials pre-test through focus groups sessions also helped reshaping the campaign messages and designs. Preparatory workshops with CHC members to design the campaign’s community-based activities helped reveal potential obstacles and shape effective campaign interventions at the community level.

Systematic Planning

The SBCC campaign strategy applied the **Socio-Ecological Model for Change** that considers family, community, institutional and policy environment factors that influence individuals’ (self) behaviour. The campaign development process was planned as follows:

1. Audience analysis: The KAP survey assessed fertility choices FP practices in Jordan, whereas the market segmentation study provided insight on the specific motivations and obstacles of the targeted sub-groups.
2. Concept design: Based on the analysis and the behavioural objectives, the creative brief was developed, reviewed by the CTC and sent out to Marketing and PR firms for a competitive selection.
3. Material development and pretesting including mass media ads (TV, radio and print), merchandising for display at clinics (rollups, poster, brochure stands), community-friendly supports (visual PowerPoint, branded giveaways, key message flyers) and social media.
4. Implementation plan: Media placement, community outreach, public relations and social media plans were developed in collaboration with the CTC and CHCs. Implementation was regularly monitored and evaluated.
5. Monitoring and evaluation: Output and outcome indicators were

set to assess all campaign components and evaluate the campaign effectiveness.

Results and Learning

The following campaign results are based on three types of evaluation surveys, including an SMS based survey implemented by GeoPoll for the first time in Jordan. The survey was implemented in real time to assess the campaign effectiveness reaching 961 participants. The other tracking mechanisms included a post tracking survey of 1,000 respondents implemented in June 2016, and pre-post evaluation tests on 1,500 edutainment lectures participants implemented from March 20 to Aug 10, 2016.

Result 1) 76% of participants exposed to the edutainment lectures reported increased knowledge on FP and 96% of mass media viewers considered the campaign of importance to them.

Result 2) the post tracking and the SMS based survey findings showed that respectively 82% and 76% of respondents indicated that the campaign convinced them that a smaller family would lead to a better quality of life.

Result 3) 61% of exposed engaged couples and newlyweds agreed that delaying the first birth gives the couple a better chance to prepare for future family and get ready to have babies (post-tracking survey- graph 1). These percentages are significantly higher than the KAP results where only 25% of MWRA agreed with this statement. Among the campaign exposed group, 51% of those who agreed with the statement intended to delay first baby (graph 1). The pre and post evaluation results of the edutainment lectures confirmed this finding with 59% of both engaged and newlyweds reporting an increased agreement with positive implications of delaying the first child. Eighty-eight percent of engaged participants reported their intention to discuss using FP with their partners before marriage and 97% of newlyweds intended to plan for the future of their families and 24% developed joint plans.

Result 4) 96% of campaign exposed and 88% of unexposed audiences agreed that birth spacing for at least three years would lead to a better quality of life for both the family and the community (post-tracking survey). The difference between exposed and unexposed audiences was statistically significant. Among the exposed audiences who agree on this statement, 80% are willing to space births by using modern FP methods (45%), planning intervals between births (31%) and doctor consultation (8%). These findings were confirmed by the results of the SMS based survey where 78% of respondents intended to act on the birth spacing message.

Result 5) 97% of exposed and 91% of non-exposed audiences agreed that modern FP methods were effective showing a statistically significant difference among the two groups. These findings were confirmed by the edutainment lectures' pre and post evaluation results, with 93% increased agreement on the effectiveness of modern FP compared to traditional methods among MWRA participants (graph 2). The baseline KAP results showed 67% of MWRA agreeing on higher effectiveness of modern FP over traditional methods.

Result 6) 97% of exposed and 91% of unexposed audiences agreed that modern FP methods are safe showing a statistically significant difference among the two groups. The edutainment lectures' pre and post evaluation results confirmed these findings with 86% increased agreement on the safety of modern FP methods among MWRA participants (graph 2). The baseline KAP results showed that 77% of MWRA believed that the use of modern FP by newlyweds would negatively affect their fertility.

Other Findings:

- Over half of the campaign exposed audiences found the campaign clear, easy to understand and informed them with something new about FP.
- Eighty one percent of reached MWRA through edutainment lectures who were not using any FP method expressed their intention to adopt modern FP, 69% of those using traditional FP method intended to shift to modern FP and 92% of those currently using modern FP intended to continue (graph 2).

Lessons Learned

- Promoting FP from the development perspective was a key success factor for the campaign to improve attitudes towards

modern FP.

- Adopting a segmented communication approach to target different segments with tailored communications messages proved effective in changing attitudes.
- Integrated SBCC activities – TV and radio spots, press ads, interviews, lectures and social media– achieved high level of key messages recalls.

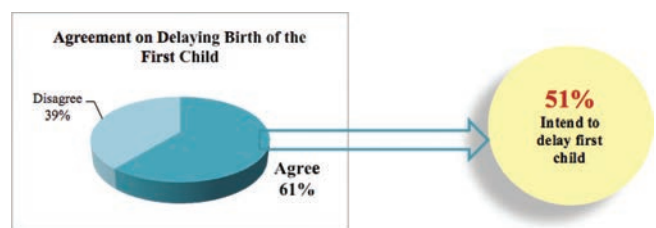
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Appendix

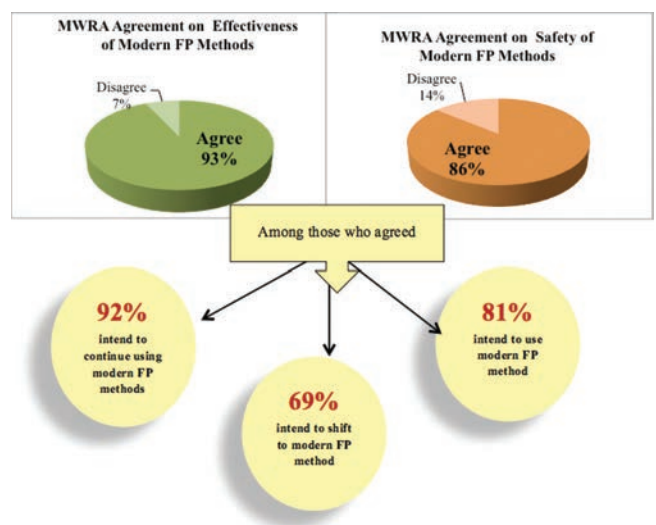
Graph 1: Agreement among Engaged Couples and Newlyweds with “Delaying first baby gives the couple a better chance to prepare for future family and get ready to have babies”

Source: JCAP SBCC Family Planning Campaign Post Tracking Survey



Graph 2: Agreement among MWRA that modern FP methods are effective and safe

Source: JCAP SBCC Family Planning Campaign / Effect Assessment of Edutainment Lectures



Number: 72

**Conference Track: Promoting Global Health and Wellbeing
My Neighborhood's Smoke – Using a Soap Opera to Change
Cooking Behavior in Guatemala**

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**My Neighborhood's Smoke – Using a Soap Opera to Change
Cooking Behavior in Guatemala**

Aims and Objectives

The use of open fires and traditional cookstoves and fuels is one of the world's most pressing health and environmental problems. Globally, three billion people rely on solid fuels to cook, causing serious environmental and health impacts that disproportionately affect women and children. Yet safe, affordable, and accessible clean cooking solutions exist that can dramatically reduce fuel consumption and exposure to harmful cookstove smoke, while providing economic opportunities in communities around the world.

In 2015, the Global Alliance for Clean Cookstoves ("the Alliance") launched a new behavior change communication (BCC) program aimed at facilitating more and better use of BCC in the cookstoves sector. The Alliance launched the program by supporting a set of pilot interventions in four of its focus countries to test various communication channels and concepts and learn more about what BCC approaches are most promising for influencing consumer purchasing decisions and encouraging consistent use of cleaner cooking options.

One of these interventions was implemented in the Sacatepéquez region of Guatemala, where the primary channel used was an eight-episode radio "novela" or soap opera called "Los Humos de Mi Barrio" or "My Neighborhood's Smoke." The soap opera ran on four local radio stations and followed an entertaining and humorous love story that stars Doña Blanqui, a market lady who is tuned in to all of the town news. In between gossip updates, she passes along information to the ladies of the town about the negative effects of cooking over open fires, and shares the advantages of transitioning to an improved cookstove.

Along with "My Neighborhood's Smoke," the Guatemala intervention featured a Facebook campaign, distribution of print materials, and market events where the finale of the soap opera – which culminated in the wedding of two of the main characters– was acted out live. Stove producers were on hand at these events to demonstrate and sell their products. The intervention, while fairly small in scale, helped provide evidence for best practices for BCC programs in the cookstove sector.

Behavioral Objectives and Target Group

Reach and Awareness Objectives

1. Reach up to 100,000 people with messaging about clean cooking
2. Increase awareness of the health and livelihood benefits of improved cookstoves among the target population.

Behavioral Objective

1. Increase intent to purchase and actual purchase of improved cookstoves among the target population.

Communications Objectives

1. Connect emotionally with the target audience so that they aspire to have an improved cookstove.
2. Create the belief that "cooking exclusively with an improved cookstove will keep me healthy."
3. Advise potential consumers on where to find improved cookstoves in the region.

The primary target audience was Guatemalan women aged 18-40 who currently use wood as their primary fuel for cooking, work

outside the home, and live in urban and peri-urban areas of the Sacatepéquez Department.

Evidence of Citizen/Customer Orientation

The use of open fires and traditional cookstoves and fuels is one of the world's most pressing health and environmental problems. Globally, three billion people rely on solid fuels to cook, causing serious environmental and health impacts that disproportionately affect women and children. Efforts to address this issue have often been focused on technological and supply side interventions, e.g. designing cookstoves that more efficiently combust fuel and give off less smoke. Yet uptake of these improved stoves has been challenged by a lack of motivation by the target consumers to adopt these new technologies. Behavior change communication and social marketing, while utilized on an ad hoc basis, has not been a mainstreamed approach used by the cookstoves sector, despite numerous research that suggests that target consumers lack awareness and understanding about which better cooking options are available, where and how they can be accessed, and what benefits they could deliver to the household.¹

In Guatemala, the use of solid fuels remains prevalent, with over 70% of households using firewood as their primary fuel for cooking (Instituto Nacional de Estadística, 2011). The Alliance has designated Guatemala as one of its eight focus countries, and conducted a thorough market assessment of Guatemala's cookstove sector and consumer segmentation study in 2015. This research informed the design of the pilot BCC intervention implemented in 2016 and included an analysis of existing data, qualitative research (focus groups and in-depth interviews), and quantitative household surveys. The research explored current perceptions and knowledge around improved cookstoves (related to economic savings, health, cooking experiences, and perceptions of LPG), perceived ability to adopt cleaner cooking methods, and cooking aspirations, social influences, and cultural considerations.

¹ The Alliance and its partners have conducted numerous consumer studies that provide evidence that lack of awareness and motivation are key barriers to clean cookstoves uptake. These studies can be accessed on the Alliance's website.

The Social Offering

The intervention promoted clean and efficient cookstoves; specifically, liquid petroleum gas (LPG) stoves and improved wood stoves. Gas is a proven clean alternative to solid fuels, and improved wood stoves are designed to more efficiently combust wood to reduce fuel consumption and the amount of smoke emitted. The primary benefit promised in promotional messages was that using an improved stove will protect your health so that you will be able to care for your children. The other benefits communicated can be categorized into emotional and functional benefits:

Emotional Benefits:

- Greater peace of mind knowing that you and your family will be healthier from less smoke inhalation.
- Modern and successful families use improved cookstoves.

Functional benefits:

- Reduced exposure to smoke/health risks.
- Reduced spending on fuel due to fuel efficiency.

Engagement and Exchange

We engaged stakeholders - including Guatemala's national clean cookstove alliance, government agencies, local stove manufacturers and distributors, and NGOs – throughout the development of the intervention to solicit feedback and ensure accessibility and affordability of the products being promoted. Citizens were engaged throughout the market research process. They participated in surveys, key informant interviews, and focus group discussions to assist with the consumer research. They were also engaged in the design of the campaign's communication approach and in pre-testing of messages.

Competition Analysis

The primary competition for clean cookstoves and fuels are the traditional stoves and fuels that the target population currently uses. In Guatemala, a significant portion of those using wood for cooking use open fires or rudimentary stoves made of clay and cinderblock.

There is also a significant penetration of locally built “plancha” stoves, which often have a chimney and so reduce smoke, but do not necessarily reduce firewood use.

In addition, close to 30% of households “fuel stack” or use both wood and LPG for cooking, with LPG only used for limited cooking tasks (making coffee, re-heating foods, etc.). Our market research found that the continued use of firewood, even when purchased (which is common in about 50% of wood using households), provides a sense of financial security because it can be purchased in very small quantities and collected in periods of financial downturn. This poses substantial competition for full transition to a fuel like LPG that needs to be purchased regularly in relatively large quantities and cannot be substituted with a “free” fuel. Our research also found that women are seen as responsible for managing the household’s spending on cooking and finding ways to save money, so a stove that uses less wood would be a direct competitor to the women themselves.

Segmentation and Insight

A rigorous market analysis and consumer segmentation was conducted in order to identify the segments of the Guatemalan population most poised to transition from traditional firewood cooking to cleaner cooking methods. Based on quantitative analysis validated through qualitative research, four segmentation variables that affect the likelihood of adoption of clean cooking technologies were identified: overall household income, whether or not the woman earns income, age, and current use of LPG.

These variables were used to group the population into 7 segments, which were then further evaluated to identify priority segments for the intervention: fuel stackers (users of both wood and LPG) with some disposable income and exclusive wood users where the head woman in the household generates some income.

Formative research provided insights into barriers and enablers to improved cookstove adoption among these segments. The research found that many women already identify with the discomfort associated with smoke in the kitchen and though they (and their husbands) do not see this as a major issue as it relates directly to the women’s health, they do strongly relate to messages about the health of a mother being important for her to adequately care for her children.

Research into LPG perceptions found that using gas stoves is aspirational due to its image of a middle class lifestyle. It’s also more practical, as it is faster, easy to light, and doesn’t create smoke. Barriers to LPG uptake and usage, however, include the need to purchase the fuel on an ongoing basis, as well as concerns about safety (e.g. risk of explosions).

Integrated Intervention Mix

We used the four Ps – Product, Price, Place, and Promotion – to lead the marketing design for this intervention.

Product

The products promoted were LPG stoves and improved wood stoves. Around 70% of households use firewood for cooking, and approximately 30% use LPG (Fast-Track Carbon, 2016). In Guatemala, as household income increases, families transition directly from cooking with firewood to cooking with LPG, which is widely available in Guatemala. Other fuels, like charcoal, have weaker penetration. LPG is aspirational, especially among younger women, because it is more practical (faster, easy to light, no smoke) and for the image of a middle class lifestyle. Using an improved woodstove can also allow a woman to feel more modern and middle class, while still allowing her to use her preferred or available fuel.

Price

One of the major barriers to clean cookstove adoption is the upfront price of the stove. In our messaging we emphasized the potential cost savings that can be realized with a more efficient stove, and how the upfront cost of the stove can be offset in a few months. For LPG, the need to purchase fuel regularly is also a barrier. Our research found that, despite the common perception that LPG is more expensive to cook with than purchased wood, on the whole, the total costs are very similar so we also conveyed this in our messaging.

Place

The cookstove and fuel products were primarily offered at the live demonstration events and markets in the region. The live demonstrations were especially important for wood stoves as these are relatively new products for many people so there is a need to see them in action to believe they work. There is a notable lack of distribution outlets in Guatemala for clean cookstoves due to the country’s nascent cookstove market, so, unless potential consumers were able to purchase a stove at a market event, they needed to contact manufacturers directly to make a purchase. Fortunately, upcoming programs funded by other donors plan on opening ten new dedicated cookstove stores throughout Guatemala in the next year to address this gap.

Promotion

The intervention employed a mix of communication channels for promotion, including the radio soap opera, radio advertisements, TV interviews, print materials, and a Facebook campaign. We also hosted three live finales of the soap opera, with live cookstove demonstrations alongside. The consumer research informed the key message for this campaign: “If I am not healthy, who will take care of my children?” Additionally, the products were positioned as “modern” and aspirational, and materials discussed the potential cost savings that can be realized.

Co-creation through Social Markets

Both stakeholders and citizens were involved throughout the design and implementation of this campaign. Guatemala’s national cookstove alliance was a key partner in engaging local stove manufacturers. To ensure a deep understanding of consumers, qualitative and quantitative methods – including focus group discussions, key informant interviews, and surveys – were used to provide insight into the target groups and determine the most effective way to promote the products.

Systematic Planning

The underpinning process framework used to design this intervention is the Opportunity, Ability, and Motivation (OAM) Framework. This model, originally developed by Folke Ölander and John Thørgersen (Ölander & Thørgersen, 1995), was created to help understand consumer attitudes and behavior.

The intervention addressed each aspect of OAM, namely by focusing on communicating the affordability of the products and making them more accessible by providing demonstrations at events, and by using communication to convey the key benefits of clean cooking to the target audience and persuade them to make the transition.

Several methods of monitoring and evaluation were utilized to examine if and how the campaign effectively increased people’s knowledge of clean cookstoves and changed their intent to purchase one. First, we collected stove sales data (aggregated by all providers) prior to and after the campaign to monitor changes in trends. To measure reach of campaign messages, we collected listenership data from participating radio stations and estimated attendance at market events. Lastly, pre- and post- event impact surveys were implemented at market events to measure changes in knowledge of clean cooking benefits and intent to purchase.

Results and Learning

Results

Reach and Awareness Objectives:

1. Reach up to 100,000 people with messaging about clean cooking
 - a. ~97,000 people reached via radio
 - b. ~1500 people attended market events
 - c. 30,000 fliers distributed
 - d. 1875 Facebook likes
2. Increase awareness of the health and livelihood benefits of improved cookstoves among the target population.
 - a. Surveys conducted before and after the market events showed that people were much more likely to say improved cookstoves use less fuel (45% post v. 34% pre), while a higher percent also indicated that the improved cookstoves save money and make less smoke.

Behavioral Objective:

1. Increase intent to purchase and purchase of improved

cookstoves among the target population

- a. Surveys conducted before and after the market events showed that participants expressed a significantly higher level of intention to purchase an improved cookstove after learning about cookstoves at the event (67%) compared to those with the intention to purchase before the event (42%).
- b. 180 stoves sold directly at events; ~300 further sales reported by manufacturers through direct follow up after hearing ads on the radio, flyers, etc.

Learning

In the future, we would more closely examine radio listenership at the municipality level as one of the municipalities targeted with a live event had a large population who listen almost exclusively to religious radio stations, and were not exposed to the radio soap opera. Facebook proved to be an effective channel to spread communication messages, with many people exposed to the content. A stove catalog (which described sales information and features of various stoves) was posted on the Facebook page, and this served as an effective alternative to those who could not attend the market events, where the stoves were on display.

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Appendix

Print materials used in Guatemala BCC Campaign



Number: 73

Health and Energy Behavior Change Campaigns in the Military: Harnessing the Power of Social Norms

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Aims and objectives

Five military behavior change campaigns in the health and energy fields have been conducted for at least two years, yielding rich data from formative research as well as valuable insights into what motivates service members to change their behaviors. The military behavior change campaigns in the energy and health fields described in this paper are: U.S. Marine Corps Energy Ethos Campaign; Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury Real Warriors Campaign; Navy Suicide Prevention Branch Every Sailor, Every Day campaign; Army National Guard Guard Your Health campaign; and the Navy Alcohol and Drug Abuse Prevention Office Keep What You've Earned campaign.

Behavioral Objectives

The US Marine Corps Energy Ethos campaign was created in an effort to enhance mission effectiveness, increase resiliency, and reduce cost to the Marine Corps through energy behaviour change efforts. The campaign uses a three-pronged approach to attack energy waste and inefficiencies which includes communications engagement, energy data sharing, and the peer-to-peer advocacy of the Unit Energy Manager (UEM) Program. The target group are Marines who live and work on Marine Corps installations.

The Real Warriors Campaign is designed to increase help-seeking behavior for psychological health concerns among U.S. service members, veterans, and military families coping with invisible wounds, to reduce PTSD and combat stress in the military community, and reduce the myths and discrimination surrounding seeking care that act as barriers to care.

The Every Sailor, Every Day campaign aims to motivate behavior change amongst enlisted and reserve U.S. Navy sailors through application of tools that can enable suicide prevention at the individual, community, and fleet levels.

Keep What You've Earned aims to reduce alcohol abuse and create a responsible drinking environment in the Navy amongst enlisted Navy sailors ages 18 to 24 years.

Guard Your Health's objectives are to increase awareness and knowledge of health and medical readiness tools, resources, and information among U.S. Army National Guard soldiers and families; increase intent among soldiers and families to use health and medical readiness materials, and take action; increase self-efficacy among soldiers and families for maintaining desired behaviors and medical readiness; and increase health promotion messaging and support at the state guard level.

Evidence of Citizen/Customer Orientation

Qualitative research (focus groups and interviews) across the Energy Ethos, Real Warriors, and Keep What You've Earned campaigns uncovered that the phenomenon of pluralistic ignorance may have been at play. For example, research from the Real Warriors Campaign shows that individual service members felt that they were the only ones with a psychological health problem, and therefore saw reaching out for help as going against the perceived majority or norm.

All the campaigns conducted focus groups and interviews and used these findings to inform messages and materials development. For example, the Energy Ethos team conducts annual surveys to measure movement along the behavior change curve. Formative research conducted for the Keep What You've Earned campaign found that sailors primarily drink because of stress related to the workplace, families, and life changes. Sailors indicated that the most significant consequence of alcohol abuse to them is Navy discipline, and that the campaign should use the desire to avoid negative, immediate, job-related consequences as the prime motivating factor to encourage people to take positive health actions.

The Social Offering

In trying to persuade service members to change their energy or health behavior, all the campaigns have certain "asks" of the audience, but they are also offered tools, resources, and products to support their change. Each campaign described in this paper provides social offerings that allow the campaign's target audience to adopt a healthier lifestyle or more energy efficient behaviors. For example, the Energy Ethos campaign asks for Marines to use energy resources efficiently and to reduce energy waste, which in turn helps make the Corps more mission-ready, and has developed products to incite this change. Keep What You've Earned, Guard Your Health, Energy Ethos, and Real Warriors offer multi-channel approaches to disseminate information and resources. These social offerings for the health campaigns tended to be social media-based, as this is what primary research showed that the audience was interested in. Examples of these social offerings include:

Mobile:

- Keep What You've Earned's mobile app game is grounded in multi-disciplinary research from the behavioral psychology, persuasive technology, mHealth, and serious game domains. The app takes a "show, don't tell" approach, enabling sailors to explore the consequences of alcohol-related decisions and behaviors on their job performance and career attainment. The app has more than 6,000 users and the game has seen more than 31,300 sessions.
- Through the use of FitText, Guard Your Health offers short message service (SMS) texting to develop a multi-channel, SMS-driven approach to increase fitness levels and empower healthy lifestyle choices to a niche audience. Since its launch in April 2015, the campaign has achieved 2,678 subscribers, more than 7,600 page views to the FitText webpage, a 291 percent increase in visitors to the Guard Your Health website, and a 287 percent increase in visits in April 2015 compared to April 2014.

Multimedia:

- Energy Ethos produced online videos featuring eight generals to reinforce the idea that leaders care and want Marines to care about their energy use.
- Keep What You've Earned has produced 28 videos, with over 18,000 estimated views.

Social Media:

- Real Warriors Campaign has reached more than 2.8 million individuals on Facebook, Twitter, YouTube, and Scribd with 24/7 resources.
- Guard Your Health has used Facebook, Twitter, YouTube, Tumblr, Pinterest, and Instagram, gaining over 120,000 social media interactions and reaching more than 2 million social media users.

Collateral Materials:

- Energy Ethos team designed and distributed 27 unique collateral and reference materials to all 24 Marine Corps installations.
- Real Warriors campaign has distributed more than 2 million materials, which are used throughout the world by key audiences.

Events and Training:

- Keep What You've Earned has supported more than 28 safety and awareness trainings by commands in support of the campaign.

Online Content:

- The Guard Your Health campaign website was designed with a responsive framework to ensure the information is accessible from all devices. More than 65 percent of Guard Your Health website visits come from mobile devices and tablets, which is why Guard Your Health takes a "mobile first" approach.

Engagement and Exchange

The Energy Ethos campaign is inclusive of all the Marine Corps, and messaging goes out to all stakeholders. Similarly, Guard Your Health messaging goes out to all Army National Guard soldiers, and Keep What You've Earned messaging targets all sailors. The UEM Program, a sub-set of the Energy Ethos campaign, takes a bottom-up, peer-to-peer approach by leveraging UEMs to act as energy leaders for their unit(s) and show the "new norm" of adopting energy-efficient habits. The rewards are often intangible but are critical to the future of the enterprise—a more secure, lean, resilient Marine Corps. Navy suicide prevention also employs a peer-to-peer approach: In September 2015 "1 Small ACT" was introduced as the campaign's newest message, encouraging simple actions that can make a difference in the lives of others while leveraging relationships between peers and community members.

Competition Analysis

For the Energy Ethos and Guard Your Health campaigns, the main competitor is intangible yet formidable: apathy and a status quo bias. Unlike residential energy behavior change campaigns, most Marines don't pay their own utility bills. For reservists, who are not full time soldiers, the inertia of being inactive is often easier than adopting an exercise regimen. The benefits offered are lack of effort, sustained comfort, and emotional separation from the reality of energy overuse or future health problems.

Additionally, as we learned from talking to Marines in the formative research phase, they work hard, often in austere, difficult, and dangerous conditions for long periods of time. A long, hot shower, for example is a simple indulgence that they feel they deserve. It is challenging to persuade this audience to give up their few creature comforts for the sake of saving energy or money for the Marine Corps.

Segmentation and Insight

The primary audiences for the Energy Ethos campaign are installation and operational leadership, Installation Energy Managers, Unit Energy Managers, and Marines. Secondary audiences include Marine families and government personnel or contractors. While often more difficult to target, these secondary audience groups consume a significant portion of energy on the installations. The health campaigns target service members and veterans of varying ranks, services (Army, Navy, Air Force, Marine Corps, and National Guard and Reservists), ages, military families, health professionals, and the public at large. A key aspect of both the energy and health campaigns is the need for strong leadership messaging in order to affect a culture change within the military.

Formative research and social marketing best practices informed a series of recommendations to ensure sustained behavior change:

- Marines are motivated by competition and they provide a great opportunity to get the Marine and civilian staff audience to engage and adopt energy best practices.
- Public affairs need to be leveraged.
- Ongoing leadership buy-in is crucial.
- Importance of an ongoing feedback loop. Many energy behavior change campaigns show initial results, but ongoing outreach is needed to lock in awareness and adoption gains. Data collection and sharing allows units to understand their successes and see the results of their actions, which is critical in achieving ownership.

Formative research conducted for each of the military behavior change campaigns described in this paper showed that service members' attitudes and behaviors are affected by leadership messaging and engagement. Research for the Real Warriors Campaign showed that service members feared being penalized for disclosing psychological health concerns; research for Keep What

You've Earned indicated that the most significant consequence of alcohol abuse to sailors is being disciplined by the Navy. When used, leadership messaging has proven effective: Keep What You've Earned reports that encouraging responsible drinking is now seen as the focus of leadership messaging (54 percent) as opposed to discouraging drinking in general (16 percent). In addition, sailors specifically mentioned an increase in awareness of safe ride programs (45 percent), which were also viewed by sailors as the most effective measure.

Integrated Intervention Mix

Product

The product is the adoption of an Energy Ethos within every Marine.

Price

Research found that underlying costs include:

1. Inconvenience
 - a. Energy-efficient actions can require extra effort. Messages were developed to show the audience that these actions were easy and can become habits and part of everyday routines.
2. Physical discomfort
 - a. Asking Marines to take shorter, cooler showers, turn off idling cars, and other requests were tough sells. The team leveraged the image of Marines as tough, rugged, and efficient to show that they wouldn't have any significant discomfort that they couldn't handle, and were these new habits are good for the Corps.
3. Time
 - a. Adopting new energy habits and identifying waste can take extra time, and Marines and civilians working on bases often have a very full workload. The team tried to mitigate the time expended as much as possible, by delivering printed products directly to UEMs instead of them having to pick them up, or via messaging that energy-friendly habits don't require much extra time.

Place

In an effort to find Marines where they are, the team developed a series of point of interaction materials, such as a sticker placed on a bathroom mirror to remind Marines not to leave water running while shaving.

Promotion

Energy Ethos messaging was aimed to reach Marines where they are. Unless a Marine were interested in energy, he or she would be unlikely to follow a Marine Corps Energy Facebook page, instead, content for the primary Marine Corps Facebook page was developed.

Policy

Policy is also an important "P" for this campaign because of the military audience. Marine Corps policy documents, including MARADMINs and policy letters, were developed and disseminated to institute the Energy Ethos campaign and the UEM Program and to strongly encourage Marines to consider and improve their everyday energy habits. Currently in development is a Marine Corps Order, which will mandate adherence to the UEM Program.

Co-creation Through Social Markets

Marines were involved in co-creation mainly during focus groups and message testing sessions. The campaign also used a UEM Advisory Group to test new ideas, gather feedback on new products or solutions, and to better understand the position responsibilities and the holistic campaign from a UEM and Marine's point of view.

Navy Suicide Prevention Branch collected feedback from enlisted sailors to determine messages and delivery tactics that would resonate with them. Navy Suicide Prevention also has collaborative communications efforts between the Services. In September 2015, "1 Small ACT" was introduced to encourage simple actions that can make a difference in the lives of others while leveraging relationships between peers and community members.

Systematic Planning

The Energy Ethos, Real Warriors, Keep What You've Earned, and Guard Your Health campaigns leveraged social norms as the

interventions' underpinning approach. For all the campaigns, planning was comprised of research, messages and materials development, execution, and evaluation. The process is a loop that continues to inform the campaign.

The military behavior change campaigns described here are grounded in behavior change theories. The Energy Ethos campaign uses the Stages of Change Model; the Real Warriors campaign used the evidence-based Health Belief Model; and the Every Sailor, Every Day's and Keep What You've Earned's interventions are guided by the Socio-Ecological Model.

Results and Learning

The Energy Ethos team conducted its yearly survey and determined that by the end of 2015 half of Marines had heard the campaign slogan "You Have the Power" and 31 percent of those reached had taken tangible action to be more energy efficient. Outside of this data, there are too many factors to correlate changes in energy use data to the Energy Ethos across the Marine Corps. At two barracks where factors were isolated a 10 percent energy use reduction was recorded in October 2015 compared to October 2014.

Results indicate that combined mental health interventions, including the Real Warriors Campaign, that promote help-seeking behavior among the U.S. military community are working. The 2013 MHAT report indicated that "stigma remained stable [in comparison to recent MHAT reports], whereas perceptions of barriers improved in 2013 compared to 2009."

Navy Suicide Prevention Branch has received several real-life examples that demonstrate the campaign's success. For instance, this past year, a Sailor reported to his or her chain of command that he or she was in the orange/red zone of the Stress Continuum Model and needed help. This is an indication that the combination of targeted training and communication are making a difference and changing behavior.

Since its launch in April 2013, Keep What You've Earned has measured that 95 percent of respondents had seen or heard alcohol abuse prevention messaging in the Navy, and 76 percent had heard of the Keep What You've Earned campaign. In addition, 31 percent of respondents were motivated by the Keep What You've Earned campaign to perform a desired action (e.g., decrease consumption, talk to a Sailor).

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Number: 74

Getting Behavioral Determinants Right: Quantitative Measures Check Strategic Priorities in Promoting Breastfeeding in Vietnam

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Getting Behavioral Determinants Right: Quantitative Measures Check Strategic Priorities in Promoting Breastfeeding in Vietnam

Aims and Objectives

Social marketing program designers frequently rely on qualitative formative data to identify the priority behavioral determinants to address. For its impact evaluation, Alive & Thrive/Vietnam added questions on beliefs about outcomes, self-efficacy, and perception of social norms to a survey of mothers. That quantitative data, had it been available in time for design, may have ruled out one of the determinants our mass media campaign addressed. This paper aims to promote regular quantitative measures of relevant behavioral determinants as a routine part of formative research and program evaluation.

Behavioral Objectives and Target Group

Alive & Thrive's mass media campaign in Vietnam aimed to increase the percentage of mothers of children 0-6 months of age who fed their children only breastmilk, that is, avoided giving water, infant formula, other liquids, or foods for the first 6 months of life.

The TV spots were part of an intensive, comprehensive program that included advocacy, interpersonal communication (or counselling), and strategic use of data, implemented in 15 of Vietnam's 63 provinces. While we report on the full program, our data set is from the evaluation of the mass media campaign. The need for quantitative measures of behavioral determinants stands out clearly through an examination of the two TV spots.

Evidence of Citizen/Customer Orientation

The strategy was developed using data from extensive market research, including formative research (qualitative and quantitative) among mothers, grandmothers, fathers, and frontline health workers; and a media scan. The qualitative studies explored people's aspirations and their attitudes and beliefs related to breastfeeding behaviors.

The evaluation of the mass media campaign (TV spots) contributed quantitative data on mothers' beliefs about outcomes, self-efficacy, and perception of social norms along with measures of current breastfeeding behaviors. Although collected before the campaign began, the baseline data were analyzed only after the program's TV spots were created and had begun airing.

The Social Offering

The campaign's two TV spots to promote exclusive breastfeeding clearly delineated the overall behavior (exclusive breastfeeding). One of the TV spots addressed a small doable action that is a component behavior of exclusive breastfeeding, "do not give water." The second spot aimed to increase mothers' self-efficacy by promoting the belief that nursing more would allow them to produce plenty of breastmilk.

The TV campaign was designed to position exclusive breastfeeding as the social norm ("mothers like me give only breastmilk" and "global experts advise me to give only breastmilk"). It addressed explicit beliefs about the need for water and the benefits of nursing more. And it aimed to build mothers' confidence (self-efficacy) that they could produce enough breastmilk to nourish the baby and to control thirst during the 6 full months.

The key promise was that, in addition to "healthy," an exclusively breastfed baby would be "smart," a driving aspiration for mothers and families.

Engagement and Exchange

The comprehensive program engaged policy makers as it advocated for – and won – increases in paid maternity leave to allow 6 months for mothers to breastfeed and strengthened regulations of the marketing of breastmilk substitutes, helping to create an enabling environment for breastfeeding. The program engaged large businesses in creating lactation rooms and supportive policies to encourage working mothers to breastfeed longer.

The interpersonal communication component engaged mothers directly. A social franchise model for counselling on infant and young child feeding within government health facilities contributed to changes in behavior. Save the Children conducted mother support groups in rural areas. Data drove design of and adjustments to the counselling services. Regular monitoring and feedback improved delivery of the interpersonal communication (counselling), and TV spots and community mobilization increased demand for these services. Incentives were awarded to the counselling centers based on volume of services and percent of clients who were repeat clients, as a proxy for service quality.

The mass media component reached mothers and the people who influenced their breastfeeding behaviors through broadcast of TV spots (two on breastfeeding and one to drive traffic to the franchise counselling services), audio announcements through loudspeakers, bus ads, billboards, posters in health centers, and TV spots displayed on LCD screens in supermarkets, hospitals, and health centers.

Competition Analysis

In Vietnam, breastfeeding faces stiff competition from multinational corporations who, despite global and national codes of marketing of breastmilk substitutes, widely advertise and market infant formula. Before our campaign, 80% of mothers reported seeing TV advertising for formula milk in the last 30 days, while in the same period only 39% saw information on TV about breastfeeding. (Alayón 2013) Although mothers and grandmothers insisted that "breastmilk is good," persistent marketing had shifted social norms broadly toward acceptance of infant formula and canned milk products as a necessary complement to breastmilk and the belief that Vietnamese women were not capable of producing breastmilk of sufficient quantity or quality to sustain their babies for 6 months. Formula companies make promises of modernity and promote specific nutrients, and they promise physical and cognitive growth. Even though we were outspent on advertising by 13 to 1, we managed to win back some of the "market share," significantly increasing prevalence of exclusive breastfeeding for the first 6 months. (Alive & Thrive 2014)

Segmentation and Insight

The program reached a large segment of mothers who breastfed their babies but did not breastfeed exclusively. Key insights from the qualitative formative research were that mothers (and many around them, including family members and doctors) 1) believed that infants needed water to quench their thirst in hot weather and to wash out their mouths after breastfeeding to prevent thrush and 2) lacked confidence that Vietnamese women could produce sufficient high-quality milk to adequately nourish their infants for 6 months. We hypothesized that, by shifting beliefs about giving water, we could change exclusive breastfeeding behavior. We also hypothesized that one way to increase mothers' self-efficacy would be to remind them that frequent suckling signals the body to produce more breastmilk, and we knew that self-efficacy can be a powerful determinant of behavior. With these hypotheses, but without the benefit of quantitative data, we developed and pretested two TV spots: one recommending that "no water" be given to infants under the age of 6 months and another to encourage mothers to "nurse more" so they would have more milk.

Our baseline survey confirmed that 90% of infants received water before 6 months. (Nguyen 2011) Beliefs about water aligned with this behavior: Only 20% of mothers interviewed at baseline believed that babies younger than 6 months should not be given water in hot weather; and only 8% of mothers believed that babies' mouths do not need to be rinsed with water after breastfeeding. (Nguyen 2011) Furthermore, beliefs about water were highly and significantly associated with exclusive breastfeeding behavior (OR: 1.49, 95% CI: 1.41, 1.59; OR: 1.50, 95% CI: 1.41, 1.60; OR: 1.56, 95% CI: 1.46, 1.66). Baseline quantitative analyses confirmed substantial

room for improvement on beliefs about not giving water and that the association between the target beliefs and behavior were strong, suggesting that the “no water” beliefs were promising determinants to address via a strategic mass media campaign.

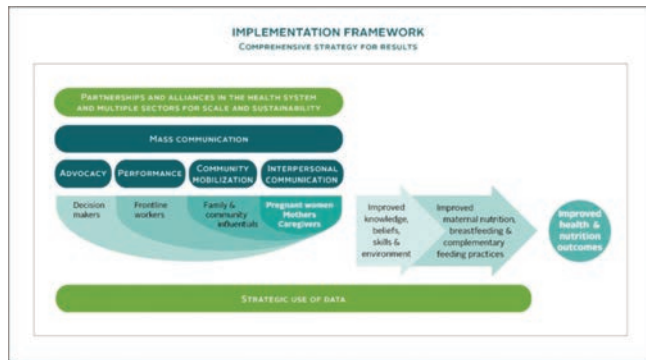
Our baseline survey also confirmed that mothers’ self-efficacy about exclusive breastfeeding was low. Only 38% of women agreed with the statement, “My breastmilk is of good enough quality to nourish my infant so that the infant does not need any other food, water, or infant formula until s/he has completed 6 months.” (Alayón 2013) However, 86% of baseline respondents already agreed with the statement, “The more I breastfeed my infant, the more breastmilk my body will produce,” leaving little room for improving this belief. Further, the association between holding this belief and exclusive breastfeeding behavior was weak, (OR: 1.10, 95% CI: 1.01, 1.21) suggesting that the “nurse more” belief might not be a promising determinant to address via a strategic mass media campaign. If we had had access to these findings earlier, we may have chosen a different theme for the TV spot meant to increase mothers’ confidence.

Integrated Intervention Mix

Alive & Thrive’s implementation framework, below, is built on the socioecological model and includes four components:

1. Advocacy
2. Interpersonal communication and community mobilization
3. Mass communication
4. Strategic use of data

As noted above, the advocacy component achieved several changes that helped create a supportive environment for exclusive breastfeeding, beyond a communication mix.



Co creation through Social Markets

Alive & Thrive partnered with a number of stakeholders as we developed and implemented our strategy. The government of Vietnam’s Ministry of Health and Save the Children helped to design the social franchise model for delivering counselling on infant and young child feeding. Save the Children designed and implemented community support groups for mothers, furthering reach of our interpersonal communication component. We teamed with UNICEF and local non-governmental organizations on the advocacy strategy.

Systematic Planning

For our overall approach, please see Alive & Thrive’s implementation framework, above.

Our planning process for development of the mass media component and for monitoring and evaluation included:

- Situation analysis and media audit
- Formative research
- Early concept testing
- Two additional rounds of concept testing
- Pretesting of media materials
- Evaluations design and implementation of wave #1 survey (baseline)
- Production of TV spots
- Media buy
- Campaign launch, first burst
- Subsequent bursts

- Ongoing monitoring
- Evaluation, waves #2 - #4
- Evaluation wave #5 (end line)

We applied the socioecological theory and the reasoned action model, with special emphasis on specific aspects of beliefs about outcomes of the behavior, sense of self-efficacy, and perceptions of social norms.

Results and Learning

From 2010 to 2014, exclusive breastfeeding more than doubled from 24% to 56% in areas where Alive & Thrive’s intensive, comprehensive program was implemented. Greater exposure to the TV spots was associated with greater over-time increases in exclusive breastfeeding (OR: 3.3; 95% CI: 2.7, 4.1). There was also a dose-response effect such that mothers who could recall 1-2 messages were more likely to report exclusive breastfeeding than those who could recall no messages, and mothers who could recall 3 or more messages were more likely to report exclusive breastfeeding than those who could recall 1-2 messages.

Recall of specific messages varied. At end line, 27% of mothers spontaneously recalled the message from both TV spots that breastmilk has enough water and 17% recalled the message no water for children under 6 months. Spontaneous recall of the message that more frequent nursing increases breastmilk production was only 8% at end line.

This suggests that it was recall of the no water messages and not recall of the nurse more messages that drove increases in exclusive breastfeeding behavior. There were significant over-time increases in the behavior of not giving water and it followed the same pattern as over-time increases in exclusive breastfeeding behavior. The average number of daytime and nighttime feedings did not increase significantly over the course of the campaign.

We conclude that we would have benefitted from having quantitative data on attitudes and beliefs in time to design our breastfeeding strategy, including the interpersonal communication component and the TV spots. Specifically, the message that aimed to build mothers’ self-efficacy by reminding them that nursing more would increase breastmilk production may have been a poor strategic choice. Our study suggests that for strategic communication, the routine use of quantitative measures of behavioral determinants may be necessary to check the relative strength of the possible determinants that surface through qualitative research.

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Number: 77

Achieving Dreams: Increasing Youth Access to Long-acting Reversible Contraception through Social and Behavior Change Communication

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Achieving Dreams: Increasing Youth Access to Long-acting

Reversible Contraception through Social and Behavior Change Communication

Aims and Objectives

Despite the proven safety and efficacy of long-acting reversible contraceptive methods (LARCs), including the Intrauterine device (IUD) and implant, LARCs are rarely considered “acceptable” for young women in low- and middle-income countries (LMICs) – especially if a woman is unmarried or nulliparous. Young people (ages 15 to 24) are often unaware of LARCs, or are deterred from using them due to inaccurate or incomplete information; providers frequently avoid discussing LARCs with young clients for cultural and societal views that dictate LARCs are for older, married women and for mothers (as discussed in HC3, 2014).

To address these barriers, the Health Communication Capacity Collaborative (HC3) project created, pretested (in Nigeria and Malawi), and finalized social and behavior change communication (SBCC) materials for use, adaptation and dissemination by program managers working in youth sexual and reproductive health (SRH). HC3 itself will not launch a campaign using the materials. The materials include: 1) an animated video and accompanying discussion guide for providers, which aim to increase youth-friendly contraceptive counseling and expand the method mix discussed with youth to include LARCs; 2) brochures, to be used as provider counseling aides or in demand generation activities among youth, and 3) a set of posters encouraging youth to consider whether an IUD or implant might be right for them. Thumbnails of the materials are included in the Appendix. HC3 posted the materials for download online (April 2016), and for adaptation, by request (June 2016), for program managers wishing to use the materials to expand or strengthen their existing or planned project work.

Behavioral Objectives and Target Group

The overall goal of the activity is to provide adaptable examples of SBCC materials that can help erode the barriers preventing youth access to LARCs on both the supply and demand side, while also saving projects time and money on resource creation while also increasing project impact. Under this goal, HC3’s specific objectives include:

- Between April 2016 and HC3’s completion in September 2017, promote the materials so relevant organizations worldwide can adapt and disseminate them according to need
- Fill existing resource gaps (human, material, monetary) for interested organizations/projects to strengthen or expand reach and impact
- Increase family planning/youth-focused projects’ and organizations’ capacity to promote LARCs as a contraceptive option for young women worldwide
- Increase youth’s and providers’ access to materials and information about LARCs and their safety for youth (ages 15 to 24)

Two target groups were identified as primary users of these materials:

- Program managers working in youth contraception, pregnancy prevention, and SRH, who wish to encourage improved youth-friendly contraceptive counseling and/or a broader method mix that includes LARCs to young people
- Contraception/family planning providers or supervisors, who (wish to) provide improved contraceptive counseling to young people

The materials themselves were designed to resonate with the following audiences:

- Providers, who do or who will provide contraceptive counseling to youth
- Young women between the ages of 15 and 24, who wish to avoid unintended pregnancy, regardless of their age, relationship status, or parity
- Male partners of women ages 15-24, who wish to avoid an unintended pregnancy

As of January 2017, 19 organizations/projects across 18 countries have requested the materials’ files. Three of these organizations, operating in six countries, so far estimate a combined reach of more than 15,000 healthcare providers and 121,500 adolescents over the next three years. HC3 continues to follow up with each organization for specific success stories and feedback on the materials’ use and

impact.

Evidence of Citizen/Customer Orientation

To ensure the materials were needed and evidence-based, HC3 conducted a literature scan, country program and multi-project outreach activities, and an online discussion forum to identify the biggest challenges to youth LARC access in LMICs, understand whether any SBCC materials already existed to increase LARC access among youth, and to gauge the acceptability and preferred format of family planning and LARC communication tools. HC3 conducted a quick assessment in Malawi in October 2014, including in-depth interviews (IDIs) and focus group discussions (FGDs) with 21 private and public sector providers, and 11 men and women between the ages of 18 to 29.

Based on the results, HC3 developed a draft video, brochure and poster. These tools were pre-tested through IDIs and FGDs for content clarity and appropriateness in Malawi in March 2015 with five providers and 43 young people (ages 18 to 29). The materials were then refined according to feedback and expanded. A revised video, a video discussion guide outline, two brochures, and four posters were pretested in Nigeria through IDIs and FGDs with 66 young women and men between the ages of 18 and 24, 20 IDIs with female and male providers, and four IDIs with Ministry of Health officials. Based on this additional feedback, the materials were then refined, finalized and introduced in an April 2015 webinar.

The Social Offering

Unplanned pregnancy can change the course of a young woman’s life, significantly delaying or overtaking her personal, education, career, or other achievements. Through increased access to a range of contraceptive methods that includes LARCs, young women can make the contraceptive choice that is right for them, to prevent unplanned pregnancy, protect their health, and achieve their dreams.

HC3’s LARC materials include the key information, approach and messages needed to increase informed contraceptive choice among youth and increase provider capacity to constructively counsel young clients. The tools focus on providing correct LARC information to both parties, repositioning LARCs as excellent contraceptive choices for youth, removing provider bias from contraceptive counseling, and increasing LARC acceptance for youth – all in the interest of improving the lives of young women.

Engagement and Exchange

HC3 involved key audiences and stakeholders from the beginning, reaching out to contacts in the U.S, Latin America, and Africa in its early assessment activities to establish interest in and need for the tools. We pretested the materials with priority audiences and stakeholders in our focal countries (Nigeria, Malawi), and now that the tools are finished, HC3 is sharing the their editable InDesign, Word and mp4 files with requesting organizations. Since June 2016, 11 organizations/projects across 12 countries have asked to adapt the materials, either by adding their logos, changing images, and/or translating content into another language. These organizations will use the materials in provider training, youth outreach activities and in family planning activities – including those blended with the Zika response in Latin America. Another project is using the materials as-is in provider training activities in Uganda. HC3 is following all of these activities, and holds an ongoing correspondence with these implementing groups. We are facilitating exchange between relevant organizations via email and (soon) through online discussions. On a rolling basis, we are also capturing users’ experiences as adaptation and dissemination occurs.

Competition Analysis

Aside from determining during assessment activities that no other youth-specific LARC materials existed when HC3 began developing the materials, HC3 has not conducted a competition analysis. This is because we hope our materials will complement, rather than compete with, any current or future relevant efforts. The materials are not a traditional campaign that HC3 will launch and evaluate, but rather are tools that organizations can pick and choose from according to their specific program needs. Sharing the tools in this fashion:

- Gives organizations ready-to-use SBCC materials to implement immediately, or to tailor to their own project and community needs

- Saves other implementers the time and money they might have otherwise spent on designing from scratch their own LARC communication materials

Segmentation

Facilitating informed contraceptive choice across a broad method mix that includes the most effective methods (i.e., LARCs) among 15- to 24-year-old women is a priority for HC3's donor, USAID. The importance of prioritizing this young segment of the population was reinforced by HC3's assessment and pre-test activities. Providers and, secondarily, male partners, emerged as priority segments during our assessment research. The tools are for program managers to increase their capacity to implement relevant projects using sound SBCC tools. The tools prioritize providers, young women and male partners because these are the key actors in a woman's decision to choose a contraceptive method.

Insight

The formative research identified a range of barriers to youth LARC access. The most significant barriers among providers were low/incomplete LARC knowledge, low comfort levels counseling youth on contraception, and prevalent socio-cultural bias insisting LARCs were inappropriate for youth. The most significant barriers among young women were essentially the same as among providers, with the added pressure of male partner concurrence with contraceptive method use. These were crucial insights were incorporated into developing the tools.

Integrated Intervention Mix

The tools encompass the Four Ps (Jennings, McCarthy, Schrank, Fagerland, & Learning Seed Company, 2009) approach in the following way:

- Product: IUD and implant
- Price: Unintended pregnancy cut a young woman's dreams short
- Place: Key places where youth might seek services or information regarding pregnancy prevention, sex, or relationships. For example, the video and discussion guide were designed for use in the clinic setting, where youth would ask about/have a LARC placed; the brochure and posters are for in- or out-of clinic settings – such as schools, youth clubs, smaller drug shops or kiosks – where youth might discuss or seek contraception.
- Promotion: Through managers using the tools in their project work around youth SRH, in any of the locations mentioned above

HC3 also consistently includes the 7 Cs (adapted from Cutlip & Center, 1952) in its work. Here, HC3 created and pretested the tools to ensure their information and key messages were clear, concise, coherent, correct, and as complete as possible given the limited space. We were careful to select images and a tone that would be courteous and appropriate per socio-cultural norms, and made sure that our calls to action were concrete, simple and actionable for providers and young people, for example, by suggesting a memorable set of counseling tips and a simple call to "talk to a provider to learn more" about LARCs, respectively.

HC3 promotes its LARC tools with priority audiences – including organizations, project representatives, providers, etc. – online (e.g., HC3 website postings, webinars, online discussion sites, listservs), through interpersonal interactions (e.g., project events, conferences, meetings with donors), and direct outreach (e.g., emails to project points of contact).

Co creation through Social Markets

As described in previous sections, HC3 made every effort to reach out to other projects before creating these materials to ensure we were not duplicating existing efforts, and that we were indeed responding to an important need. We reinforced this through our Malawi quick assessment with priority audience members, and repeated this process iteratively in our pre-tests – there, also including ministry of health officials. We continue this process today by corresponding regularly with any organization who we know to be using or adapting the materials so we can also continue to learn from these groups and their stakeholders.

Systematic Planning

All of HC3's work is underpinned by a variety of behavior change models and theories, including the Health Belief Model, Diffusion of Innovation, the Social Learning Theory and the Theory of Planned

Behavior (as described in Glanz, Rimer & Lewis, 2002). We also reference the Socio-Ecological Model (as described in Glanz, Rimer & Lewis, 2002) when conducting any activity, making sure to have a holistic understanding of the environment in which health decisions are made. These tools, for example, address beliefs and behaviors at the individual, social and structural level. We developed these materials according to the P Process stages: Inquire/assess, design strategy, create and test, mobilize and monitor, and evaluate and evolve. We are currently in the monitoring and evolving stages, as we watch and capture adaptation activities as implemented by our 11 interested organizations/projects.

Results and Learning

The fact that so many organizations are already using the tools in their work speaks to the need for and utility of such resources. Because this activity is not a traditional create-and-implement campaign, we cannot plan to measure and evaluate the behavioral impact the materials have on beneficiaries. Rather, HC3 is closely following the organizations that are using and adapting the tools and will capture lessons learned from them now through HC3's close in September 2017. Specifically, we will be monitoring and evaluating the different uses and "lives" the materials have taken according to different programs – from provider trainings to Zika response initiatives – around the world. From those experiences, and according to the lessons learned by those implementing organizations, HC3 will be able to make recommendations to other groups hoping to use and adapt the materials in the future.

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Appendix

<http://healthcommcapacity.org/technical-areas/family-planning/long-acting-reversible-contraceptives-larcs/>

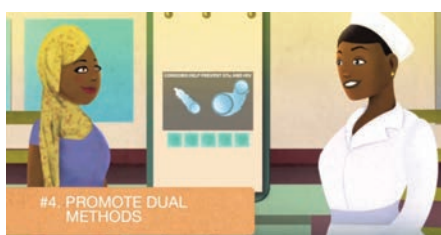
Brochure Example



Poster Examples



Video Still Examples



Number: 85

Promoting global health and wellbeing

Using Mobile phone Technology to Increase Access to Clinical Counseling and Testing Services through the SMS Service Locator.

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Using Mobile Phone Technology to Increase Access to Clinical Counseling and Testing Services through the SMS Service Locator.

Background

Uganda Health Marketing Group (UHMG) is one of the leading social behavior change communication and social marketing organizations in Uganda. The goal of UHMG is to provide a good life to all Ugandans through the provision of superior and affordable health solutions. UHMG implements health interventions in four thematic areas of integrated sexual reproductive health, maternal and child health, Malaria, and non-communicable diseases.

Aims and Objectives

In order to increase the uptake of voluntary HIV Counseling and Testing (HCT) among hard-to-reach city populations to prevent further HIV transmission, the USAID/Uganda Good Life Integrated HIV Counseling and Testing Kampala project, funded by United States Agency for International Development (USAID), was a three year project implement by UHMG from 2012 – 2015, designed to reach key populations and other urban dwellers in the city of Kampala. This project targeted female sex workers, lesbians, gay, bisexual and transgender (LGBTIs), motorcyclists, taxi drivers,

artisans, employed individuals and the business community.

The main goal of the project was to prevent further HIV transmission and improve the quality of life of infected individuals through early diagnosis and linkages to prevention, care and treatment. In addition, the project was intended to take service to this target population because these minority groups usually have challenges accessing health services due to social and cultural barriers.

Behavioural Objectives and Target Group

The project was designed to serve key and priority populations including men having sex with men (MSM), female sex workers (SW) and fishing communities. The program overall target population reach was approximately 100,000 individuals annually with comprehensive HIV services.

Specifically, the project aimed at:

1. Increasing demand for HCT services among most-at-risk populations, using specific counseling, communication and social dialogue approaches that resonate best with each of the groups.
2. Providing effective path to integrated HCT health services through UHMG's network of Good Life Clinics and other mostly private sector partners, with options appropriate to individuals at different economic and social levels.
3. Providing support and care for clients after HCT. HIV-negative individuals would be linked to support structures that can help them stay negative while HIV positive clients would be supported for HIV care, treatment, and positive prevention services through linkages with other partners.
4. Supporting capacity-strengthening to all partners to ensure that high-quality programs remain sustainable.
5. Ensuring continuity of access to and utilization of Integrated Family planning and comprehensive HIV care products and services.

Evidence of Citizen/Customer Orientation

Considerable strides have been made globally in the fight against HIV, but major gaps remain that prevented many countries from achieving the Millennium Development Goal six, relating to HIV/AIDS and other diseases. According to UNAIDS (2012), twenty-two of the worst countries have reduced incidence by over 25% in the last eight years. Although many hitherto high prevalence countries are registering progress towards combating HIV/AIDS, some countries are on reverse trends. Over 90% know about HCT and its benefits, but only up to 54% have taken an HIV test, up from 44% in 2011.

In Uganda, despite wide spread mass media campaigns for HIV Counseling and Testing (HCT) services, uptake of the HCT services remained below average. This was evident in the progress towards combating HIV/AIDS which was on the reverse trend towards the end of the millennium development goals period. People had become complacent with the ordinary prevention and HIV test seeking messages. Furthermore, key population groups are associated with stigma and have an inherent fear to disclose their sexual orientation and practices due to legal implications that may be associated with their status. A number of barriers to accessing HCT services had become known with confidentiality issues, safety and cost ranking highest.

The Social Offering

Through the USAID/Uganda Good Life Integrated HIV Counseling and Testing Kampala project, UHMG explored the use of the SMS platform to provide more than just HCT information. The platform was designed to provide location of the nearest clinic with HCT services. This would enable the target beneficiaries to seek services that meet their convenience in terms of location, time, confidentiality, and quality of service.

Engagement and Exchange

UHMG works in partnership with private health facilities across Uganda called "Good Life Clinics" to extend health services to Ugandans. UHMG used the SMS platform to provide precise information about the location of the nearest Good Life Clinic (GLC) to the HCT service seeker in the five divisions of Kampala city, Uganda. Individuals obtained the SMS code (8464) and the toll free

telephone number (0800108464) from bill boards, taxi stickers, television and radio advertisement as well as Good Life promoters and used the SMS code to get information about where to get HCT services at their convenience.

The SMS HCT locator was designed to help the targeted population locate the nearest Good Life Clinic by simply texting the word "Test", place where you are, and sending it to 8464. This guide was also widely publicized in all the advertisements displayed on billboards and also those aired on radio and television. The sender would instantly receive a name of the nearest Good Life Clinics. They would also be given a toll free number to call if at all they required or felt like speaking to a counselor.

Competition Analysis

Several HCT services providers exist in Uganda however, for our target population it was prohibitive for them to access HCT and other related service from ordinary settings due to majorly stigma, lack of ideal privacy and legal implications that could arise with unlawful sexual orientations in Uganda. The design of the project put into consideration the convenience of the target population in terms of location, time, confidentiality, and quality of service. This invaluablely distinguished the project from all other HCT service providers.

Segmentation and Insight

UHMG works with 110 GLCs countrywide with monthly support supervision visits for quality assurance and monitoring purposes conducted by the programs team. The Project however supported the delivery of integrated HCT services through providing financial, technical and logistical support to 21 selected GLCs in the Kampala area. The project also worked with five Civil Society Organizations (CSOs) addressing the health needs of key populations and one implementing partner; Integrated Community Based Initiatives (ICOBIs).

Integrated Intervention Mix

Product

The product was the comprehensive HIV services. The project ensured availability of HIV testing logistics by strengthening the GLC's capacity to forecast, order and maintain a functional logistics management information system. This guaranteed the availability and reliability of HCT services at any one time at these selected service centres for anyone who would walk in for an HIV test or related services.

Price

The cost of the comprehensive HIV services was fully paid up by the project. However, although auxiliary products were available for sale during outreaches, they were considerable affordable because they are always subsidized and only meant for social marketing.

Place

The platform only included the certified Good Life Clinics and thus it eliminated incompetent and undeserving service providers. The platform subscribers had an opportunity to call a toll free number and talk to a counselor. Because the caller remained anonymous, the counseling was unbiased and highly confidential. The HCT toll free number (0800108464) helped people to access direct, personalized and highly confidential counseling and directions to the nearest Good Life Clinic within their location. They also received tips on the benefits of integrated HCT services.

The five CSOs, from time to time, organized and mobilized key populations in given secure locations for them to access HCT and referral services. Some field outreaches were carried out in the night (moonlight outreaches) especially for the female sexual workers. Health workers were trained on how to handle clients from key populations groups and were asked to give priority to those clients who visited any of the accredited clinics whenever they walked in for HCT or any other related service.

Promotion

UHMG used the SMS platform to provide precise information about the location of the nearest Good Life Clinic (GLC) to the HCT service seeker in the five divisions of Kampala city, Uganda. Individuals obtained the SMS code (8464) and the toll free telephone number (0800108464) from bill boards, taxi stickers, television and radio advertisement as well as Good Life Promoters.

Co creation through Social Markets

In order to improve service delivery, and in addition to the support supervision visits, UHMG engaged the service providers in quarterly reviews that were primarily meant to track progress and correct mishaps along the path of implementation of the project. For some of the GLCs, there were no significant drawbacks apart from the challenge of increased numbers of HCT service seekers. Among key populations groups, the highest challenge was to continuously create the assurance in them about confidentiality issues and safety. The SMS platform was very reliable with availability of up to 99.9% of the time during the period of the project. Some SMS platform users however had challenges locating the clinic using the SMS alone. This was alleviated by encouraging users to call the toll free number (0800108464) for directions as well. Cases of this nature however were considerably few. The SMS platform also provided a very high level of choice and confidentiality to the users and this significantly enhanced the uptake of the HCT services. The customer care and interpersonal communication skills trainings that counselors at GLCs received at the beginning of the project also enriched the quality of service delivery at those clinics. Feedback from partners (GLCs and CSOs) during the review meetings and support supervision visits at GLCs demonstrated that more users were pleased with the services they received. Making clients from key population groups prioritized at the GLCs helped to enrich the health seeking behavior of these individuals and reduced their fears of disclosure.

Systematic Planning

UHMG adapted its approaches to deliver integrated HCT services to FSWs, MSMs and fisher folks based on clientele preferences and convenience in terms of location, time, confidentiality, and quality of service. The Provider Initiated HIV Testing and Counseling (PITC) strategy was introduced and widely used in the private health facilities. Key populations were reached through small groups based outreaches and using the mobile HCT vans.

Results and Learning

In a period of 12 months, January to December 2013, a total of 1,036,133 requests to locate a service provider (clinic) were received and automatically replied. The SMS platform was loaded with various categories of integrated HCT information that included HIV prevention, treatment, care and support. This information was disseminated to the over one million platform subscribers.

During the implementation period, the project used innovative approaches that enabled it to achieve the following results:

- Up to 665,733 individuals in Kampala city accessed HCT services
- The project identified 19,686 HIV positive individuals who were effectively linked for HIV care and treatment.
- Specifically, a total of 25,518 Female sex workers; 3,975 MSM and 11,120 Fisher folk accessed HCT services.
- The project distributed 15,006,276 Protector Condoms
- The project distributed auxiliary supplies including 2,562,226 Injactaplan vials and 2,356,869 cycles of Pilplan Plus. This contributed to an estimated 1,369,696 CYPs, averted an estimated 335,666 unwanted pregnancies and enabled 870,914 disability adjusted life years (DALYs).

Lessons Learnt

The success of the USAID/Uganda Good Life Integrated HIV Counseling and Testing Kampala project was largely due to the innovations and approaches being used by Uganda Health Marketing Group of leveraging the use of mobile phone technology for locating the clinics, and also ensuring that the Good Life Clinics get health commodities supply on time.

Using the SMS service locator platform is a low cost effective means of increasing uptake of healthcare services and helps stimulate health service seeking behavior among people. It is easily scalable and can be adapted to support wide scale interventions to increase access to health services especially among populations where similar barriers exist.

The toll free helpline is an appropriate avenue to reach men just as much as women and one of the most ideal platforms for young people to access healthcare and related services.

The service locator is an innovation that can easily be applied to enable increased uptake of HCT services where knowledge about the location of the providers, stigma associated with the service, and confidentiality issues are a barrier.

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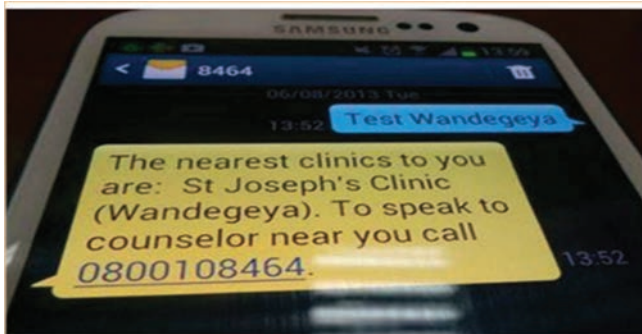
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Appendix

Sample of a clinic Locator SMS



Number: 86

Get Kol Art...Pik Welbodi:

Promoting Peace of Mind by Taking Positive Actions for Women's and Girls' Health

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Get Kol Art... Pik Welbodi

Promoting Peace of Mind by Taking Positive Actions for Women's and Girls' Health

Aims and objectives

Sierra Leone has one of the highest rates of maternal and child mortality in the world. Reasons for this include insufficient knowledge about and access to quality RMNCH (reproductive, maternal, neonatal and child health) services, negative attitudes about the health care system and lack of support and motivation to practice positive RMNCH related behaviours at household and community level. Distrust in the health care system was exacerbated during the Ebola crisis. The Get Kol Art... Pik Welbodi (Get Peace of Mind... Choose Health) mass media campaign and community based program aims to improve health outcomes for women and girls by building stronger linkages between the community and their local clinics, encouraging positive health seeking behaviour among families and strengthening community support for normative change.

Behavioural Objectives and Target Group

The primary target group for the program is young married couples and families with children under 5 years of age who live in the 5 program districts (Tonkolili, Bombali, Port Loko, Western Urban, Western Rural). Secondary target audiences include extended family members, community, traditional and other leaders, and the larger community.

Key Behavioural Objective: By March 2017, the proportion of women in the target audience who access RMNCH services will increase by 15% from baseline.

Specific RMNCH services and behaviours the program focused on accessing include:

- Attending at least 4 ANC visits
- Going to the clinic when pregnant at the first notice of any danger signs
- Delivering their baby at a health facility
- Taking their children under 5 for routine check-ups and immunizations per the recommended schedule
- Taking their children, especially new-borns, to the clinic at the first sign of illness

Evidence of Citizen/Customer Orientation

The Get Kol Art... Pik Welbodi Campaign and community dialogue program was designed based on formative research and careful secondary analysis of existing research. Evidence indicated that women and families were not using clinic services for several reasons including- they distrusted the health workers in facilities, felt health care providers had poor attitudes and interpersonal communication skills, were not aware of /did not see the value in regular visits to the clinic when pregnant or of delivering in the facility, often relied on traditional birth attendants or healers for health care, did not have the ability or resources to access services, or were not supported by spouses and other family members to use services. Based on this, the program's approach was to "meet people where they are", and specifically address strengthening the community/clinic relationship, building household and community support for accessing services and increasing the perception of the value of clinic attendance during pregnancy, delivery and for new-borns and children.

The Social Offering

The program promoted two key social offering aspects. One was to equate positive health choices with peace of mind, a value that is held by the target audience. While pregnancy is a time of joy for most women and their families, it was also perceived to be a time of concern and anxiety regarding the mother's and baby's health. Having a child is cause for great celebration but babies and small children are vulnerable to disease; parents naturally worry about their health outcomes especially in a context where infant and child deaths are not uncommon. To have greater peace of mind, women and their families were directed to "choose health" by consistently accessing local health services, where care would be provided throughout their pregnancy, delivery and their child's life. The second aspect of the program was to increase the connection between the community and the local clinic and create a mutual sense of ownership as part of choosing health. Through dialogue meetings, community members and clinic staff identified aspects of the facility that needed rehabilitation. After a joint prioritization process, the program provided financial support for basic repairs and upgrades to be undertaken. Much of the needed work was done by community members who volunteered their time or brought food and water to hired carpentry, electrician and other professionals. By working together to improve the facility, relationships were strengthened, greater trust was built among women, their families and the clinic staff and a greater sense of ownership to ensure quality services continued to be provided – and community members accessed them – was fostered.

Engagement and Exchange

Nearly everyone in the community became engaged in the clinic makeover process. This included women, their families, school children, community leaders, community members and facility staff. The process began with the mutually agreed upon prioritization mentioned above of how to improve the clinic, continued through the process of rehabilitating the facility and celebrations of their achievements and the newly enhanced clinic. A committee was selected to oversee the makeover process and will continue to ensure that improvements are maintained. Working together strengthened the relationships between the community and the facility and also within communities. Wider community dialogue around actions women and their families could take at the household and community level strengthened family and community support for women to access services in a timely manner. In addition, the program helped build the relationship between traditional birth attendants (TBAs) and clinic staff who were often

seen in competition with each other. The program engaged the TBAs in the makeovers and community dialogues and also promoted the importance of their new role (per the government's directive) supporting pregnant women to go the clinic for ANC visits and delivery.

Competition Analysis

The competition, identified through formative research and secondary analysis, is primarily traditional birth attendants (TBAs) and local healers whom women and their families seek out for health care. These traditional providers are often seen as more accessible, less expensive and able to deal with spiritual as well as physical aspects of illness and disease. There is also underlying competition between community-based TBAs and facility-based health workers. TBAs are local community members who are known, trusted and accessible and have close relationships with families, whereas, many facility workers are not from the district, are distrusted and often not accessible at times when they were most needed.

Segmentation and Insight

The market was segmented by lifecycle, that is families who were recently married/about to have children or with children under 5 years of age (and likely to have more children) and needed/would benefit most from the services. While women are the ultimate beneficiaries of the intervention, as they are the ones who get pregnant/give birth and are largely responsible for child care, the research made it clear that it was essential to have the support of their spouses and often their extended family (mothers in law) to access the services and uptake the positive behaviours. Therefore the program was targeted to the family and not just women. Since men are primarily the ones concerned about family finances and the cost of health care, and in many households are the decision-makers regarding access and use of health resources, products, and services, the Get Kol Art campaign and community dialogues included discussions highlighting the fact that accessing health care costs less when illness is dealt with promptly and correctly, (which leads to less worry/greater peace of mind concerning money).

Integrated Intervention Mix

The marketing mix is under the rubric of Get Kol Art... Pik Welbodi. The product is the health care services. The clinic was repositioned as a place where women and their families could expect quality, preventive and curative health care if they accessed the services in a timely and consistent manner. By doing so, they would have greater peace of mind about their health, in particular their pregnancy, and the health of their unborn/new-born baby. The services placement is positioned as locally available and accessible in the districts where people live. The facilities were promoted through the active participation and engagement communities had in the makeover process, the community dialogues as well as in the larger communication campaign that promoted the facilities as the place to go to get peace of mind by choosing health. The price for prompt and regular use of services is positioned as being less costly than delaying going for services (and illness becoming more severe and therefore more expensive). In some communities, Chiefs instituted by-laws that came with cash penalties for women not delivering in clinics. While this was not promoted directly through the campaign, the issue of by-laws and the cost of not adhering to them was raised in a few episodes of the Get Kol Art weekly radio program. The radio program also addressed the social cost of TBAs not complying with the new mandate regarding their role, such as conflict with other TBAs (who were) and health facility staff. TBAs who did comply were positioned as being greatly appreciated by their clients for taking care of them and having their best interests first and foremost. The social cost for families not accessing health care at the facility was positioned not only as not having peace of mind, but potentially severe illness and death.

Communication Mix:

- Mass Media: (5) Radio Spots; (20) Episode Get Kol Art magazine format radio program; 2 posters
- Community: Facilitated Dialogue using Journey to a Brighter Future Guide; Radio Listening Groups; Clinic Makeovers and celebration

Co creation through Social Markets

Citizens and stakeholders were involved through the dynamic participatory process of community activism with the facilities. They chose which aspects of the rehabilitation would be supported and how it would be celebrated in their communities. Representatives of the target audience also participated in the design and promotion of the campaign.

Systematic Planning

The planning process used the socio-ecological framework that guides design by enabling programmers to look at the different levels where interventions need to take place to bring about change. In the case of Sierra Leone, it was necessary to intervene at the national, services, household and community levels. The media campaign was distributed through the national level, a community dialogic process was implemented to engage the wider community members, leaders and extended family members to support the promoted changes, and clinic and community engagement with rehabilitation addressed the essential clinic level changes needed to encourage people to access services.

Systematic planning and monitoring was done at various levels. National level planning involved key government and non-governmental partners who had extensive experience working in Sierra Leone communities and had many applicable lessons learned from implementing the Ebola response. District level stakeholders were included in all decisions around which facilities and catchment communities to work in. At the community level, buy-in was sought with gatekeepers and other key influential parties. Monitoring was an on-going process with data collected on a regular basis to inform if the program was remaining on track, the degree of active participation, initial feedback from interventions, and whether there were any unintended consequences necessitating mid-course adjustment. Community-level monitoring was done by facilitators and coordinators who were part of the community. Output monitoring on community engagement was done on a monthly basis and fed back to community members as a motivation tool.

Behaviour change theories underpinning the intervention included social change theory (Bandura, 1988) and the theory of reasoned action (Ajzen & Fishbein, 1997). The crux of these theories is that social norms influence behaviours and determine health outcomes. What individuals believe about people, ways of doing things, and what they perceive as consequences of their beliefs and actions affects how they behave; communication can influence these to promote new norms around positive health behaviours and outcomes.

Outcomes monitoring was conducted in three waves. The first wave was done in March of 2016 and served as the baseline for measuring program progress and achievement. The second wave was conducted after six months of implementation, followed by a final wave at the end of the project, five months later. Rapid Assessments at the community level were used to collect data on estimates for specific outcome indicators related to knowledge attitudes and beliefs around RMNCH, perceptions of health workers, and use of facility-based health services. Client exit interviews were also conducted concurrently with the rapid assessments to obtain real time data on community member experiences in RMNCH facilities.

Results and Learning

Results: Two waves of evaluation data collected in March and September 2016 showed an increase in clinic attendance for RMNCH services. (The third wave data will be available and presented at the conference). Assessments regarding the last time health care was needed showed that community members first sought facility-based care for themselves and their children rather than traditional health providers. Results also showed increased positive perceptions of the health facility environment and health providers.

Objective: By March 2017, the proportion of women in the target audience who access RMNCH services will increase by 15% from baseline

The proportion of women from the program target areas who reported using RMNCH services increased from 66% to 72%, representing an increase of 9.1%, midway through the program. This puts the program on track to achieve the overall program objective set for March 2017.

Outcome estimates were also derived for specific RMNCH services. While the proportion of women accessing reproductive health (FP) services remained unchanged (15% baseline, 14.6% midline), there were substantial changes in use of maternal health and infant and child health services. Maternal health services, specifically prenatal care, safe delivery, postnatal care, and treatment of malaria in pregnancy, increased from 37% at baseline to 41.1% at midline. Use of infant and child health services, specifically newborn care, nutrition, fever care, and immunization services, increased from 42.5% at baseline to 46.8% at midline.

The overall outcomes were supported by changes in community member perceptions of facility-based and community-based health workers. Specifically, the proportion of community members with positive perceptions about facility-based health workers increased from 81.9% to 92.6%, and proportions with positive perceptions about community-based health workers increased 64.9% to 78.3%. In addition, the proportion of community members with positive perceptions about both facility-and community-based health workers increased from 61.4% at baseline to 72.8% at midline.

Learning:

The value of investing in relationships cannot be underestimated. It is important to build the trust of key stakeholders and constituents and follow through on any commitments made, especially to communities, ensure that trust does not evaporate.

Using a platform that promotes not only better health outcomes but the value of peace of mind can be an effective way to market to women and men, who may have different priorities when it comes to household concerns.

It is important to market to family members who can serve as barriers and facilitators to uptake of services to bring about change and not just target the primary “beneficiary.”

Successful social marketing and behaviour change results from true engagement and ownership from the target and consumer audience. People need to feel they have a stake in the process and the outcome if the change is expected to be lasting.

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Appendix

Number: 89

Keep What You’ve Earned: Promoting Responsible Drinking in the U.S. Navy

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Keep What You’ve Earned: Promoting Responsible Drinking in the U.S. Navy

Background

In 2006, Navy Inspector General’s Alcohol Abuse Prevention Study found that the Navy’s “Right Spirit” campaign, launched in 1995, was dated and ineffective. Two years later, the Department of Defense (DoD) surveyed Health Related Behaviours Among Active Duty Personnel, and found that “binge drinking” in the Navy increased from 42 percent in 2005 to 48 percent in 2008. Eighteen percent of Navy respondents not only reported heavy drinking (5+ drinks on the same occasion at least once a week), but also one in five drinkers indicated experiencing serious consequences as a result of drinking in the past year. These consequences can include disciplinary action up to administrative separation (discharge) from the Navy. Additionally, misuse of alcohol is associated with failure to fulfil major responsibilities at work, school, or home; legal and financial problems (including sexual assault and/or domestic

violence); alcohol-related illness and death; and depression and suicide.

While Navy Alcohol and Drug Abuse Prevention (NADAP) recognized that communications campaigns can promote awareness, they had yet to implement a campaign that put audiences first in an effort to affect behaviour change. To that end, NADAP began pursuing a social marketing campaign that would better resonate with junior Sailors and leaders alike, using positive messaging to build trust and affirm Sailors’ abilities as responsible decision-makers.

Aims and Objectives

The Keep What You’ve Earned campaign was launched in 2013 to educate U.S. Sailors on responsible drinking and the consequences of poor decisions regarding alcohol, promote and encourage alternatives to drinking, and foster a community-based approach to motivating positive drinking behaviour in the Navy. Keep What You’ve Earned aims to remind Sailors of everything they’ve accomplished in their Navy careers, and how just one incident of irresponsible alcohol use could put it all at risk.

Behavioural Objectives and Target Group

The overall goal of the campaign is to reduce incidences of alcohol abuse and promote a culture of responsible drinking in the U.S. Navy. The campaign’s objectives are to:

1. Increase Sailors’ awareness of the Keep What You’ve Earned campaign by 30 percent after three years of sustained campaign implementation;
2. Decrease alcohol incidents (including DUIs) among Sailors by seven percent by the end of the third year of the campaign;
3. Create partnerships with at least 10 Navy organizations; and
4. Increase traffic to the Keep What You’ve Earned website by 10 percent and social media engagement by 20 percent by the end of third year.

To achieve these objectives, campaign audiences include junior Sailors (18-24 years old), command and Navy leadership, Alcohol and Drug Control Officers (ADCOs), and Drug and Alcohol Program Advisors (DAPAs). To amplify the campaign’s messaging, communities (including neighbours, community officials, local businesses, and friends of the Navy) and Navy public affairs personnel are included as secondary audiences.

Evidence of Citizen/Customer Orientation

The Keep What You’ve Earned campaign follows the United States National Cancer Institute’s (NCI) Health Communications Model, a science-based, four-step approach to health communications. During Stage 1, the campaign conducted a literature review, media analysis, nearly 400 intercept interviews at Naval Station Great Lakes, and 17 one-on-one interviews with Navy ADCOs to gain an understanding of Sailors’ challenges at the deckplate and on the homefront. Based on this formative research, we designed and conducted focus groups with more than 150 Sailors from across the country during Phase 2 to help pre-test the campaign’s concept, resulting in the final campaign brand, “Keep What You’ve Earned.” Results from the initial testing revealed that Sailors preferred how this concept engaged with them as decision-making adults, without talking down to them or telling them that they should not drink.

The Social Offering

Keep What You’ve Earned uses a combination of positive and negative messaging to remind Sailors of everything they have worked for in their Navy career and how just one night of drinking could compromise all of their accomplishments. Keep What You’ve Earned encourages responsible drinking by connecting responsible behaviours to staying on track and advancing in their career.

The message “Drink Responsibly” is embedded in the campaign’s imagery and messaging, as shown in Figures 1 and 5 in the Appendix. Our research has shown that Sailors respond positively to this messaging as it engages with them within the context of their existing culture. Sailors have commented that they appreciate that the Keep What You’ve Earned campaign does not use moralistic language or tell them not to drink, but rather encourages them to make responsible decisions. Sailors also appreciate that the campaign appears to show that their leadership trusts them to make responsible decisions.

Engagement and Exchange

Engagement and exchange has been an integral part of the Keep What You've Earned campaign since inception. Before the campaign concept was finalized, three campaign concepts were developed and tested through 16 focus groups, revealing a clear favourite among Navy personnel for the final campaign concept—Keep What You've Earned.

To continue to keep a pulse on the hearts and minds of Sailors and keep them engaged, we conduct follow-up focus groups each summer to stay abreast of the most current trends in behaviour and attitudes about the responsible use of alcohol, and to determine how to refine campaign tools and products. Often, we incorporate this feedback in real time. For example, in spring 2016, we tested a summer drinking social media campaign based on popular “memes” with focus groups at a Navy base. Sailors shared that while the format was refreshing, they would be more likely to pay attention if the memes more closely mirrored the source material or were more specific to Navy life.

Additionally, we survey Sailors annually to determine their motivation toward behaviour change in alcohol use, as well as to gauge their awareness and impressions of the Keep What You've Earned campaign. As the communications campaign advances, we collect, synthesize, and develop reports using the industry-standard Centers for Disease Control and Prevention (CDC) Evaluation Framework, showing progress against performance measures and lessons learned.

Competition Analysis

Keep What You've Earned is a strategic health campaign aimed at U.S. Navy Sailors; therefore the campaign did not include a traditional competitive analysis. However, the campaign does stay abreast of other alcohol-related messaging directed at similar populations – such as That Guy campaign, the Navy & Marine Corps Public Health Center's Health Promotion and Wellness Dept., and the U.S. Army Reserve's Guard Your Health campaign – and probes target audiences on which aspects of those materials resonated, and which did not. For example, in summer 2016, the campaign tested a poster, infographic, and web article from one of the above campaigns during our annual focus groups. This revealed that Sailors would be unlikely to read lengthy text-based articles on a Keep What You've Earned webpage, but they did respond positively to statistics, “real-life” facts, bright images, and infographics.”

Segmentation and Insight

The Keep What You've Earned campaign identified three target audiences to reduce alcohol-related incidences and promote a culture of responsible drinking in the Navy. The primary audience for the campaign is younger enlisted Sailors between the ages of 18-24, as research conducted during Stage 1 revealed that this population had a greater prevalence of alcohol incidences and is at a higher risk for alcohol abuse. The second audience is Navy leadership, as they have a great deal of influence over younger Sailors in terms of both defining a command's culture and engaging with Sailors on an individual level. Our ongoing evaluation has emphasized that Sailors look to their leadership for support and guidance, and those individuals are largely responsible for setting the tone and helping to create the norms of responsible drinking behaviour on each base. The third primary audience is Alcohol and Drug Control Officers (ADCOs) and Drug and Alcohol Program Advisors (DAPAs), who conduct alcohol-related trainings and provide resources to Sailors.

The campaign also targets community partners, such as local bars and other community establishments. These partners, like Navy leadership, can support the concept of responsible drinking – such as knowing your limits and planning for a safe ride home – within the organization's culture.

Integrated Intervention Mix

Products and People: The Keep What You've Earned campaign puts our target audience, U.S. Navy Sailors, at the centre of our campaign messaging and material development. In order to reach Sailors in their life-spaces (90 percent of all active duty service members own smartphones according to the National Centre for Telehealth and Technology), intervention elements include digital products as well as print and multimedia products. The campaign's

mobile application, Pier Pressure (see Figure 3), leverages best practices in gamification and persuasive design to enable Sailors to explore their susceptibility to career consequences while illustrating the benefits of responsible drinking and the many ways to practice this behaviour, based on the Health Belief Model. Pier Pressure also includes real-life Functional Tools, such as a blood alcohol content calculator and integration with ride-sharing services for easy access to responsible drinking resources.

Price: Keep What You've Earned reminds Sailors of the potential cost of their actions in two ways. First, Keep What You've Earned puts the potential cost of an alcohol incident into real terms, including loss of rank, pay, separation from the Navy, and fallout with family and friends. The campaign also shows the positive outcome, including progression in career and increasing rank and opportunity. The campaign's materials – including the mobile application – are distributed at no cost to the Sailor to increase the campaign's reach. Materials are available to download at no cost on the Keep What You've Earned website, where they have been accessed over 16,000 times.

Place: The campaign engages with Sailors at both a local and national level. At the local level, the campaign offers resources to local leadership and encourages bases and community partners to encourage responsible drinking and promote alcohol-free alternatives. The campaign also emphasizes these key messages at the national level. For example, Keep What You've Earned produced two “Sailors on the Streets” videos in summer 2016 featuring Navy personnel of all ranks at Naval Air Station Jacksonville. These videos, which are intended to be distributed throughout the fleet, show Sailors talking honestly about how they drink responsibly and what non-alcohol-related activities they enjoy with their friends and family.

Promotion: The Keep What You've Earned campaign uses a mix of traditional and digital media to reach Sailors throughout the Navy. Traditional materials include print ads displayed in Navy Exchange stores and placed in publications. The campaign's digital presence is trifold, with materials targeted for mobile, web, and social media. The campaign targets materials and formats that resonate with younger Sailors, including a mobile game and tools, Flickr photo albums, YouTube videos, and social media “memes.”

Co-creation Through Social Markets

Continuous evaluation and feedback from the campaign's target audiences has informed the development and refinement of the Keep What You've Earned campaign. The campaign uses a mixture of qualitative and quantitative evaluation methods – such as annual focus groups, web metrics, and online surveys – to stay abreast of Sailors' communications preferences. In 2016, this feedback shaped updates to the mobile application and the creation and refinement of three original videos.

Systematic Planning

The campaign relies on three social theories in order to promote responsible drinking behaviour; the Health Belief Model, the Transtheoretical Model and the NCI Health Communications Model. The Health Belief Model takes into account the audience's perceptions of a problem's severity and their susceptibility to it. This model also examines perceptions that may influence adopting a desired behaviour, such as benefits to change, barriers and cues to action to promote self-efficacy. The Transtheoretical Model, commonly known as “Stages of Change,” outlines 5 distinct stages people pass through when attempting to reshape their behaviour. To influence behaviour change, this model suggests that interventions should be matched to the individual's present stage while targeting the processes that may influence transitions between stages (as becoming stuck within stages and relapse are possible). These theories have guided intervention development for Keep What You've Earned, as evidenced by the campaign's extensive primary and secondary research that continuously enables a thorough understanding of what motivates and prevents audiences from adopting a desired behaviour.

The NCI's Health Communication Model guides overall campaign development and execution, shaped by the above theories. Each stage of the Health Communication Model incorporates feedback from our target audiences. As of this writing (September 2016), the campaign has completed stages 1, 2, and 3, and is currently

completing stage 4.

Stage 1: Planning and Strategy Development (Complete) - included a literature review, materials audit, baseline media report, 396 Sailor intercept interviews, and 17 commanding officer interviews.

Stage 2: Develop and Pretest Concepts, Messages, and Materials (Complete) - included concept development, refinement and (16) focus group tests.

Stage 3: Program Implementation (Complete) - included the implementation of several community-based programs and digital solutions, including the Pier Pressure mobile application (see Figure 3), social media campaigns, and scripted and unscripted videos.

Stage 4: Assessment of Effectiveness and Program Refinement (In process) - included many assessment and refinement strategies, such as: analysis of media coverage; development of campaign videos; engagement trends for YouTube, website and mobile app (Pier Pressure) tools; further testing of mature campaign products; monitoring of social media and Flickr campaign coverage; downloading of website materials; and grassroots (community) events.

Each campaign phase was designed to not only integrate best-practices in social marketing and health communication design, but to also provide qualitative and quantitative metrics for evaluation.

Results and Learning

The following is an overview of quantitative and qualitative evidence of the success of the campaign and its objectives.

1. Increase Sailors' awareness of the Keep What You've Earned campaign by 30 percent after three years of sustained campaign implementation.

Results: In September 2016, 73 percent of respondents in a national Keep What You've Earned survey reported that they were familiar with the campaign. In addition, during follow-up focus groups, the majority of participants responded that they had heard of Keep What You've Earned. In fact, when the Prescription for Discharge campaign – a complementary campaign aimed at reducing misuse of prescription medication – began conducting focus groups in summer 2014, many participants referenced Keep What You've Earned unprompted as an example of a campaign that resonated with them.

2. Decrease alcohol incidents (including DUIs) among Sailors by seven percent by the end of the third year of the campaign.

Results: In 2013, data provided from the Navy Drug and Alcohol Abuse Prevention (NADAP) office showed a 51 percent decrease in alcohol incidents among Sailors from Memorial Day through Labor Day compared to the same period in 2012 (prior to campaign launch). While this change is substantial, other environment and policy factors – such as random breathalyzers and restrictions on alcohol sales – may have also contributed to the decrease. The Navy also saw a 21 percent reduction in fatal incidents compared to the previous summer. The results continue to be positive, with initial data from FY 2016 continuing to show a reduction in alcohol incidents year over year, with the most recent data estimating a 36 percent decrease in Driving Under the Influence (DUI) charges in FY 2016 compared to FY 2015.

3. Create partnerships with at least 10 Navy organizations.

Results: A total of 28 events have been held over the length of the campaign at six Navy regions coast to coast. These events have included poster rallies at base entrance points (see Figure 4 in the Appendix) and several Coalition of Sailors Against Destructive Decisions Chapter Keep What You've Earned events. The campaign has also received support from more than one dozen Navy and Dept. of Defense partner organizations.

4. Increase traffic to the Keep What You've Earned website by 10 percent and social media engagement by 20 percent by the end of third year.

Results: By the end of April 2016, the total number of unique visitors to the Keep What You've Earned website rose to 60,219, an increase of nearly 13 percent over the year before. By April 2016—just three months after developing a comprehensive social media engagement protocol on behalf of NADAP—the campaign had received 36,508 social media actions including likes, retweets, shares, and comments, an increase of 16.6 percent over the year

before. Other key metrics included coverage in 199 articles from sources such as Navy.mil, the Navy Times, and The Flagship, 17,954 video views, 57,894 Flickr album views, and 16,611 campaign material downloads.

The Keep What You've Earned campaign continues to have a positive influence on Sailors throughout the U.S. Navy. By engaging with our key stakeholders, we have learned that in order to effectively reach Sailors, campaign materials must engage with them as responsible, decision-making adults that have built a career through their Navy service. We learned that this strategy often resonates with Sailors the most when they see their peers represented realistically in campaign materials, such as videos and posters. To that end, we are incorporating representation of various Navy communities in future product planning so that Sailors can identify with their respective career tracks. We have also learned that Sailors need to believe that their peers are being honest and truthful. Therefore, the campaign has relied heavily on testimonials and interviews with Sailors of different ranks sharing how they plan to make responsible decisions while drinking. Future iterations of these products will incorporate Sailors who are still early-career but have gained some experience in Navy culture, as these Sailors are perceived to be more relatable than those featured who have just graduated bootcamp.

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Appendix

Figure 1: Keep What You've Earned Poster



Figure 2: Social Media Post serving as a printable "gift card" for a designated driver.



Figure 3: Pier Pressure Mobile Application



Figure 4: Photos of Campaign Events



Figure 5: Keep What You've Earned Logo



Number: 94

It All Adds Up: Addressing Gender Norms to Increase Physical Activity for Women

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It All Adds Up: Addressing Gender Norms to Increase Physical Activity for Women

Background and Objectives

The Healthy By Design Coalition in Yellowstone County, Montana, aims to create a community that embraces a culture of health and well-being. Gender, the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women, is an important element contributing to women's physical inactivity. This project utilized a gender-based approach to develop an intervention and social marketing campaign to increase leisure-time physical activity for women.

Behavioral Objectives and Target Group

In 2011, with funding from the Office on Women's Health's Coalition for a Healthier Community, the Coalition began a gender analysis to determine gender-based disparities for health in Yellowstone County. Using the Liverpool School of Tropical Medicine Gender Analysis framework (1999), sex-disaggregated data from the Yellowstone County Community Health Needs Assessment were examined to determine disparities. In the 2010/2011 Community Health Needs Assessment, women reported a lack of leisure-time physical activity (27.2%) as compared to men's reports of inactivity (17.4%).

The behavioural objective was to reduce the proportion of women who engage in no leisure-time physical activity by 10% for women in the 2016/2017 Community Health Needs Assessment.

Additionally, we sought to also decrease disparity of leisure-time physical activity between male and female respondent to 5% in 2016/2017 Community Health Needs Assessment. The target group were women aged 25-65 living in Yellowstone County, Montana, in caregiving roles such as caring for children, spouses or parents.

Yellowstone County represents a large geographic area, totalling 2,635 square miles, and a population of 151,882 residents. Approximately 90% of the population is Caucasian with American Indian and Latino/Hispanic representing the largest minority groups. The target group represented a population of approximately 34,000.

Evidence of Citizen/Customer Orientation

As part of the gender analysis, focus groups were conducted to gain a deeper understanding of the identified sex-based disparities in women's and men's physical activity levels. Thirteen focus groups were conducted between January 28, 2011, and April 6, 2011. All sessions were electronically recorded, transcribed verbatim, and analyzed using inductive analysis procedures (Duin et al, 2014).

Several gender-based constraints emerged including women's roles as caregiver which left little time or energy for physical activity, women's leisure time activities and hobbies such as knitting and reading which were less active than men's hobbies, and expectations for women's appearance which made them uncomfortable sweating in front of strangers. Gender-based opportunities included women's enjoyment of activity as a social connection, less rigid gender roles for younger women, and a sense of responsibility to set a good example for their families.

The Social Offering

While the focus group questions asked about physical activity, the majority of responses focused on structured exercise in the gym setting. Few participants spoke about daily lifestyle physical activities such as taking stairs or parking further away. Several participants expressed the view that to "count", physical activity had to be an activity which required lots of sweat and heavy exertion.

Utilizing these findings, we chose the product for our social marketing mix to be the accumulated gender-based lifestyle

activities that women engaged in, but did not consider to be physical activity which would be less likely to be derailed by their gender-based caregiving role expectations. The campaign theme, “It all adds up: 1 hour of physical activity” served to define physical activity as accumulated lifestyle-based activity in shorter bouts.

Within the promotional materials, we focused on more immediate benefits of physical activity such as boosting mood, less stress, and increased energy which could be seen as beneficial to caregiving roles. Campaign materials included a variety of images of women, but focused most heavily on images of women in caregiving roles as mothers, pet owners, and spouses.

Engagement and Exchange

The Healthy By Design Coalition engaged stakeholders in the development and implementation process and helped to leverage organizational resources for the campaign. Focus group participants from the gender analysis provided formative research for the campaign development and message testing.

Competition Analysis

Women viewed physical activity in terms of structured exercise in a gym. They reported a lack of time for formal exercise due to caregiving responsibilities and household chores. These gender-based activities were not viewed as physical activity. From our gender analysis research we knew women felt taking time to exercise in a gym meant taking time away from their caregiving and household roles. For some women, this was felt as discord between being a good mother and being a good role model.

Segmentation and Insight

The target market was segmented to focus primarily women with small children who wanted to be a good role model, good mother, and were responsible for most of the household chores. The campaign targeted these mothers because they wanted to be physically active and lead healthy lifestyles to role model good choices for their children, but were unaware of what constituted physical activity and didn't want to take time away from their parenting and household responsibilities for structured exercise in a gym.

Integrated Intervention Mix

Product

The focus on accumulated lifestyle activity for women in caregiving roles created a product which allowed women to accommodate existing gender norms including modelling healthy lifestyles for their families without taking time away from important caregiving responsibilities. This evidence-based intervention, Active Living Every Day, emphasized accumulated lifestyle activity and included facilitated group discussion focused on overcoming barriers to physical activity. Participants met once a week for one hour over a 12-week period for group discussions at a location and time which best fit their schedule. Some locations also offered free childcare during the sessions.

Price

Costs identified in the market research included social costs related to gender norms.

These included feeling guilty for taking time away from families to exercise, feeling uncomfortable sweating in front of strangers, and socially acceptable activities for women which were less active.

The social marketing campaign addressed these concerns by accommodating gender norms. The focus on accumulated lifestyle physical activity meant that activities conducted while caring for families such as household activities and playing with children could count toward physical activity without taking time away from those roles. The intervention included social support from others and didn't require sweating in front of strangers.

Place

The intervention took place at community organizations, churches, and worksites. Several of these locations also offered free childcare for participants. Campaign images included household activities, neighbourhoods, and local parks.

Promotion

The campaign utilized various media for promotion including digital ads on Facebook, TV, radio, print advertisements in local parenting

magazines, billboards, and movie theatre ads. The call-to-action included visiting the Healthy By Design Coalition website which directed consumers to the physical activity intervention, physical activity policy examples, trail maps, and other local resources.

Co creation through Social Markets

The Healthy By Design Coalition was involved in the development of the intervention mix. Coalition partners actively promoted materials at their individual organizations and assisted with promotion of the intervention. Materials were audience tested with three groups, including one group from the initial formative research. Focus group participants from the initial gender analysis also provided feedback on the intervention to ensure it would fit their needs.

Systematic Planning

Formative research included a gender analysis framework. Focus groups were conducted utilizing the Gender Analysis Framework of the Liverpool School of Tropical Medicine to determine the gender-based factors which contribute to physical inactivity for women and identify gender-based opportunities which would enable physical activity.

Results indicated women viewed physical activity in terms of structured exercise in a gym. They reported a lack of time for formal exercise due to caregiving responsibilities and household chores. These gender-based activities were not viewed as physical activity. In addition, women reported a strong sense of responsibility to role model healthy behavior for their families, but when time was limited felt the need to take care of others first. Utilizing these findings, a social marketing campaign was developed to focus on gender-based activities women engaged in, but did not consider to be physical activity. The campaign theme, “It all adds up” was designed to focus on accumulated activity which would be less likely to be derailed by gender-based caregiving role expectations.

Additional Coalition activities helped to support the accumulated lifestyle activity focus including an evidence-based intervention, worksite physical activity policies, and a local city complete streets policy. These activities all utilized an underpinning theory of social cognitive theory with efforts aimed at increasing the sense of self-efficacy for women.

Monitoring and evaluation was planned with tracking of output measures, such as number of website visitors and Facebook engagements, as well as outcome measures in the 2016/2017 Community Health Needs Assessment.

Results and Learning

Results from the 2016/2017 Community Health Needs Assessment show a significant reduction in the number of women reporting no leisure time physical activity with only 19.8% of women reporting no activity in the past month compared to 27.2% of women prior to the campaign. Sex disparities related to physical activity have also decreased with only 19.8% of women and 15.04% of men reporting no leisure-time physical activity in 2016 as compared to 27.2% of women and 17.2% of men in 2010.

Segar, Eccles, and Richardson (2011) suggest exercise needs a social marketing approach which connects with the individual's perspective instead of traditional exercise promotion. A thorough understanding of gender's role in physical activity can help to address underlying social norms which may be detrimental to engaging in physical activity and can help to promote aspects of those social norms which support physical activity.

The use of a gender-based analysis as formative research may be limited when translating to different demographic groups or to communities with differing gender role expectations. However, research on mother's physical activity levels in Australia (Lewis and Ridge, 2005) found similar themes related to caregiving roles and expectations and other studies (Wilson et al., 2013; Keller et al., 2014) have utilized similar qualitative approaches to inform culturally relevant social marketing campaigns, so we would anticipate many of the social marketing campaign concepts would be applicable to communities with similar gender expectations.

While time is frequently mentioned as a barrier to physical activity for women, a deeper understanding of gender roles and activities provides a framework for developing a social marketing campaign to encourage accumulated physical activity that accommodates

gender-based roles and expectations.

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Appendix

Qualitative Data Results - Physical Activity Constraints and Opportunities (n=134)

Key Gender Themes – Physical Activity	Gender-Based Constraints	Gender-Based Opportunities
Environment	Safety and crime concerns, especially related to outdoor recreation	Enjoyment of outdoor activities, especially walking
Activities/Responsibilities	Caregiving roles are placed above self-care; Household chores are the primary responsibility of women, even when both men and women work full-time; Less physical hobbies and occupations for women	Less differences noted by younger generations in the physicality of activities or jobs for men and women; Caregiving role leads to a desire to set a good example for those closest including children; Caring for pets leads to activity; Women may not be counting their household and caregiving activities as physical activity
Gender Norms	Appearance expectations, including hair and makeup and not sweating, are barriers for women’s exercise, especially during lunch breaks.	Women enjoy social activities and spending time with family and friends; Men’s appearance expectations to be muscular lead to an emphasis on physical activity
Access and Control of Resources	Working multiple jobs makes physical activity a low priority; Childcare access and associated expenses; Transportation barriers, especially for women with small children	Gyms with free childcare
Power and Decision Making	Expectations for responsibilities; Lack of negotiation over division of responsibilities	Negotiation of shared responsibilities and creating more equitable household chore arrangements

Print Advertising Example

Weightlifting doesn't always require barbells.

One hour of physical activity every day boosts your health and your mood. Best of all, it doesn't require any special equipment. Activities like carrying in groceries, playing tag with your kids and making leaves crunch, too.

It ALL Adds Up: 1 HOUR of Physical Activity

Make the healthy choice every day...

healthy design

Visit healthydesignyellowstone.org to learn more. |||

Social Media Example

It ALL Adds Up: 1 HOUR of Physical Activity

The most fun cardio workout ever

healthybydesignyellowstone.org |||

Number: 97

Advancing theory, research and technology in social marketing and behavioural influence

iAnimal - Using Virtual Reality to Increase Plant-Based Eating
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Other notes or comments for consideration

Animal Equality will provide Google cards so that session participants may choose to use their smart phones to experience the virtual reality discussed in the case.

Background Information

Animal Equality is a 10 year old nonprofit with annual budget of \$1.5 million in 2015. Its iAnimal 360-degree virtual reality program offers people the opportunity to see the hidden world of industrial animal agriculture and choose the alternative of plant-based foods. Participants view animal production conditions as if they were there, ask questions afterwards, get resources on plant-based foods and receive follow up email support.

Data from a survey of more than 11,000 U.S. adults shows that people citing concern for animals as motivating plant-based eating are more likely to maintain than people mentioning health reasons only.ⁱ This case, therefore, not only shows the benefits of a new technology within a social marketing campaign but also suggests an opportunity for health advocates and animal advocates to learn from and assist each other in helping people eat differently.

Aims and Objectives

The purpose of the iAnimal 360-degree virtual reality program is to motivate people to reduce and eliminate meat in the diet. Doing so advances better health, preserves the environment and reduces animal suffering.

The centerpiece virtual reality technology depicts pig processing in a vivid way. It helps people understand what animals undergo in food production more than text, photos or regular video can. It, therefore, creates a greater impact on feelings, beliefs and behaviours.

Behavioural Objectives and Target Group

The objective of the campaign is to reduce meat consumption.

There are two primary target groups:

Young adults

Research by Faunalytics (previously Humane Research Council)ⁱⁱ showed that that primary reasons for avoiding meat were, by far:

	Primary Factor	Contributing Factor
To reduce suffering of animals on farms	30%	65%
To eat a healthier diet in general	20%	55%
Next reason cited	13%	30%

Secondary research for the book *Veganomics*ⁱⁱⁱ also supported animal suffering and health as the dominant reasons for plant-based eating.

Research by Haverstock and Forgays^{iv} supported the conventional wisdom that younger people are more motivated by animal suffering, while older people are more driven by health.

Animal Equality conducts the iAnimal program in the U.S., England,

Spain and Germany. The current goal is to reach 50,000 students by the end of 2016. Based on research currently underway to measure behavioural change, goals will be established for future years.

Influentials

The program also directly targets influencers for policy and social norms, such as government officials, celebrities and the media. Animal Equality has shared the iAnimal virtual reality experience at political conferences in England, gaining support from politicians across parties to explore improving welfare standards for animals raised for food.

Evidence of Citizen/Customer Orientation

According to Animal Tracker, the annual U.S. public opinion survey from Faunalytics, nearly half of U.S. adults believe that the welfare of animals being raised for food is very important.^V About the same amount even believe that farm animals deserve the same consideration as pets and other animals.^{VI} Only 8%, however, feel very knowledgeable on issues related to farm animal welfare.^{VII} The iAnimal experience enables people to increase their knowledge on an issue that is very important to them.

The Social Offering

The program offers people the opportunity to reduce animal suffering by reducing or eliminating their consumption of food products made from animals. It appeals to compassion and people's desire to feel good about their actions. Because the program consists of providing the 360 experience, answering questions and providing resources on plant-based eating, it is non-threatening. People engage in whatever way they choose, free from criticism or guilt that sometimes occurs in other advocacy.

Engagement and Exchange

The novelty of the 360 goggles alone draws interest. Signage creates additional intrigue. One asks, "Do You Dare Try Virtual Reality..." Another continues, "...and Discover What the Meat Industry Hides from You?" People often stand in line for the chance to have the experience and learn more.

"Something extra-powerful comes across in VR. The heightened visual closeness brings about heightened emotional attunement and, thus, the true extent of the cruelty to individual, sentient animals." - Barbara J. King, NPR

After participants view the iAnimal video, Animal Equality staff or volunteers give them time to process what they have experienced, providing support if necessary. The representatives then approach the participants gently to answer questions and ask them to pledge to reduce or eliminate animal products from their diet. Participants leave with a brochure that gives them tips and ideas on how to get started replacing animal foods with plant-based foods and also directs them to a website for additional help. They also receive follow up emails to assist them in their transition.

Competition Analysis

Despite the proven health benefits of a whole foods, plant-based diet,^{VIII} opposition to the participants' choice to eat plant-based foods is often substantial. Social norms, concerned friends and family and the meat industry can all work against the target audience's newfound commitment to reduce or eliminate animal products. Eating meat may also offer familiar and enjoyable tastes, convenience and a (mis)perception of improved health.

The virtual reality technology provides a more vivid, memorable experience that motivates participants to overcome these barriers. The brochure and subsequent emails increase self-efficacy with how-tos on food and social issues as well as examples of others succeeding with plant-based eating, creating new norms.

Segmentation and Insight

The iAnimal program targets college-age adults, because they adopt plant-based eating at higher rates. The Guardian (U.K.) reported in 2015 that 20% of 16 to 24 year olds are following a vegetarian diet.^{IX} They are also more affected by animal suffering; they are usually out of the home and in control of their eating; and they are interested in learning information that may not be readily available.

The iAnimal program builds on and goes beyond two other common efforts used to change people's eating behaviour from animal-based

to plant-based foods.

Leafleting – handing out small brochures explaining the benefits of plant-based eating and how to get started. Sample campus results showed about 2% of recipients receiving a leaflet having become vegetarian or pescatarian two months later as a result and 7% of students saying they subsequently ate "a lot less" chicken, a lot fewer eggs, and a lot less dairy as a result of getting the leaflet.^X

Pay Per View - paying people one dollar (or international equivalent) to watch a four-minute traditional, two-dimensional video. One nonprofit reported that 80% of viewers committed to eating fewer animal products. One year later, nearly 60% reported eating fewer animal products (versus 17% for the control group).^{XI}

Engaging people with virtual reality is, however, more expensive per person reached than these other methodologies. The program, therefore, prioritizes Ivy League schools in the U.S. and similar institutions internationally in hopes of reaching young people who are likely to be among the government, business and professional influencers in the future.

Integrated Intervention Mix

Products and services. No matter how high quality the virtual reality experience, the program cannot succeed if people don't enjoy plant-based eating. The iAnimal program shares familiar, everyday meals that are or can be easily made free of animal products, information on meat, dairy and egg alternatives and tips for eating in the dining hall and at restaurants. It also gives participants ideas on how to handle social situations.

For the month following the participant's pledge to reduce or eliminate animal foods, s/he receives emails from the program every two to three days. These emails include helping the participant devise reminders or triggers, which Professor BJ Fogg of Stanford, among others, discusses as integral to changing habits.^{XII} For example, the participant would set a screen-saver or post a photo of a chicken, to remember to plan to buy alternative products or meals.

Some might consider these emails solely as communication. However, they provide a service to help people transition, just as people may purchase services from diet or fitness coaches. The emails signed by the head of the iAnimal program, to reinforce a more personal connection that helps people feel supported.

Research shows that people who try plant-based eating but do not maintain the behaviour are most likely to lapse due to food and health concerns.^{XIII} They are highly likely to revert to prior eating patterns in the first three months. Therefore, the frequent emails provide assistance participants want and need to carry through on their pledges.

Price. Program materials point students to less expensive whole foods, simple recipes, and tips on handling parents, parties and more to address financial, time and social costs.

Place. The iAnimal program provides the virtual reality experience on campus and also online. Participants get help on shifting to plant-based eating in person, at the Animal Equality website and via email.

Promotion. Because of the novelty of the virtual technology, setting up on campus is sufficient to promote the experience.

Animal Equality also presented a related virtual reality documentary at the Sundance Festival. Media outlets including CNN, NPR, BBC, El Pais, Telecinco, Spiegel and La Stampa have covered the program. This expands the program's reach and impact to the second target audience, influencers in government, business, entertainment and the media.

Co-creation through Social Markets

The animal protection field is largely playing catch up to the public health and environmental fields on social marketing. The first international Human Behaviour Change for Animal Welfare conference was held in England in September 2016, with all 190 places sold out well in advance. A few among these leaders are involving citizens in solution design. The iAnimal program, like the overwhelming majority of animal protection programs and campaigns, did not benefit from similar input.

The purpose of this proposed talk, therefore, goes beyond sharing a successful program around an exciting new technology. It is also to

let people know that animal protection is a field in need of more social marketers and to show more animal protection groups that social marketing is the hallmark of leading organizations.

Although participants did not shape the overall approach, each one creates his or her own visual story. The virtual reality technology responds to where people look to show the appropriate views. Therefore, no two people have exactly the same experience. This technology changes traditional storytelling, where the social marketer is more fully in control of the order in which the audience views visuals. There is no one central focal point or sequence of images, changing the storytelling dynamic to more participant-influenced.

Systematic Planning

Animal Equality conducts annual strategic planning, using environmental data and outcomes results. The principals previously identified technology and innovation as distinctive competences for the organization. Animal Equality co-founder Jose Valle reviews relevant sources regularly, including Wired, Fast Company and other technology websites and publications. A Wired magazine cover that showed someone wearing virtual reality goggles as well as reports that discussed how effective the technology was for social change inspired the iAnimal program. Given the success of leaflets and traditional video, Valle and the executive team felt that the realism from the 360 experience would be even more effective.

Animal Equality has recently implemented surveys to measure the participants' dietary change in the first month. The organization is also working with Faunalytics to measure a slightly longer-term impact of the iAnimal program. The pilot study was completed this summer with full rollout planned for this fall.

Results and Learning

More than 22,000 people in the U.S., England, Germany, Spain and Italy have experienced iAnimal. Pilot research showed greater agreement than for traditional two-dimensional video with attitudinal statements that "it is important to minimize the amount of animal products a person consumes" and that "eating animal products contributes to the suffering of animals." More than 70% of participants who view iAnimal are estimated to be making a pledge to reduce or eliminate animal products.

Pilot research suggests impact from the 360 experience (and to a lesser extent a 2D intervention) for reducing self-reported consumption of pork (including bacon, ham, pork chops, etc.). Individuals on U.S. campuses completed surveys at the time of the intervention in fall 2016 and in follow-up research approximately 30 days later (34% follow-up completion rate). Questions included reporting on consumption for the prior 30 days using a food frequency questionnaire:

	N	# Reporting Fewer Servings
Control Group	23	17%
2-D Video Group	28	32%
360 Experience	24	42%

The results for meat overall were not as distinct, suggesting that participants may not be drawing inferences about other forms of animal agriculture. The Fisher's exact test for percent decrease for pork was non-significant, not surprising given the small sample sizes. Additional research beginning in February will aim to expand the samples. Animal Equality remains optimistic that the substantial anecdotal evidence will be statistically confirmed.

Independent of the research results, Animal Equality has modified the interaction between the staff member or volunteer and the participant. Initially, the representative would engage the participant, immediately after he or she finished the virtual technology experience. However, the team learned that many people require some quiet time to process what they've just witnessed. Staff receives more than a week's training on running an iAnimal presence on campus to ensure they are well prepared to assist anyone who may need a little extra help transitioning back from where they've been mentally and emotionally. Volunteers receive brief training on site and always work with a staff member who can step in if a more experienced voice is needed. Other organizations implementing virtual technology programs should prepare for these situations as well.

As mentioned previously, another lesson learned was thinking more

about when the benefit of the more intense experience from 360 outweighed the additional costs and fewer people reached vs. leafleting and videos. As a result, Animal Equality targets iAnimal to leading universities in hopes of reaching more future influentials. Organizations considering virtual reality should conduct a clear cost-benefit analysis and plan for testing vs. other technologies to assess the best use of resources.

Overall, Animal Equality considers the program successful in engaging young adults to reduce or eliminate animal products. It is currently developing a 360 experience about chickens and has plans to feature dairy cows, lambs and rabbits in the future.

Appendix (References follow)



Image from brochure that participants take after viewing iAnimal shows meat, egg and dairy alternatives.

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Number: 105

**Conference Track 1: Promoting global health and wellbeing
Providers as People: Using Social and Behavior Change
Communication to Influence Provider Behavior**

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Interactive Seminar

We plan to use an interactive small-group format to present research on provider behavioral determinants and provider motivations. Participants will be allowed time to explore the I-Kits and walk through the process of developing a strategy for using SBCC for provider behavior change. We will focus on providers as an audience and how we as practitioners can use audience insights based on this research with a health care provider audience.

**Providers as People: Using Social and Behavior Change
Communication to Influence Provider Behavior**

Aims and Objectives

In order to perform effectively, health care providers require a supportive professional and social environment in which to carry out their responsibilities. More specifically, providers must possess a clear understanding of what is expected of them in their roles and what quality care looks like. Second, providers require the material and structural resources necessary to successful performance. Third, providers must have the skills, knowledge and confidence to effectively carry out their jobs. Fourth, they need to possess the desire to do their jobs well, and that desire is largely influenced by norms, values, attitudes, and beliefs. In recent years, performance improvement efforts have largely addressed the first three domains – providing clear expectations and definitions of quality, influencing structural factors, and enhancing skills and knowledge. Far fewer efforts have been devoted to influencing provider norms, attitudes, beliefs, and values – a category also referred to as "internal motivations."

To address this final category, social marketing and social and behavior change communication (SBCC) should approach providers as an audience for behavior change efforts. Providers should not be regarded as a problem to be fixed, but rather as an audience group whose performance is influenced by multiple factors. Communication interventions should seek to understand providers, properly segment them, and design activities and materials based on those insights.

To help communication professionals design interventions to change provider behavior, the Health Communication Capacity Collaborative (HC3) project created, pretested (in Bangladesh and Nigeria), and finalized Provider Behavior Change Communication (PBCC) Implementation Kits (I-Kit) for two provider audiences: Community Health Workers (CHWs) and Facility-Based Providers (FBPs). The I-Kits contain: 1) an assessment tool that helps users identify,

understand and prioritize provider-related barriers to quality service provision; 2) an Intervention Design Tool that provides step-by-step guidance on designing an SBCC intervention to address the identified barriers; and 3) a collection of Resources that showcase effective provider behavior change interventions (see Appendix).

Behavioral Objectives and Target Group

The I-Kits aim to help program managers to:

- Understand and prioritize barriers that providers face
- Identify whether those barriers can be addressed by an SBCC approach
- Develop an SBCC intervention to influence attitudes, beliefs and norms that undermine providers' willingness and ability to perform their jobs well

Program managers can design SBCC interventions for two target audiences:

- Community Health Workers who receive standardized training outside the formal nursing or medical curricula
- Facility-Based Providers who are paid and receive a formalized training with a nursing or medical curricula

Evidence of Citizen/Customer Orientation

To ensure the materials were relevant and evidence-based, HC3 conducted a materials scan and two literature reviews – one on factors influencing CHW behavior and one on factors influencing FBPs. The results were used to develop the I-Kits. Draft I-Kits were pre-tested by two projects working closely with service providers in Bangladesh and Nigeria to ensure they met user needs, achieved preset objectives, and offered clear and appropriate content. The I-Kits were revised based on user feedback.

The Social Offering

A client's interaction with a provider strongly influences whether the client will adopt and maintain healthy behaviors or use products correctly. Provider behavior can also impact the client's – and the client's family and friends' – willingness to come to a health center in the future. A provider's attitudes, values, and beliefs influence what populations are served, the quality of service clients receive, and what products are available to clients. Positively influencing provider norms, beliefs, values, and attitudes can have a long-term impact on overall health outcomes. HC3's Provider Behavior Change Communication I-Kits help program managers address providers' deep-seated internal motivations so that the quality of service provision improves, which ultimately helps improve health outcomes.

Engagement and Exchange

HC3 involved key audiences and stakeholders from the initial stages of development through finalization, reaching out to both SBCC and service delivery project leaders to understand the needs for designing provider behavior change communication interventions. HC3 pretested the I-Kits with priority audiences and stakeholders in two countries (Bangladesh, Nigeria). Now that the I-Kits are complete, HC3 has been engaging with implementing partners globally to identify programs interested in implementing the I-Kits. There are plans to implement in several countries, and engagement is ongoing with these partners.

Competition Analysis

Through the literature reviews and programmatic desk review, we discovered a dearth of interventions focusing on provider behavior change communication – particularly those focusing on attitudes, beliefs, norms, and values. Most SBCC interventions involved training on interpersonal communication and counseling – which is just one component of provider behavior change communication. We found very little overarching guidance on designing and implementing a comprehensive and strategic PBCC intervention. We determined that there was a need for step-by-step guidance on understanding provider needs and gaps, and designing and implementing PBCC interventions. The I-Kits are not a traditional campaign that HC3 will launch and evaluate, but rather are tools that organizations can use to improve their own efforts with providers. The I-Kits are meant to complement rather than compete with other tools, and many resources from various organizations are incorporated into the I-Kits. As such, we did not conduct a formal competition analysis.

Segmentation

Facilitating improved service provision through behavior change among two provider segments – community health workers and facility-based providers – is a priority for HC3’s donor, USAID. The literature and desk reviews reinforced the need for these segments based on differing contexts, motivations, needs, and barriers. For example, CHW behavior is often influenced by their degree of connectedness to their peers, supervisors, and the health system. Conversely, facility-based provider behavior can be affected by the quality of the work environment in the health center.

Insight

The formative research identified four major categories of influences on provider behavior: Expectation (providers know what is expected of them and how quality is defined); Opportunity (providers have the environment and resources necessary to do their jobs well); Ability (providers have the skills and knowledge to do their jobs and feel competent in doing so); and Motivation (providers are sufficiently rewarded and have the attitudes, norms, beliefs, and values that facilitate quality service provision). Since the Motivation category is often neglected and is particularly well suited to SBCC interventions, the I-Kits focus on improving provider motivation. Research revealed several factors that impact provider motivation, which SBCC interventions can address based on the specific needs of the audience. For CHWs, we found five key categories influencing motivation: perceived status and social support, level of connectedness, incentives and personal rewards, social and gender norms, and personal attitudes and beliefs. For FBP, we also found five key categories: self-efficacy, social and gender norms, perceived place in social hierarchy, rewards, and work environment. The I-Kits include research on each of these categories, SBCC strategies for addressing each, and resource kits with examples of how other SBCC projects have addressed them. While the I-Kits focus on the Motivation category, we also link to resources to help users address the other three categories (Expectation, Ability, and Opportunity).

Integrated Intervention Mix

The PBCC I-Kits are a key component in an integrated approach to increase demand for services. The purpose of the I-Kits is to help program managers improve provider behavior, which enables the demand and ultimately sale of certain health products as well as a commitment to healthier behaviors. The I-Kits themselves, however, do not aim to sell a commodity or behavior. Rather, they are intended to help program managers work more effectively with providers to improve the client experience and the quality of service delivery. As such, the I-Kits do not fit into a traditional intervention or marketing mix approach. However, the PBCC I-Kits can broadly be framed around the 4 Ps as follows:

- Product: Framework and design strategy for influencing provider behavior (i.e. attitudes, beliefs).
- Price: Traditional way of thinking about provider behavior change
- Place: HC3 website and Health COMpass, a free online learning site for SBCC practitioners
- Promotion: Blogs, social media, workshops, orientations and partnerships with organizations working with service delivery providers

Co creation through Social Markets

By engaging with end users, HC3 has been able to improve the I-Kits to ensure they meet real needs. For example, while the I-Kits are web-based, based on popular demand and user needs, we have created PDF versions that can be downloaded or placed on flash drives to enable programs managers with limited Internet access to utilize the tools. We also added an SBCC strategy template to the I-Kits based on feedback that users needed a comprehensive guiding view of the tools. HC3 is also developing a certificate for users who complete the I-Kits, which is based on advice from the donor and other potential users that many users value recognition for engaging in tools like the I-Kits. Our interaction with end users and partners has shaped the direction and revision of the I-Kits. More importantly, it helped us determine that we needed to move beyond guidance on interpersonal communication to more holistic programming.

Systematic Planning

Conceptually, the PBCC I-Kits are based on the Socio-Ecological Model, with an understanding of the need to influence multiple levels in order to change provider behavior. The Assessment Framework draws from various best practices in assessment, monitoring and evaluation. The option for low-resource M&E settings is an adaptation of the Brinkerhoff Success Case Method. To help users design an SBCC intervention in a systematic fashion, we used the P Process™ as the basis of the Intervention Tool, providing a step-by-step framework for developing a strategy for changing provider behavior. The SBCC strategies presented in the I-Kit draw from a variety of proven SBCC models and theories, including Social Learning Theory, Diffusion of Innovation, Extended Parallel Processing Model, Behavioral Economics, and Disruptive Innovation. In developing the I-Kits, we followed the communication process, conducting a situation analysis to understand needs and find existing resources, we designed strategically based on insights from our research, pretested and revised the tools, then produced and disseminated them.

Results and Learning

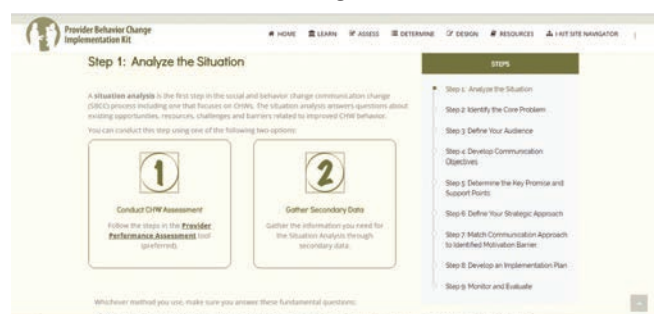
Since this activity involves a tool to help other organizations design and implement campaigns, we do not have plans to evaluate the behavioral impact it has on beneficiaries. Rather, HC3 is closely tracking downloads and following the organizations who are using the I-Kits. HC3 reaches out to organizations to get feedback on the I-Kits, lessons learned, and any impact data from the interventions they design and implement. In the short time since the I-Kits have been released they have been very popular, with many hits and downloads, underlying the need for and interest in this type of tool. HC3 will provide further details on its pretest findings, web analytics and dissemination efforts during the conference presentation.

Appendix

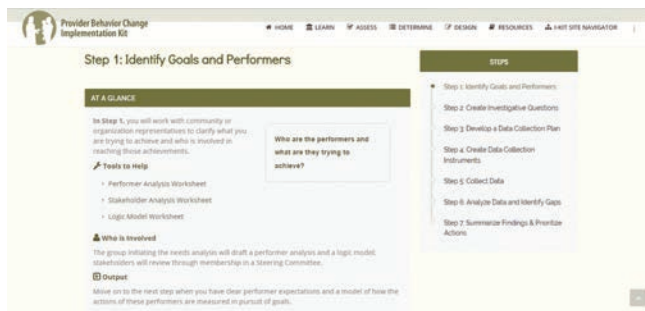
Screenshot of I-Kit



Screenshot of Intervention Design Tool for CHWs



Screenshot of Assessment Tool



Number: 112

Conference Track

2. Reducing global communicable disease through behavioural influence

HPV Vaccine Is Cancer Prevention: Increasing Acceptance Among Providers and Parents

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HPV Vaccine Is Cancer Prevention: Increasing Acceptance Among Providers and Parents

Background Information

“Cancer Vaccine Exists, Goes Unused” – Reuters

“There’s a Vaccine Against Cancer, But People Aren’t Using It” – TIME

“Doctors still hesitate to urge HPV vaccine for teenagers: Inoculation rate is ‘unacceptably low,’ says CDC.” – The Boston Globe

These were just three headlines covering the July 25, 2014 Morbidity and Mortality Weekly Report (MMWR), “Human Papillomavirus Vaccination (HPV) Coverage Among Adolescents, 2007-2013,” and “Post Licensure Vaccine Safety Monitoring, 2006-2014—United States.”

Nearly 80 million people in the U.S. are infected with HPV, a virus that causes about 27,000 cases of cancer each year, including cervical cancers and others. HPV vaccine is safe and effective at preventing HPV infection and certain HPV-related cancers. The U.S. Centers for Disease Control and Prevention (CDC) recommends it for adolescents at age 11 or 12. Despite its clear benefits, HPV vaccination rates are well below that of other adolescent vaccines according to the CDC.

Why would anyone pass up the opportunity to prevent cancer? Hager Sharp explored the three key barriers to HPV vaccination—access, understanding, and clinical opportunities—and developed a campaign targeting providers as well as parents, designed to help increase acceptance, and ultimately uptake, of the HPV vaccine in the United States. (For the purposes of this presentation, we will focus on clinician engagement.)

Aims and Objectives

In fall of 2014, CDC and Hager Sharp began working together to increase effective health care provider recommendation and parental acceptance, with the ultimate goal of increasing HPV vaccination uptake among boys and girls ages 11–13. Through this presentation, Hager Sharp will meet the following learning objectives: Illustrate how CDC and NCI research informed the development of CDC’s HPV Vaccine Is Cancer Prevention social marketing campaign; deepen attendees’ understanding of how strong formative research can inform planning; demonstrate how a research-driven program can be used to effectively reach clinicians

with health messages and change/reinforce desired behaviors, and share innovative methods for reaching target audiences with tailored messages using paid media.

Behavioral Objectives and Target Group

As CDC’s own research states, health care provider recommendation is the single biggest predictor of vaccination. Building on this existing research, we chose to focus efforts on encouraging and enabling providers to give an effective, routine HPV vaccine recommendation bundled with other adolescent vaccines. The target group includes clinicians who treat 11- to 12-year-old patients, such as pediatricians, family physicians, nurses, and nurse practitioners.

Evidence of Citizen/Customer Orientation

By conducting formative qualitative and quantitative research, we gathered baseline data on pediatricians’ perceptions and experiences in recommending HPV vaccine and identified messaging that resonates. Results informed the development and refinement of provider marketing and communications activities across the campaign.

The pediatrician research consisted of three components:

1. Five in-depth interviews (IDIs) to guide development of an online survey
2. Online survey of 701 pediatricians, which allowed us to segment pediatricians based on relevant HPV vaccination factors
3. Twenty-five follow-up IDIs to dive deeper into survey findings and test language

Outcomes of the research reinforced previous research findings and our existing overarching strategy to focus on the cancer prevention message. However, insights emerged on pediatricians’ underlying behaviors, perceived barriers and motivators to vaccine recommendation, and messaging nuances.

The following results revealed information about pediatricians’ approaches to presenting HPV vaccine recommendations:

- Many offer information to parents rather than give an effective recommendation when first discussing HPV vaccine.
- Several pediatricians perceive lower importance for recommending HPV vaccine when compared with other adolescent vaccines.
- Attitudes and recommendation practices vary by physician demographics (e.g., age and geographic location).

By asking pediatricians what led them to delay or decide against recommending vaccines, we discovered the most inhibiting barriers:

- Belief that parents value HPV vaccine less than other vaccines
- Parental hesitancy
- Anticipated uncomfortable conversation when recommending HPV vaccine for 11- and 12-year-olds
- Concerns that “pushing the vaccine” could jeopardize the relationship with the parent

Pediatricians noted that the most compelling messages were ones that emphasized cancer prevention and the bundled recommendation approach, and they cited CDC and the American Academy of Pediatricians as facilitators in deciding to recommend the HPV vaccine.

The Social Offering

The social offering of this campaign is the promise of a vaccine that prevents certain cancers. The approach behind this offering is the shifting of the conversation about HPV vaccine from sexual activity to cancer prevention; the ‘normalizing’ of the HPV vaccine as an effective, bundled recommendation (with other adolescent vaccines); and the increasing of effective provider recommendations and parental acceptance.

Engagement and Exchange

To increase clinician quality of HPV vaccination recommendations for 11- and 12-year olds, and to increase parent acceptance of HPV vaccine for their children, Hager Sharp developed a multifaceted social marketing campaign that includes formative research, message development, creative/materials development, partnership development and outreach, media planning and placement, and evaluation of the effort.

Because provider recommendation is the strongest predictor of HPV vaccination, Hager Sharp developed a social marketing campaign with a heavy base-year focus on providers—including pediatricians, family physicians, nurse practitioners, and OB-GYNs—with analysis and optimization to expand the target audience to parents of adolescents in the Option Year. Hager Sharp also developed the brand, HPV Vaccine Is Cancer Prevention, to evolve key message points and amplify the cancer prevention theme. Additionally, we developed and implemented a \$5 million media buy strategy targeting clinicians as well as consumers.

To implement this strategy, we engaged professional organizations including:

- American Academy of Pediatrics (AAP)
- American Academy of Family Physicians (AAFP)
- National Association of Pediatric Nurse Practitioners (NAPNAP)
- American College of Obstetricians and Gynecologists (ACOG)

With the support of these organizations, we designed and implemented a peer-to-peer engagement program to inform and support pediatric clinicians who can help prevent future cases of HPV cancers by effectively recommending and administering the HPV vaccine.

Competition Analysis

The competing influence is the providers' perceived importance of the Tdap and meningococcal vaccines as 'standard' or 'recommended' adolescent vaccinations. In fact, in many states these two vaccinations are also mandated for school entry, further reinforcing the perception of importance. Additionally, providers have a perception that parents will reject more than two vaccines being administered to their child during one office visit.

Research demonstrated that many providers self-reported their 'recommendation' to parents in a manner that presented Tdap and meningococcal as recommended or standard adolescent vaccines, but HPV vaccine as 'optional' and leaving the decision regarding HPV vaccine completely up to the parent. For example, "Your child is due for two vaccines today, Tdap and meningococcal. There is also another vaccine they could get...if you're interested..."

We incorporated this understanding of the competition into our solution by recognizing the fact that provider recommendation is the single biggest predictor of vaccination. Therefore, changing the behavior of the health care provider to make a strong, effective, bundled recommendation would improve vaccination rates even if some of the parental barriers remained.

Segmentation and Insight

We explored several potential segments for focus, including OB-GYNs (reaching mothers of adolescents age 11–13), family practitioners, and pediatricians. After initial research, we determined the most effective path forward was to focus on pediatricians as the primary 'recommenders' of vaccinations for patients age 11–13.

It should be noted that the exploration to segment OB-GYNs found that ACOG was already working to change attitudes and behaviors of mothers of adolescents by incorporating HPV vaccination into existing patient communications, including "Dear Patient" letters communicating the results of a Pap test, used to screen for cervical cancer, or an HPV test.

Integrated Intervention Mix

Product: A vaccine that protects against certain cancers – repositioned specifically as a 'cancer prevention' vaccine rather than as a vaccine that prevents a sexually transmitted infection.

Price: Clinicians' commitment to 'Same Day, Same Way' recommendation—pediatric clinicians must recommend the HPV vaccine on the same day and in the same way as other adolescent vaccines to 'normalize' the HPV vaccine and counter parental misperceptions about the vaccine, i.e., "Today, your child is due for three vaccines: Tdap, HPV, and Meningococcal." The 'Same Day, Same Way' recommendation, effectively delivered by pediatric clinicians to parents, will make the HPV vaccine as routine as Tdap and other generally accepted vaccines. Key challenges to overcome include: clinicians' perceptions that parents oppose the HPV vaccine (survey data show they do not) and clinicians' underestimation of the degree to which parents respect and rely on their recommendations.

Place: Any clinical opportunity with 11- to 13-year-old (annual or acute visit), predominantly focused on pediatric practices throughout the United States.

Promotion: Research-based messaging and outreach heavily focused on pediatricians through professional channels such as the American Academy of Pediatrics and various touchpoints for clinicians, including paid advertising (online and at professional conferences), presentations and exhibits at national meetings and conferences, webinars, and other speaking engagements.

Co-creation Through Social Markets

Ongoing engagement with provider audiences through qualitative research, optimization of advertising/messaging, webinars, and intercept testing/one-on-one conversations and presentations at national professional meetings all allowed for feedback that facilitated co-creation, informing messaging and campaign development.

For example, research findings informed refinements in messaging and program tactics, such as focusing on HPV vaccine's role as cancer prevention, emphasizing ages 11–12 as the critical time for HPV vaccination, and leveraging pediatricians as key influencers, including collaborating with AAP on partner initiatives to motivate pediatricians.

Systematic Planning

Our approach to measurement and evaluation aligns with the Valid Metrics Framework (VMF) approach, which is considered the industry's gold standard for measuring communications activities. VMF is a flexible approach enabling process measures across a variety of communications activities, including stakeholder and influencer engagement and outreach through paid, earned, shared, and owned media. The framework also accounts for outcomes measures among audiences with specific metrics serving as indicators for changes in awareness, knowledge, interest, support, and action. The framework developed for the campaign is included in the appendix.

Results and Learning

Our conclusion is that strong research can be used to inform development of communications initiatives. We continue to leverage our research to refine strategy and build targeted outreach that taps pediatricians' motivations effectively and achieves change in HPV immunization attitudes and uptake.

In terms of measurable results at this time, the HPV Vaccine Is Cancer Prevention campaign is helping CDC achieve its goal of increasing awareness of HPV vaccination's role in cancer prevention and increasing uptake of the vaccine among adolescents ages 11–12. A follow-up survey among pediatricians found the following statistically significant changes from pre- to post-campaign:

- Following communication and outreach efforts through targeted channels, pediatricians are now significantly more likely to tell their patients that the HPV vaccine is extremely important, compared with 2015, before they had received targeted outreach (37.1% in 2015 to 50.9% in 2016 – statistically significant increase).
- The percentage of pediatricians who said they mention first that the child is due to get the vaccine—a key message in communication and outreach efforts—significantly increased (45.5% in 2015 to 55.8% in 2016 – statistically significant increase).
- The percentage of pediatricians who said they recommend that 11- and 12-year-old patients get the HPV vaccine at the current visit—a key message in communication and outreach efforts—significantly increased (67.2% in 2015 to 72.4% in 2016 – statistically significant increase).
- From 2015 to 2016, the percentage of pediatricians who strongly agree that they are influential in parents' decisions regarding the HPV vaccine significantly increased (35.5% in 2015 to 45.2% in 2016 – statistically significant increase). The statistically significant change suggests pediatricians may be feeling more empowered to influence parents regarding the HPV vaccine for their children.
- From 2015 to 2016, the percentage of pediatricians who

strongly agree it is their job as a clinician to ensure that all adolescents in their practice receive the HPV vaccine at the recommended age significantly increased (33% in 2015 to 42.2% in 2016 – statistically significant increase).

- From 2015 to 2016, the percentage of pediatricians who strongly agree that they often make their recommendation for the HPV vaccine at the same time they are recommending other vaccines significantly increased (64.3% in 2015 to 70.3% in 2016 – statistically significant increase).

In addition, the following metrics indicate success in engaging health care providers:

- Clinician Engagement: Targeted webinars with consistent registrant-to-attendee conversion rate of 40% or higher (typical conversion rates are between 30–35%); featured presence at key meetings and professional conferences; active speakers bureau including peer-to-peer clinician presentations.
- Demonstrated Success of Media Buy: Ads targeting clinicians as well as consumers greatly outperformed government health outreach campaign benchmarks for digital ads (click-throughs); significant reach among target clinical audiences for print ads; search volume for key terms increased significantly after ad launch.

Of course, vaccination rates are the ultimate measure of success. While HPV vaccination rates for 2016 are not yet available, vaccination rates among adolescents aged 13–17 years increased among males from 41.7% in 2014 to 49.8% in 2015, and increased modestly among females from 60.0% in 2014 to 62.8% in 2015 (Morbidity and Mortality Weekly Report, August 26, 2016). This time frame overlaps with the first year of our campaign, and while a direct correlation between the campaign and vaccination rates cannot be made, the increase suggests our targeted outreach to pediatricians during the first year may have been a positive factor.

Appendix

Valid Metrics Framework

Social Marketing Stages					
Increase Vaccine Uptake and Completion	Awareness	Knowledge	Interest	Support	Action
Integrated marketing & education activities	-Clinician engagement -Partner engagement -Speakers bureau/events -Content creation -Paid media -Earned media -Webinars -Website activity -Social media				
Intermediary effects: process measures (e.g., reporters, bloggers, partners, influencers)	- Total media impressions (paid, earned, shared) - Audience reach - Number of articles or segments - Visitors/unique visitors to social network & website from search, referral, & mobile - Prominence - Specific page views	- Share of voice in earned & social media - Messages delivered in earned media - Conference feedback from comment cards - Spokespeople quoted or mentioned - Number of interviews secured for spokespeople - Key message alignment - Accuracy of facts - Webinar feedback - Partner feedback from AAP, ACOG, AAFP	- Increased demand for speakers bureau - Social network followers - Social media likes, favorites, comments, retweets, & shares - Low bounce rates to website from search - Time spent on page - Visitors that visited for 2+ pages - Click-throughs to specific pages	- Supportive statements from partners & influencers - Click-throughs in paid media - Number of links to website from social media - Positive mentions in blogs & social media - Referrals/links from partner websites - Number of downloads - Video views - Other site activity - Completion rates	- Increased clinician support - Increased support from partners - Active advocates
Audience effects: outcome measures Mothers of preteen & adolescent children	- Increased awareness of CDC recommendations for preteen and adolescent HPV immunization	- Increased knowledge of CDC recommendations for preteen and adolescent HPV immunization	- Increased interest in getting HPV vaccine for preteen child in doctor's office	- Increased intent to get the HPV vaccine for their preteen child in doctor's office	- Increased HPV vaccination uptake rates among 11- to 12-year-old boys and girls
Audience effects: outcome measures Providers who recommend HPV vaccine	- Increased awareness of CDC's call to action- make strong/bundled recommendations	- Increased knowledge of CDC's call to action- make strong/bundled recommendations	- Increased interest in making strong recommendation for HPV vaccine to preteens	- Increased intent to provide strong recommendation for HPV vaccine to preteens	

Number: 113

**Conference Track: Promoting Global Health and Wellbeing
Tips From Former Smokers™ (Tips™) Campaign Case Study and Social Marketing Strategic Planning Workshop**

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The 40-minute workshop we are proposing would be conducted as follows:

- Case study of Tips From Former Smokers™ campaign and the social marketing strategic planning process that led to its creation (20 minutes)
- Interactive exercise among participants in which, alone or in small groups, they would follow a similar social marketing strategic planning process focused on the community or public health issues they would like to address (15 minutes)
- Exercise debrief and sharing of resources (5 minutes)

Tips From Former Smokers™ Campaign Case Study and Social Marketing Strategic Planning Workshop

Campaign Aims and Objectives

- Encourage smokers to quit, and make free help available.
- Encourage smokers not to smoke around others and encourage nonsmokers to protect themselves and their families from secondhand smoke.
- Build public awareness of the immediate health damage caused by smoking and exposure to secondhand smoke.

Behavioural Objectives and Target Group

SMART Objectives for 2012 Campaign: Motivate at least 500,000 smokers to try to quit and at least 50,000 smokers to successfully quit smoking after the first year of the campaign.

The primary audience selected for the campaign was smokers, ages 18 to 54.

Secondary audiences included family members, parents and non-smokers.

Evidence of Citizen/Customer Orientation

Data were gathered regarding the urgency of conducting a smoking cessation campaign. These data were accurate as of 2011, when campaign was first being considered. Since that time, some of these figures have changed.

- Tobacco use remains the #1 preventable cause of death and disease in the U.S., with over 19% of adults smoking cigarettes in 2010.
- Over 440,000 deaths—one in every five deaths—each year in the United States were caused by cigarette smoking and exposure to secondhand smoke.
- More than 1,000 people were killed every day by cigarettes, and one-half of all long-term smokers were killed by smoking-related diseases.
- For every person who died from tobacco use, another 20 Americans suffered with at least one serious tobacco-related illness.
- The harmful effects of smoking do not end with the smoker. Every year, thousands of nonsmokers die from heart disease and lung cancer, and hundreds of thousands of children suffer from respiratory infections because of exposure to secondhand smoke.
- The chronic diseases caused by tobacco use lead the causes of death and disability in the United States and unnecessarily strain our health care system.
- The economic burden of cigarette use included more than \$193 billion annually in health care costs and loss of productivity.
- About two-thirds of adult smokers want to quit.

Secondary literature was reviewed from global and domestic sources, such as U.S. Surgeon Generals' Reports and the 2008

National Cancer Institute Monograph 19: The Role of the Media in Promoting and Reducing Tobacco Use. The following conclusion in Monograph 19 reflects the theme of the overall body of evidence: “Numerous studies have shown consistently that advertising carrying strong negative messages about health consequences performs better in affecting target audience appraisals and indicators of message processing (such as recall of the advertisement, thinking more about it, discussing it) compared with other forms of advertising...”ⁱⁱ

In addition, thorough formative research was conducted among the target audiences to ensure that messages, advertising concepts, and produced advertisements communicated clearly and persuasively (see Segmentation and Insight section for details).

The Social Offering

Previous tobacco control communications researchⁱⁱⁱ as well as our own formative research showed that smokers were more motivated to take action to quit when presented with the serious negative consequences (to them and their loved ones) of continuing to smoke than when the benefits of quitting were specifically addressed. Our offering to smokers was avoidance of very serious negative health consequences that could make daily life more difficult and could ultimately lead to death.

Engagement and Exchange

As described below in the Segmentation and Insight section, we involved our target audiences in every step of the process as we developed campaign materials and planned media placements. It was critical that our materials resonate with audiences and that our materials “reach them where they were.”

In addition, as part of the campaign roll-out we engaged our audiences through social media, such that former smokers could give advice to those trying to quit and smokers and nonsmokers alike could create a community supportive of quitting and of smoke-free spaces.

Furthermore, we involved stakeholders from the beginning of the campaign’s development, by soliciting input on campaign direction and learning from others’ experiences. Once the campaign was close to launch, we conducted briefings for a variety of stakeholders to ensure they knew when the campaign would launch, what its components would be, and how they could support it. We sought to create win-wins—they helped spread the word about the campaign, and we provided communications materials and quitting resources so that their audiences would be more motivated to take action to quit smoking.

Competition Analysis

Tobacco companies spend nearly \$1 million each hour to promote cigarettes and smokeless tobacco, and have been doing so for many years^{iv}. They continually evolve their products, packaging, and promotion.

Tobacco companies offer people images of fun, enjoyment, freedom, popularity, and stress relief/relaxation without sharing the reality of the negative consequences of smoking for smokers and those around them.

Segmentation and Insight

Primary consumer research was conducted online qualitatively among a sample of the targeted populations (general population, parents, and opinion leaders) which tested a series of potential “message platforms” that would serve as the factual basis for the advertising. Ten potential message platforms were developed spanning four different categories: Secondhand Smoke, Health Effects of Tobacco Use, Cost to Society, and Young People. During the testing, respondents assessed the factual impact of each message, resulting in a ranking of the three top messages with the greatest factual impact. The three highest scoring message platforms are below, and a theme of immediacy of dangers bound all of them:

- “Children exposed to secondhand smoke can have immediate reactions and can develop serious health conditions such as chronic ear infections, bronchitis and pneumonia.”
- “As soon as you smoke, you cause immediate damage to your health; every cigarette you smoke causes immediate and long-term damage to your body; even smoking a few cigarettes a

week or smoking only occasionally, is dangerous to your health.”

- “Every cigarette you smoke could be the one that might trigger a heart attack, or damage DNA which could ultimately lead to cancer.”

Next a creative brief was developed and agreed to, and then three advertising concepts were developed by the advertising agency. They were tested qualitatively among three focus groups of each: smokers, nonsmokers, and parents. The concepts were called “Tips,” “What Happens,” and “Known For.” Key measures included catches attention, persuasiveness to take action (try to quit smoking or protect self and others from secondhand smoke), and memorability. One concept (“Tips”) was selected from which to develop advertisements.

Next, former smokers who had suffered from the negative health consequences of smoking were recruited, and based on their unique stories, the ad agency developed advertising storyboards. Once agreed to by CDC’s Office on Smoking and Health, a variety of ads were produced and quantitatively tested in rough-cut format to ensure that the produced ads communicated clearly and persuasively before being finalized. The ads were tested among 18-54-year-old cigarette smokers and nonsmokers. The research findings indicated that the advertisements communicated effectively and motivated smokers to quit and nonsmokers to talk with others about the dangers of smoking and exposure to secondhand smoke.

Integrated Intervention Mix: Four Ps

Product: We wanted to counter the product that the tobacco industry made look so appealing and show smokers the dangers of the cigarettes they were used to buying. We also felt it was important to offer them something positive. We offered them resources such as quitlines and quitting websites to help them to successfully quit so they could enjoy the benefits of living healthier, more enjoyable lives after quitting.

Price: We wanted to convince smokers that the price they were paying (and would pay) to smoke is simply too high. Quality of life is diminished so greatly for so many smokers that it’s not worth it to keep smoking.

Promotion: We developed messages, concepts and advertising with feedback from the target audiences every step of the way, so we were confident that the hard-hitting negative health consequences ads featuring real people would resonate with the audiences and motivate them to try to quit or protect themselves and others from secondhand smoke. We promoted these messages in a variety of ways, using paid media, earned media (securing news media placements), and social media. Also, we knew it was important for promotion of the messages to come from the broader community, not just from CDC. So, we partnered with a variety of national, regional and local organizations to help amplify the messages; and we used social media to engage smokers and those who cared about them in constructive conversations about quitting.

Placement: We communicated our well-tested messages at high levels to reach approximately 85% of smokers 25-27 times during the campaign. Through use of syndicated media (source MRI: Mediamark Research & Intelligence) advertising and other messages were placed where smokers lived and went about their daily lives. We chose media channels that they consumed already, such as television, radio, out-of-home (e.g., billboards, bus interiors), magazines, and digital and social media.

Co-creation through Social Markets

Without the involvement of real people, the Tips™ ads couldn’t have been made. In order for the campaign to influence smokers—for them to internalize the message and act on it by trying to quit—we needed to recruit real people to tell their stories about how difficult it can be to live with the negative consequences of smoking. The recruitment process was very time-consuming, given that we needed to find willing participants who had doctors’ affidavits that their conditions were caused by smoking, and their stories needed to be compelling and understandable.

As mentioned in the Engagement and Exchange section, we encouraged co-creation in interactive messages on Facebook, Twitter, etc. and in how people chose to share them. Also, we thoroughly engaged a wide variety of partner organizations, and we

worked together with them to develop webinars, continuing education materials, factsheets and posters that would meet the needs of their direct and indirect constituencies.

Systematic Planning

Overall planning process:

- Clarify goal
- Write problem statement and background
- Identify target audience(s)
- Specify budget and resources
- Set campaign objective(s)
- Develop formative research plans
- Create strategy statement/key messages
- Select activities and which media vehicles will be used
- Develop and produce advertisements and other communications materials
- Develop media plan, with reach, frequency, duration and specific placements
- Identify opportunities for collaboration
- Develop process & outcome evaluation plans
- Identify tasks and timeline and accountability

As mentioned earlier in the document, the formative research process included a literature review, message testing, concept testing, and pre-testing of draft advertisements. The outcome evaluation process was equally rigorous, with campaign measures that included:

- Campaign Awareness (pre-/post-campaign survey)
- Audience reactions and receptivity to campaign ads (pre-/post-campaign survey)
- Estimates of campaign's online reach/social media engagement (Facebook and Twitter dashboards)
- Digital advertising media traffic indices, such as clicks, completion rate, website visits resulting from ads (digital media measurement tools, such as Doubleclick)
- Quit attempts and intentions (longitudinal survey)
- Website visits (online tracking tools, such as Site Catalyst)
- Return on Investment calculations (estimates of sustained cessations; premature deaths averted; undiscounted life years (LYs) saved; and quality-adjusted life years (QALYs))

Results and Learning

Calls to the 1-800-QUIT-NOW quitline increased 132% and visits to the www.smokefree.gov website increased 428% as a result of the 2012 Tips™ campaign ^v.

In a longitudinal survey with probability samples, approximately 78% of cigarette smokers and 74% of nonsmokers reported seeing at least one TV ad during the 2012 Tips™ campaign. The campaign was associated with increased quit attempts as well as increased intentions to quit in the next 30 days and next 6 months ^{vi}.

The 2012 Tips™ media campaign led to 1.64 million quit attempts, and an estimated 100,000 successful quits (defined as quit attempts that result in sustained cigarette abstinence for at least 6 months) ^{vii}.

Tips™ was a public health best buy. Financial analyses of the 2012 campaign indicated that Tips™ cost per year of life saved was \$393, very significantly lower than the \$50,000 benchmark for cost-effective health interventions. The campaign's cost per smoker who quit was just \$480 which is extremely cost-efficient, and the 2012 campaign helped avert at least 17,000 premature deaths ^{viii}.

Lessons Learned and Improvements Over Time:

After the first two years of Tips™, we began to put greater focus on 18-54-year-old smokers of low-socio-economic status (SES) because these are the subset of smokers who have the highest smoking prevalence. We recruited low-SES smokers for formative research and then developed the advertising based on data about this audience and insights gleaned from qualitative research. We also purchased media placements that would allow us to better reach the low-SES audience.

In addition, we determined that we could reach and influence more smokers if we broadened our partnerships with outside groups, so we developed partnerships with a wide variety of health care provider organizations as well as with faith-based (i.e., religious) organizations. They became enthusiastic proponents of the campaign because they were interested in reducing smoking and exposure to secondhand smoke among their patients, members, and constituents, and they were able to greatly amplify the campaign messages through their networks/communication channels.

Furthermore, we added specific populations with higher-than-average smoking prevalence (such as military/veterans and people with mental health conditions) to our planning, ensuring that they were represented in our advertising and that they were reached well through our media placements.

Appendix

Tips From Former Smokers™ Participants



Campaign Channels

- TV
- Radio
- Print
- Out-of-home
- Digital Media
- Social Media



Endnotes

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Number: 120

Conference Track

Increasing return on social policy investment by influencing behaviour

SAFE Work Manitoba – Workplace Injury Prevention Program

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Other Notes for Consideration

If accepted, this paper will be presented as an Oral Project Report with Q&A.

Background Information

SAFE Work Manitoba is a public agency dedicated to the prevention of workplace injury and illness created in 2002 after a review conducted the previous year of the Workplace Safety and Health

Act by the Manitoba Minister of Labour. The key recommendation was to create a culture of safety and health and achieve a 25 per cent reduction in the time-loss injury rate; through promotion, protection, education and capacity-building, SAFE Work helps Manitobans engage in workplace safety and aims to achieve this goal.

Aims and Objectives

The ultimate program goal is very simple – to continue reducing Manitoba's workplace injury rate. Research demonstrates that building a strong workplace safety and health culture in Manitoba and creating public demand for SAFE Work in every workplace is correlated to reducing risks and preventing injuries.

SAFE Work Manitoba partnered with ChangeMakers to develop a strategy to decrease workplace safety and health injuries, incidents and deaths in Manitoba, and the program was launched in 2003. This injury and illness prevention strategy educates employers, employees and Manitobans in the need for and the realistic opportunities to reduce time-loss injury rates in the workplace. SAFE Work's original five-year goal was met by the end of 2009 when the time-loss injury rate fell by 25 per cent. By the end of 2011, the injury rate had decreased by over 41 per cent. The business need for 2012 was to continue pushing the reduction of injury rates forward and increasing public engagement with the SAFE Work brand.

Behavioural Objectives and Target Group

Objectives:

- 1) Increase awareness of the SAFE Work brand, helping more people to understand and engage in workplace safety. To achieve behavioural change and reduce Manitoba's injury rate, it is imperative that people in Manitoba know about the SAFE Work program and understand the role both workers and employers play in injury prevention.
- 2) Increase understanding of employer responsibilities to create public demand for workplace safety programs to ensure more employers and employees support SAFE Work in their workplace. Cultural and behavioural change towards injury prevention will only evolve when attitudes change about the importance of workplace safety programs at Manitoba workplaces. By raising awareness of employer responsibility, more Manitobans will hold their employers accountable for workplace safety and will be more likely to demand and accept safety programs and protocols in their workplaces, and an increasing number of management teams will reinforce the importance of workplace safety programs with staff.

The two primary external audiences for the SAFE Work program include:

- Working Manitobans – with key messages targeted to a further segmentation into youth, immigrants, and older employees, depending on research indicators of employees at higher risk for workplace incidents; and
- Manitoba employers – with industry-specific targets, business owners/managers and industry leaders/influencers specifically targeted for some campaigns and resources.

Internal audiences include the provincial government, segmented to specific departments; and Manitoba Federation of Labour.

Citizen/Customer Orientation

The audience targeted by the SAFE Work program is broad and varied – essentially, SAFE Work messaging is targeted to all Manitobans. To best reach the broad external target audience of all Manitobans ChangeMakers segments the audience and works with Prairie Research Associates (PRA) Inc. to conduct audience-specific research, including surveys and focus tests, to understand the gaps in services or needs faced by each particular audience segment. Social marketing campaigns are then targeted with goals and objectives informed by stakeholder priorities, research findings and focus group results. We also work with PRA to conduct ongoing evaluation of the SAFE Work program as a whole.

SAFE Work surveys of the Manitoba general public show that most Manitobans (93 per cent) support SAFE Work advertising to raise awareness about workplace safety to help reduce the number of injuries in Manitoba workplaces.

The Social Offering

The social marketing program focuses on meeting its objectives through advertising, media relations, community relations and four quarterly multimedia campaigns. Each campaign or project is aimed at a specific audience and is research-based and focus-tested to ensure that the project fills a gap in services or needs, uses appropriate tactics to reach the audience segment, raises awareness and sets key messages and objectives which align with the overall program goals.

Engagement and Exchange

ChangeMakers is responsible for creative development, production, implementation, fiscal management and evaluation of the SAFE Work program. To manage timeframes and deadlines, we work closely with SAFE Work to develop annual project and campaign plans, each of which includes a critical path to keep projects on track. Based on the goals, objectives and priorities set for the year, tactics and budget lines are allocated to each project.

To engage external audiences, we produce quarterly campaigns and other large-scale initiatives that promote a culture of safety and health across the province. We support SAFE Work Manitoba with a wide range of ongoing marketing communications materials and services, including developing and managing their website and producing brochures and how-to guides. We also assist SAFE Work in developing safety and health workshops, which are offered free to the general public.

Competition Analysis

While SAFE Work Manitoba doesn't have competitors in the market per se, they do face challenges in changing behaviour for the better. One major challenge to meeting our objectives results from stakeholder feedback that seeks more emphasis on employer responsibility for safety. Organized labour voiced concerns about employers' potential reactions to workers who speak up about safety, leading to sensitivity around language and previous messaging such as "SAFE Work is everyone's responsibility" and "SAFE Work needs your voice." The shift to more employer-focused messaging, however, makes it difficult to determine a clear call to action for the general public.

We meet this challenge by identifying employer- and employee-specific tactics and resources for each quarterly campaign. We also allocate resources to targeting employers in individual project plans. Specific examples include employer research and a survey that measures employer engagement with SAFE Work, and quarterly campaigns with strong employer responsibility messaging.

Segmentation and Insight

External Audiences

Working Manitobans - Manitoba workers-at-large are a very important audience for the SAFE Work program. This sector of almost 580,000 Manitobans ages 25-65 currently in the workforce is 53 per cent male and 47 per cent female, spans all levels of education, literacy and English language fluency, and includes both unionized and non-unionized workers. Immigrant and new Canadian workers are a particular example of an audience segment that is largely unaware of employers' responsibility for workplace safety, and they often face language and cultural barriers preventing them from refusing unsafe work, receiving proper training, and asking questions. Manitoba workers-at-large are generally concerned about their safety and health and their rights in the workplace and often seek information to answer any questions they may have.

Another key segment of the primary audience is youth 15 to 24 years old, representing 18 per cent of the Manitoba workforce. Males between 20 and 24 years old account for the highest time-loss injury rates (4.8 per 100 full-time equivalent workers in 2011), making them a key audience for this social marketing program.

Manitoba Employers and Workplace Leaders - This audience consists of employers-at-large and workplace leaders. While they may not be directly involved with workplace safety and health issues, they are legally responsible for ensuring employee safety and are liable for any injuries that occur in the workplace.

Integrated Intervention Mix

Product

The product is an award-winning, comprehensive social marketing

program, comprised of quarterly multimedia campaigns, public and media relations activities, communications materials, and resources, both print and digital and including the website safemanitoba.com. Examples include:

- The 2014 Spot the Zombie campaign (spotthezombiemanitoba.com) which was based on the zombie trend in popular culture. Youth were able to take part in a virtual safety boot camp and zombieify themselves online.
- The 2016 Worked Up campaign (workedup.ca); a wake-up call and the first of its kind in Manitoba. With hidden cameras at a real recruitment firm, interviews were recorded to learn about young workers' attitudes toward safety.

Price

SAFE Work Manitoba offers its workplace safety and health messaging, resources and training to its audience for no cost; however, they recognize that other costs related to workplace safety can be a barrier to investment in a culture of workplace safety and health. One of our campaigns, The Value of SAFE Work, addresses this issue directly and highlights the value of workplace safety – essentially the value of workers' lives – compared to the cost of establishing and maintaining an effective safety and health program.

Place

SAFE Work Manitoba ensures that its resources and messages are accessible throughout Manitoba. For example:

- Training sessions are offered at the SAFE Work Manitoba offices, and SAFE Work on Wheels travels throughout the province to deliver safety messaging and training.
- A wide variety of resources are available for free download online – from brochures to posters, videos to guides, with many translated into 18 languages.
- Materials are available by mail upon request, and some are sent to safety and health committees throughout the province as part of the quarterly campaign activities.

Promotion

Our annual budget includes allocations for multimedia production, media placement, website redevelopment, target-audience-specific programming and public and employer relations. The budget allows us to make a significant impact among various target audiences across Manitoba through promotional efforts and outreach, including a combination of mass and targeted media. The budget also allows us to ensure that communication materials and research and evaluation findings are addressed to and shared with internal audiences.

Co creation Through Social Markets

Each of our campaigns and projects begins with research, both qualitative and quantitative – we survey our target audience, involve them in focus testing of creative and address their needs. We use the results of this research, combined with our understanding of the target market based on over 14 years of experience, to develop strategies for quarterly campaigns and other marketing communications activities. Ongoing measurement and evaluation of the program, as discussed in the "Systematic Planning" section, also informs the development of program activities.

Systematic Planning

ChangeMakers uses a six-step Stages of Change model to guide our social marketing activities and measure their outcomes (see appendix). The model articulates how target audiences progress through the six stages of change from awareness (pre-contemplation, contemplation) to engagement (preparation, action) and ultimately to the desired social and behavioural change (maintenance and consolidation).

All research, strategic planning and evaluation intends to move Manitobans up the stages of change: from awareness, just becoming knowledgeable about workplace safety; to engagement, taking action to make a change and adopt safe work behaviours; to change, maintaining the culture of safety in their workplace and beyond.

Results and Learning

SAFE Work Manitoba and ChangeMakers conduct several surveys annually as part of their planning and evaluation process (see

appendix). The 2015 SAFE Work Annual Survey included 400 employed Manitobans 18 to 55 years of age. The survey showed that the average Manitoban scored 2.7 out of 4 on the stages of change model, meaning they are transitioning from the action to maintenance stage.

In addition to assessing the stage of change of the average Manitoban, the 2015 SAFE Work Annual Survey also found:

- Eight in 10 Manitobans (81 per cent) recalled SAFE Work advertising, and unaided recall (28 per cent) is at its highest recorded percentage since 2009.
- Overall, more than 1 in 5 (29 per cent) Manitobans has high awareness of SAFE Work, including 2 per cent who have very high awareness.
- 15 per cent of Manitobans named SAFE Manitoba or SAFE Work as the website they would visit to find information about workplace safety; younger Manitobans (18-34) were more likely to name SAFE Manitoba/SAFE Work as a source of online information.
- More than 2 in 3 respondents (68 per cent) agree that workplace injuries are preventable, down slightly from 2014 (71 per cent). About 1 in 4 Manitobans (24 per cent) strongly agree with the statement.
- Overall, 4 in 10 Manitobans reject the idea that workplace injuries and accidents are an inevitable part of life, including 10 per cent who strongly disagree.
- Manitobans practice mostly safe work behaviours.
 - o More than 8 in 10 (86 per cent) score as mostly or very safe in their behaviours, including 31 per cent who are very safe.
 - o More than 9 in 10 Manitobans (95 per cent) are likely to consider safety before they begin an activity at their workplace, including 68 per cent who are very likely to do so.
 - o About 2 in 3 Manitobans (65 per cent) have talked with their manager or supervisor about workplace safety, and almost all Manitobans (95 per cent) say they are comfortable discussing workplace safety issues with their manager or supervisor.

These awareness metrics, combined with a decrease in frequency, duration and severity of workplace injuries, represent a significant return on investment for SAFE Work and the employers who invest in safety and health and pay into the workers compensation system.

Lessons Learned

ChangeMakers and SAFE Work Manitoba use a range of research tools to direct and support the SAFE Work program, measuring success of each campaign and the program as a whole. Each year we work together to set program goals and priorities, including the message focus for quarterly campaigns and other projects. The planning process takes into account the needs of each target audience as well as the long-term goals of the SAFE Work program and Workers Compensation Board injury statistics.

Another key goal, which is closely linked to a culture of health and safety, was to reduce the time-loss injury rate by 25 per cent. SAFE Work Manitoba's efforts to promote injury prevention, along with government enforcement of safety and health regulations and industry support, have initiated cultural change that has shown real results. The time-loss injury rate has fallen from 4.7 per 100 FTE workers in 2000 to 3.0 per 100 FTE workers in 2015.

ChangeMakers also has won numerous awards for the SAFE Work social marketing program and individual campaigns. These include: a 2015 IABC Gold Quill Award of Merit for the SAFE Youth campaign; a 2013 Silver Summit International Creative Award for the Sons and Daughters campaign; 2013 IABC Gold Quill Awards of Excellence in Safety Communications and Multi-Audience Communications for the SAFE work program; and a 2013 IABC Gold Quill Award of Merit for Research Innovation.

Appendix



ChangeMakers and SAFE Work Manitoba conduct the following surveys to assess audience awareness, engagement and behaviour (change):

Tool	What It Measures	Frequency
Annual Survey – SAFE Work	Awareness, attitudes and behaviours of primary audience: working Manitobans	Yearly
Omnibus Survey – SAFE Work Advertising	Recall of Q1 and Q2 advertising among general public	Yearly
SAFE Youth Survey	Awareness, attitudes and behaviours of participants in SAFE Youth campaign contest (primarily youth)	Yearly
User Survey – SAFE website	Perceptions of safemanitoba.com, as well as awareness and attitudes to SAFE Work	Yearly

Number: 131

Promoting Global health and wellbeing

United for Healthier Kids:

Healthier habits through gamification

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United for Healthier Kids at São Jose do Rio Pardo

Aims and objectives

In Brazil, 1/3 of children are obese or overweight. This complex malnutrition challenge requires full commitment from both public and private sectors, united for lasting change. At Nestlé we're willing to go beyond our nutrition, health and wellness related commitments by playing a catalyst role to inspire behavioral change as part of a wider platform of like-minded stakeholders. This is why 'United for Healthier Kids' was created, a program to inspire and enable behavior change at individual and community level. With this initiative, we'll contribute to have healthier and sustainable communities while guarantying our business future sustainability.

Child malnutrition is a public well known challenge. Parents states that they have plenty of information and several campaigns have been done without significant success. We have searched for an alternative approach, getting inspiration from behavior economics: influence kids' life context for good to have higher chances to build healthier behaviors. Thus, we are constantly working in order to change the context of an entire little city creating a gamification tool, called the Superpowers league. A game where kids could get online superpowers by performing real-life healthy missions related to fruit and vegetables consumption and physical activity. The game engaged the full city supported by traditional channels.

Behavioral Objectives and Target Group

Within the first 4 months:

- Kids from 6 to 12 years old that lives in São Jose do Rio Pardo, São Paulo, Brazil.
- The number of kids from 6 to 12 years signed in the program
- The number of kids from 6 to 12 years engaged in the program,

performing at least up to 3 healthy missions/week

- Increase statistically significant the consumption of fruits and vegetables for kids from 6 to 12 years
- Increase statistically significant the movement activities for kids from 6 to 12 years

Evidence of Citizen/Customer Orientation

- Considering the country context (1/3 of kids in Brazil are overweighted or obese¹), the game was specially designed for children to move more and eat more fruits and vegetables, which are part of the WHO strategy to decrease dietary intake of sugar and fat;
- 54% of kids until 12 years old spend more than 4 hours a day in front of a screen² and an average of 11 mins playing. The game was developed with behavioral and children specialists to guarantee it would be an enabler for healthier habits more than for entertainment alone. Our target, kids from 6 to 12 years, were involved in the development and improvements of the game. As the idea was not to incentivize screen time, kids could only progress if they accomplish real world missions.
- 50% of kids from 1 to 12 years old are sedentary³ (don't play nor move), healthy missions were created to invite kids to move more.

The Social Offering

Change context using gamification to engage kids establishing healthy habits, e.g. consuming more fruits and vegetables and increase their physical activities.

The game is called Superpower League, in which kids become heroes and have their own avatar. In order to succeed in the game they must accomplish healthy missions in the real world. Healthy missions are challenges that allows kids to eat better, move more and drink water. Missions accomplishment is proven by a picture or an adult checking it. Then, they will increase virtual powers to evolve in the game. All kids in the city were invited to join for free.

At the moment they join the program they turn into a superhero and receive a super bracelet which is the interface between real and virtual world to score missions. All missions must be associated with consumption of fruits and vegetables, physical activities or by drinking water. Every time a kid score, they progress in a specific superpower in the game dashboard. The interventions or nudges to promote healthy behaviors were available at program partners like schools, local trade, home and public places. Families could choose where they wanted to participate and kids could score. The interventions are the following:

At schools

- Changes in the menu: fruits or vegetables prior to unhealthy options
- Healthy and funny signs associating each fruit and vegetable with a superpower
- Unexpected visits to schools to score kids if they consume fruits and vegetables in their break or lunch time

Local trade:

- Grocery layout changed to be more attractive and accessible to kids (Fruits and vegetables placed in lower places)
- Superpower signs for each fruit and vegetable
- Fruits and vegetables prepared for trials for free (after trying, kids score in the game)

Public places:

- Healthy missions in different public places in the city (after playing kids score in the game)
- Partnership with local gym to promote free classes that allow kids to score
- Food truck to teach healthy recipes to increase parents repertory

Home:

- Picture challenge: with their parents support, kids should submit a snapshot in the platform showing they have accomplished a healthy mission.

Engagement and Exchange

Considering the complexity of the challenge, with obesity and malnutrition being a multifactorial problem, it was decided that the implementation of the program should engage the full community. In this sense the guiding insight was "it takes a village to raise a child".

The program counted with local partnerships since the beginning and it was key to its success. The main ones are: Fonseca supermarket, Secretary of Education, Secretary of Health, Academia Athletic Comp (gym).

To invite parents and kids to join United for Healthier kids program, a launch event was organized. The event was launched using relevant widely used channels in the city such as car with outside speakers, local media and word to mouth. Kids could only join after their parents' formal authorization.

As families' couldn't go to some events due to mobility, public sector offered free transportation to healthy mission's events during weekends.

The United for healthier kids task force team supported doubts from kids/parents and implemented the interventions/healthy missions. This task force team shared their findings in weekly team meetings.

After that, the whole city engaged in the program and the number of kids signing up increased exponentially- and continue to increase - and other partnerships were developed.

Competition Analysis

There is no similar program in São Jose do Rio Pardo, the public and private initiatives complement and are integrated with United for Healthier Kids.

The context is against kids as they have many influences that drive them to obesity and sedentarism. In addition, parents are not available as they wish to support kids decisions. Kids when part of United for healthier kids program choose to consume "in natura" products or to move (play) happens as their evolution in the game is linked to their healthy mission accomplishment.

Segmentation

The target chosen for the pilot phase was kids from 6 to 12 years old that study in São Jose do Rio Pardo . Moreover, kids would be catalysts of a behavioral change within their families, improving the chances of maintaining the healthier behaviors.

Integrated Intervention Mix

Product

Service to the community to promote healthy habits supporting parents of kids from 6 to 12 years through gamification and tools (i.e. healthy missions, cooking classes, communication toolkit for schools)

Place

The program is present with interventions in different places and periods such as schools, public places, public events and gyms.

Cost

The service is available for the community for free. It's cost is supported by Nestlé Brazil and local partnerships.

Promotion

The program awareness is created with the help of the local media, events and word of mouth. As it progressed, more people are interested and engaged.

Co creation through Social Marketing

Co creation with community and specialists was done as United for Healthier kids progressed, new games and changes in the current ones were inputs from kids participating. Some examples:

- Kids wanted to talk with Superpower league, "Superuncle" avatar was created to interact with them
- Need for more challenges resulted in a Lazy avatar that can steal superpowers from kids
- Younger kids wanted to join, the program was extended to 5 years old kids.

Also, the community contributed with ideas to visit more schools and supported us to maintain same resources. With this, the quantity of kids reached and engaged increased and the program turned to be more efficient.

Overall, community was always contributing with the program with

punctual ideas and participating in the co creation process.

Systematic Planning

To engage public sector and the citizens from São Jose do Rio Pardo the following steps were taken:

1. The idea was presented to the public sector that agreed to pilot the program in São Jose do Rio Pardo (51 thousand inhabitants);
2. Health and Education public departments confirmed the public health concern about kids' overweighted and sedentary lifestyle in the city.
3. City mapping
 - a. Obesity and overweighted kids scenario (6 to 12 years)
 - b. School: kids list and school break format
 - c. Partnerships: contacted possible partners such as culture city center, city retail etc
4. Communication and event days agreement

After that, the program was in place for São Jose do Rio Pardo and it was established weekly team meetings to track progress and take corrective actions while including new features as per community feedback.

The strategic planning was discussed every 2 weeks with stakeholders and based on inputs from the operational weekly meeting.

Evaluation and Measurement

The quantitative research was realized on June and October, 2016 through a questionnaire to the families. To measure impact on behavior change the questionnaire was developed with Professor Jaqueline Monteiro (University of São Paulo) and an Independent institute (IBOPE) was responsible to collect data and it analysis. A total of 150 kids participated on the research on April, 2015 and Oct, 2015.

Also, a daily tracking dashboard is available to track how many healthy missions kids accomplishes. Reports are used to monitor engagement.

Results and Learning

The program results was measured after 4 months of pilot phase and the results were very positive and relevant to the whole community. The objectives defined were kids sign up in the program, engagement rate and healthy habits behaviors. Follow the results:

90% kids signed up from the target (2600 kids)

80% kids engaged accomplishing at least three healthy missions a week

10% (from 3% to 13%) kids consuming the recommended amount of fruits and vegetables

12% (from 72% to 84%) kids increased their physical activity practice

In addition to the results presented above, a positive change in the family relationship was noticed and families also start thinking how they could maintain healthy habits aiming long term.

The main learnings were:

- Stakeholders and partnerships mapping must be done since the beginning
- Parents should be involved and aware of their role
- The game must have phases and villains to motivate the kids
- Co creation is key to engage community as they contribute with ideas
- Evaluate and measure to assess effectiveness and to help optimize the program

United for Healthier Kids Brazil aims to extend the program to more families. After one year, there are 7000 kids signed up and 168 thousand healthy mission accomplished⁴. Learnings will grow as we move to new communities as they have different scenarios. A social impact program as United for Healthier kids will always have adjustments to be done as it progresses.

References

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2 Infant Kids Study (IKS), IBOPE/ Nestlé. São Paulo, Brazil, 2015.

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4 The league dashboard -

<https://www.legiaodossuperpoderes.com.br/chronus/admin/index.html> . São Paulo, Brazil, October, 2016

Acknowledgements

Professor Jaqueline Monteiro, University of São Paulo, Brazil was our main scientific advisor.

Dr Lino Macedo, Developmental Psychology teacher, specialized on gamification for health and education.

São Jose do Rio Pardo secretary of education, health and culture that provided transport, availability for meetings, availability to events in public places and distribution of communication to schools, parents and kids.

All schools in São Jose do Rio Pardo that accepted to be the first ones to be part of United for Healthier kids and co-created new interventions and improvements with the team.

Supermarket Fonseca and Intervalo cafeteria that offered space for fruits and vegetables trials and implemented healthy signs in the grocery.

Academia Athletic Comp gym that offered free classes to the community.

Local Midia in São Jose do Rio Pardo were engaged and published every step and event in the city

Pushstart company that developed the game used to engage kids in the program.

Number: 137

Promoting Quality Malaria Medicines through Social and Behavior Change Communication

Conference Track: Promoting global health and wellbeing

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Aims and Objectives

Substandard, spurious, falsified, falsely-labelled and counterfeit (SSFFC) malaria medicines pose an incredible threat to malaria endemic countries, as they not only put individuals at risk of treatment failure and death, but also waste national healthcare systems' financial resources, increase distrust of the healthcare system, and contribute to artemisinin resistance. Most interventions designed to address malaria medicine quality issues work to improve quality assurance, strengthen regulation, or operate within the criminal justice system, but few work to influence the consumer and vendor purchasing practices and demand for malaria medicines that affect antimalarial quality and availability.

To this end, the Health Communication Capacity Collaborative (HC3) has developed a global initiative to unite stakeholders in promoting positive behaviours around malaria medicine purchasing, use, and reporting. HC3 has created an online implementation kit (I-Kit) to support program managers and stakeholders who are interested in developing effective and targeted health communication strategies to address malaria medicine quality issues in their area.

Behavioural Objectives and Target Group

The behavioural objective is to decrease the number of people purchasing and using sub-standard malaria medicines in Nigeria within the six months duration of the demonstration project. In particular, the I-Kit will help officials identify the key groups and stakeholders for social marketing that will influence the general population in Nigeria, the primary audience of the I-Kit, and in particular, influence women and key caregivers of children under 5 who purchase and use malaria medicines, as these groups consist of those individuals who are disproportionately affected by malaria.

Evidence of Citizen/Customer Orientation

A preliminary literature review and rapid assessment was conducted on the global and national (Nigeria) SSFFC malaria situations, as well as on existing global, regional and national programs to address poor quality medicines from the regulatory, criminal investigation and advocacy/communication perspectives. A two-day stakeholder meeting was held in Abuja, Nigeria to review the behavioral, social and structural barriers to the purchasing of quality malaria medicines in Nigeria, and, to develop a communication strategy to guide the production of an effective social marketing campaign on SSFFC malaria medicines in Nigeria.

The Social Offering

Whether they contain toxic, inactive or insufficient ingredients, SSFFC malaria medicines seriously threaten a country's health system and the patients it serves. Because these medicines do not contain the required amount of the active ingredient, they cannot completely treat malaria and can lead to a worsened case of malaria or even death. Malaria is the leading killer in Nigeria, causing more than 300,000 fatalities annually. Malaria is responsible for 30% of childhood deaths, 25% of infant deaths, and 11% of all maternal deaths. Experts estimate that SSFFC malaria medicines contributed to 122,350 deaths of children under five-years-old in 39 sub-Saharan Africa countries. Perhaps most alarming, is the concern that the chemical composition found in some falsified or substandard medicines currently circulating in the market, could lead to artemisinin resistance, further increasing the devastating impact that malaria has on sub-Saharan Africa and Southeast Asia.

While activities aimed at improving international and national medicine manufacturing, procurement, regulation and enforcement can greatly reduce the burden of SSFFC antimalarials in the long run, they cannot eliminate the problem entirely. However, there are steps that individuals, families, communities and specialty agencies (such as regulatory agencies and law enforcement) can take to protect consumers. This implementation kit provides national and local stakeholders, as well as program managers, with key considerations and a road map for designing and implementing a country-specific social marketing campaign that protects the public from poor quality malaria medicines and responds to the threat of poor quality medicines in their country.

Engagement and Exchange

HC3 conducted a landscaping exercise at the start of the process, which included a desk review and consultations with experts in malaria case management, pharmaceutical quality control, drug regulation and enforcement, pharmaceutical manufacturing and consumer awareness and education. This process indicated that few strategically-developed, evaluated social marketing activities had been conducted to inform and protect consumers from substandard and falsified malaria medicines.

HC3 also hosted a meeting of representatives from six African countries where SSFFC malaria medicines are an issue to learn about their communication interventions to address the problem, and to ask for their inputs into the design of the I-Kit. The meeting revealed that very little, if any, social marketing had been conducted to address SSFFC malaria medicines in these countries. It also revealed the nuances of the malaria medicines situation in each country and that key insights about target audiences varied greatly from country to country.

Finally, HC3 worked with the National Malaria Elimination Program (NMEP), the National Agency for Food and Drug Administration and Control (NAFDAC) and non-governmental stakeholders in Nigeria to design and test a social marketing/SBCC strategy aimed at protecting families from SSFFC malaria medicines. The campaign HC3 developed with these partners was implemented in the Akwa Ibom State of Nigeria over a five-month period during 2016 and insights on the cross-sector collaboration between specialty agencies were incorporated into the final I-Kit materials.

Competition Analysis

In many cases, medicine consumers are looking for a low-cost medicine that does not require much effort to obtain. Access and cost of Artemisinin-based Combination Therapy (ACTs), as well as frequent stock outs due to limited national medicine supply or diversion, may drive consumers to shop for medicines in the unregulated private sector, where medicine is more likely to be low

quality. It is also common for patients to self-treat with malaria medicine without first getting tested or consulting a health provider. Consumers may feel that they are saving time, stress, and money (for transportation, etc.) by bypassing the health facility, because they are certain their fever is related to malaria. Those who self-treat often do so with poor quality medicine (mostly monotherapies) purchased from informal medicine vendors. While many know about the presence of substandard or diverted medicine, acceptance and normalization of the informal sector may stop shoppers from viewing these vendors as risky or dangerous. The convenience of buying from the informal sector, as well as the desire to not betray their networks, may prohibit consumers from wanting to report suspected vendors of substandard, diverted, or falsified malaria medicine.

Segmentation and Insight

Segmentation of the market identified three groups that play a role in the development of SSFFC messaging:

- **Patent and Proprietary Medicine Vendors (PPMVs)** – this audience operates as informally trained drug retailers, utilizing an open market and with no knowledge of how to identify SSFFCs. They also prescribe to customers without results proving that they have tested positive to malaria, and fail to report to the appropriate authorities when and if they identify SSFFCs malaria medicines. They are often normalized by the general public, who side with them rather than regulators.
- **Policy makers:** - this audience includes the Pharmaceutical Council of Nigeria (PCN), National Agency for Food and Drug Administration and Control in Nigeria (NAFDAC), and Nigeria Custom Services, who need to begin and/or increase public awareness of SSFFC malaria medicines
- **All consumers who are buying anti-malarials:** this audience doesn't put much thought into what type of medicine they purchase, as long as they are told they are getting an antimalarial medicine. They are motivated by cost and ease of procuring medicines, and while they may be aware of poor quality medicine, they may not know how to prevent it.

Input from key stakeholders from strategic workshops held in Nigeria, has shown that targeting PPMVs and policy makers through social marketing campaigns can lead to crucial behaviour change outcomes. Sales representatives, such as PPMVs, can influence their consumers' current practices and encourage them to adopt the desired, positive behaviour. Likewise, policy makers must make a concerted effort to increase public awareness about, as well as support law enforcement to combat, SSFFC malaria medicines. This meeting also reiterated the influence these two stakeholders have on the malaria medicine situation, making the case for including them as audiences.

The results from the Akwa Ibom campaign showed that social marketing can be used to improve consumers' knowledge of the harm caused by SSFFCs medicines, as well as inform the steps that they can take to protect themselves and their families. It is imperative to change customer's attitudes so that they value and feel capable of influencing the quality of malaria medicines they use, and encourage consumers to take protective actions that reduce their risk of buying poor quality malaria medicines.

Integrated Intervention Mix

The I-Kit walks users through the process of developing a communication strategy, including identification of the communication objective (product), barriers (price), channels (place) and intervention mix (promotion). In Nigeria the campaign included training of community volunteers and Patent and Proprietary Medicine Vendors (PPMVs), providing them with stickers marking that they promote quality medicines, a radio and television campaign targeting all consumers, point of purchase materials, and media journalist trainings.

Messages were designed to get consumers to take the next step and verify their medicines using the manufacture and expiration dates, batch number, and mobile verification system. Messages for PPMVs asked them to change their medicine sources and buy quality-assured medicines from warehouses, as well as promote their consumers to validate their medicine with the scratch pad technology before they buy (with poor quality medicine at the cost of the vendor). Through this approach, the campaign would promote the product of quality-assured medicine, and get audiences to see

that healthy outcomes are worth the costs listed above.

Co creation through Social Markets

At each stage of the development process, global and national stakeholders were consulted. Regularly seeking and incorporating their comments led to a constructive feedback process that ensured the I-Kit would best serve national and regional actors aiming to put the principles described into practice. Global stakeholders acted in an advisory board capacity to review materials and provide technical feedback on a regular basis. Simultaneously at the national level, officials in Nigeria were reviewing materials and piloting the SSFFC campaign in the Akwa Ibom region, to provide more detailed input on the message development guidelines. The pilot campaign has since been integrated into the ongoing NAFDAC activities at their own expense, acting as a mechanism for further feedback and a model of a successful campaign.

Systematic Planning

The steps to create the I-Kit and the I-Kit itself are based on the P-Process, a framework to design, implement, monitor and evaluate communication strategies, materials and programs. This five step process includes an inquiry or formative research stage (for both the I-Kit and the demonstration projects in Nigeria and Malawi); a design stage to develop the I-Kit structure and the communication strategies for the campaigns; the create and test stage to develop and pretest materials and interventions; a mobilization and monitoring stage to ensure the relevant partners are on board, implementers are trained, and activities are monitored; and, an evaluation phase to measure the impact (in the case of Nigeria through an omnibus survey, observations of PPMVs, and training assessments).

Results and Learning

While a formal evaluation of the I-Kit has not been conducted, informal feedback has demonstrated that it is useful and helpful in guiding the campaign development process. The I-Kit is designed in a way that brings non-traditional and traditional social marketing/SBCC partners together. There were a number of lessons learned throughout the process of developing the I-Kit. For example, audience selection and calls to action will vary depending on the type of malaria medicine issue faced by a country, as well as the resources available to them and the systems already in place. Additionally, including non-traditional partners can strengthen stakeholders' understanding of the situation, and subsequently the design and effectiveness of the communication strategy. Moreover, demand generation activities for quality medicine should only be conducted for audiences who are in the position to do something to reduce their risk – as raising awareness of a problem/product to an audience that is unable to make change could make them feel helpless and create distrust in the health system.

In both Nigeria and Malawi, advisory groups drawn from the drug regulatory bodies, Ministry of Health, pharmacists, and social marketing specialists guided campaign design and implementation. These advisory groups forged relationships among these often vertical programs that will improve collaboration on malaria medicine quality moving forward.

In Akwa Ibom, Nigeria, the pilot campaign reached 77.6% of men and women 18 years and older, according to a survey of 1,027 men and women in Akwa Ibom State. Those reached were more knowledgeable about the actions they should take to ensure the malaria medicine they buy is authentic. Some 72% of those exposed to the campaign stated that they will do something differently as a result of the campaign. The actions they cited were: using the mobile authentication system to check authenticity (36%), checking the registration number (33.5%), checking the expiration and manufacture date (29.5%), and getting antimalarials only from licensed pharmacies, PPMVs, and health facilities (18.2%). These were the main actions promoted through the campaign.

Findings and lessons learned from activities in Malawi are still in process. Both the Nigerian and Malawian case study will be included in the I-Kit.

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Number: 144

Conference Track

Global climate change, environment protection and sustainability

Go Bagless: Waste Reduction through Grasscycling Using Community Based Social Marketing

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Background Information

Reduction of residential waste volume is a core goal of the Utility Services Branch that has been set out in the City of Edmonton's long term Environmental vision in *The Way We Green*.

During the grass growing season (May-August), weekly residential waste volume can be double the volume collected during winter months. It is estimated the City collects and processes up to 30,000 tonnes of grass clippings every year. A study in 2012 revealed that disposal of grass clippings in landfills produces 73 times the amount of CO₂ Emissions compared to grasscycling or leaving grass clippings on the lawn when mowing.

In 2013, Utility Services developed a pilot program that used a mix of community based social marketing tools to encourage residents to adopt grasscycling. Success of the pilot has led to the adoption of the social marketing tools on a larger scale since 2014.

Aims and objectives

The Go Bagless program aims to encourage Edmonton single unit (detached house) residents who bag their grass clippings to start grasscycling. The secondary objective of the campaign is to encourage single family residents who already leave their clippings on the lawn to maintain and increase the frequency of their grasscycling.

Behavioural Objectives and Target Group

In 2016, the program set the following goals:

- To increase residents' participation in grasscycling by 5% compared to 2015 (from 48% to 53%) as measured in Utility Services' Customer Satisfaction and Participation Survey by fall of 2016.
- To increase the number of Go Bagless lawn signs requested by 10% compared to 2015 (5,000 to 5,500).
- To increase web traffic to Edmonton.ca/GoBagless by 5% compared to 2015 (9,694 to 10,178 visits).

The target audience is:

- Single unit residences with lawns to mow, including:
 - o those who are passionate about lawn care, male 35-65, married, children educated middle to high income, long

term resident

- o those who find lawn care a chore, male 25-40 single or married with no kids or young kids, recently moved in, new home owner.
- o those who care about the environment
- Focus on residents in door to door canvassing areas (southwest and southeast Edmonton)

Evidence of Citizen/Customer Orientation

Our understanding of residents' lawn care practices is based on recorded details of more than 7,000 doorstep conversations conducted in 2013 and 2014 as well as research into the psychology of lawn care. Data collected during door to door canvassing allowed us to segment two target audiences based on values and practices of lawn care:

- **lawn conformists** who seek to follow and perpetuate normative practices associated with highly manicured green grass, and
- **lawn non-conformists** who either by choice or default do not adhere to norms and practices that produce highly manicured lawns.

Placing a high value on manicured green grass as a symbol of social status remains a fairly pervasive cultural norm in the residential suburbs of North America. In these communities lawns are a highly visible and socially recognized reflection of a resident's self-perception, view of his/her relationship with neighbours and willingness and desire to adhere to strong community norms to confirm social status.

When identifying residents who bag their grass, some of them fall into the lawn conformist group and some fall into the lawn non-conformist group. The open and semi-public nature of lawns frames lawn care practices not only as an individual activity defined by internal barriers and benefits but as part of a normative community practice.

The Social Offering

Edmonton residents, regardless of whether they bag their grass or grasscycle, are aware and proud of their waste management system. The Edmonton Waste Management Centre is North America's largest collection of modern, sustainable waste processing and research facilities.

The Go Bagless program capitalizes on Edmontonians' pride in their waste management system, and introduces the behaviour of grasscycling to residents as their way of participating in our collective waste management system. While there are specific messages targeted at the specific barriers of the two market segments, the underpinning secondary message for both audiences is grasscycling is good for the environment.

Engagement and Exchange

For lawn conformists, the message targeted at them is: grasscycling is good for your lawn. It is a part of healthy, sustainable lawn care practices. Grasscycling naturally fertilizes the lawn, returning nutrients into the soil and keeping the soil moist. In fact, it is a more advanced lawn care practice, since it requires careful monitoring of the length of grass blades, and awareness of weather conditions to mow when the grass is dry.

The benefit for lawn non-conformists is: grasscycling is easy. It offers one less step for lawn mowing: bagging the grass, and setting it out for waste collection. It also saves the non-conformist the trouble of watering and fertilizing the lawn as often.

Competition Analysis

The barriers of the competing behaviour are also specific to the market segments. The lawn conformist:

- worries about changed perception of neighbours,
- believes it is harmful to the lawn,
- thinks grass clippings won't breakdown and will cause thatch,
- thinks grasscycling could spread disease,
- thinks grasscycling could spread weeds,
- worries the grass clippings will look untidy,
- worries lawn will look unattractive and rough rather than manicured, and

- doesn't want to have to change routine.

The lawn non-conformist:

- is reluctant to change thinking about lawn care practices from "mow whenever I want" to "asses weather and grass length for best timing,"
- worries about frequency of having to mow, and
- is unsure about how to schedule around weather.

Segmentation and Insight

The two market segments were introduced in Evidence of Citizen/Customer Orientation section. The profile of the lawn conformist is:

- Male, 35-50 years old
- Married with children transitioning out of the house, Married and retired
- Educated, middle to high income.
- Has lived in this house and neighbourhood for over ten years.
- Knows his neighbours well
- Knows who has the best lawns on the block

The profile of the non-conformist is:

- Male, 25-40 years old
- Married with no kids, Married with young kids or Single
- Recently moved in, new homeowner

Since the messaging for conformist and non-conformist is different, careful consideration was given to target the message to each segment. If a lawn conformist was given the message that grasscycling is easy, it would have a negative effect. Lawn conformists do not wish their lawn care to be easy, as they see it as a hobby. On the other hand, the lawn non-conformist would feel overwhelmed if they were given a list of the rules of proper grasscycling: mow when the grass is at 9 to 12 cm, cut only a third of the grass blade, mow when grass is dry, etc. Therefore door to door canvassing was one of the best social marketing tools to use, since the message is delivered based on the resident's segment.

Integrated Intervention Mix

The following community based social marketing tools used were:

- **Verbal Commitment:** Door-to-door canvassing is used to solicit commitments from residents who bag their grass, to grasscycle for 3 weeks.
- **Norm Appeal:** The campaign uses "We Go Bagless" lawn signs to showcase the number of residents who already grasscycle in order to make this standard visible.
- **Prompt:** The lawn signs also acted as prompts to remind residents to grasscycle.
- **Mass Media:** Mass Media broadcasts the campaign to a large population which adds credibility, and demonstrates the importance of grasscycling
- **Incentive:** The campaign highlights the benefits of grasscycling as incentives to adopt the behaviour, as well as a draw prize incentive for residents who display a lawn sign
- **Social Media:** Social Media allows the campaign to interact with residents without the cost associated with having a staff member visit residents' doors
- **Feedback:** Follow-up canvassing is used to give feedback to residents who recently adopted grasscycling, which helps to overcome any barriers they faced and reaffirms their commitment
- **Point-of-Sale Marketing:** Go Bagless tags were attached on display lawn mowers and lawn mower boxes in over 50 home and garden stores. Go Bagless brochures were displayed in a sample of retail stores.

In 2016, scripted door step conversation started with staff identifying the resident's grass waste behaviour (grasscycler vs. grassbagger) as well as their feelings towards lawn care (enjoys it vs. considers it a chore). For grassbaggers the canvasser inquired about the barriers preventing them from grasscycling. Staff members then framed the conversation around the specific barriers and benefits associated with the resident's lawn care habits. The message for

residents who enjoyed lawn care focused on the benefits of grasscycling for lawn health. The message for residents who saw lawn care as a chore focused on the simplicity of grasscycling. The resident was then asked to commit to trying grasscycling for three weeks.

Residents who grasscycled were given a message that showed appreciation for their actions and encouraged them to display a Go Bagless lawn sign and take an active role in promoting the behaviour to their neighbours. If a resident refused to display a lawn sign, they were asked to commit to continue grasscycling for the remainder of the summer.

Canvassers visited residents who bagged their grass and made a commitment to try grasscycling for three weeks, following the three week period. The canvassers asked the resident if they encountered any problems or issues in their trial and provided residents with tips to overcome those barriers. Emphasis was placed on providing encouragement and building confidence. Canvassers asked residents who were satisfied with their experience grasscycling to display a "We Go Bagless" lawn sign.

Residents could also request a lawn sign from a canvasser or through an online form at edmonton.ca/gobagless. All residents who took a lawn sign were entered into a draw to win their choice of either a mulching lawn mower or a \$750 City of Edmonton attractions and recreation gift card.

A staffed Go Bagless display was hosted at community events throughout the campaign period. Events were held at farmer's markets, festivals, as well as one retail store throughout the campaign period. Staff engaged residents in conversation based on the canvassing conversation script.

Co creation through Social Markets

The market segmentation was developed based on observations from thousands of door step conversations with the residents of Edmonton in 2013 and 2014. The segmentation has led the creative development of all our mass and social media marketing material. All marketing channels (brochures, online ads, website, social media, and outdoor signage) featured two characters: the conformist, and the non-conformist. A sample of our creative material is included in the Appendix.

Systematic Planning

The Go Bagless Campaign uses community based social marketing tools based on Dr. Doug McKenzie-Mohr's model of behaviour change. The model starts by identifying the desired behaviour, then identifying the benefits and barriers of the desired and competing behaviour. Social Marketing strategies such as commitments, prompts, and norms are then chosen to respond to each benefit and barrier of the behaviour. Once the strategies are established a pilot tests and evaluates the strategy. Broad scale implementation is the last step which uses the most effective strategies based on the evaluation.

In 2013, the Go Bagless program was piloted, introducing door to door canvassing. The success of obtaining commitments, and measured reduction in waste by residents who committed to try grasscycling, has led to the wider scale adoption of the program. To date close to 50,000 single family residences have been visited by canvasser. The program has evolved over the years, introducing segmentation in 2015 based on the feedback from residents during door to door canvassing.

The City of Edmonton has 206,675 single family residences.

Results and Learning

In 2016 a sample of the households which made a commitment to try grasscycling for 3 weeks were selected for commitment checks. Staff returned to these households to observe waste set outs over a period of three weeks following the initial commitment. In total, staff observed 636 unique set outs in 6 neighbourhoods. Forty-three percent (43%) of set outs observed had no grass present in each of the three weeks. More than a third of set outs (35%) had grass present in one of the three weeks observed. Only 22% of residents had grass present in 2 or 3 weeks.

An estimated 11,700 tonnes of waste is avoided per year. This is based on the yearly Utility Services' Customer Satisfaction Survey. In 2009, survey results showed that 36% of single family residents grasscycle all or most of the time, while in 2016 63% of survey

respondents reported grasscycling. That difference means that 54,500 single family households started grasscycling during this time period. Research conducted in 2015 showed that households reduced an average amount of waste of 215 kg per year per residence, if they adopted grasscycling.

Learnings: the impact of door to door canvassing using research-based scripts to address barriers based on the resident's segment has been extremely effective. Results have improved each year since this technique was introduced. Our recommendation for municipalities seeking similar intervention is to adopt canvassing as a behaviour change tool. Furthermore, we recommend that municipalities approach leaders in the local gardening community to support grasscycling. Our experience showed that conformist residents were more likely to trust experts in gardening.

Appendix

Figure 1, below, shows a sample of the creative material with the two segments:

Figure 1



Number: 148

Interdisciplinary and Cross-sector Action to Influence Behaviour for Social Good

Ujwal Partnership to Scale up Public Health Solutions through the Private Commercial Sector in India for Positive Impact

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Aims and objectives

India is the first country to adopt family planning (FP) programmes, nationally, in 1950's. Since its initiation, female sterilization is the most widely used method as compared to spacing methods. Private sector clinics have improved availability of long acting spacing methods, but accessibility is low due to poor quality of services and limited access to resources. One quarter of Indian women are already seeking reproductive health (RH) services from the private sector (private clinic, hospital or pharmacy), indicating that there is some ability to pay.

Behavioural Objectives and Target Group

Method- mix is a key determinant of the fertility impact of contraceptive practice; the use of more effective methods even by a smaller proportion of eligible couples can produce a greater decline in fertility than use of less effective methods by a larger proportion of couples.

A typical Indian woman's first contact with FP services is after she has given birth; and, if she has had several births, mainly to be offered a permanent FP method. Until recently, the public sector has paid less attention to methods to delay and space births, but now more priority is being given to promote spacing methods. The objectives of this project were to:

- Achieve 3.5 million couple years of protection (CYPs)
- 780,000 additional contraceptive users and 300,000 women provided safe reproductive health services

The interventions aimed

- to encourage transformational shifts in FP services through social franchising 280 small healthcare clinics and 18,000 social marketing outlets for quality clinical FP/RH services in rural and underserved areas;
- to improve contraceptive choice through increase in women opting for spacing methods (expanding from sterilisation towards IUD and Injectable Contraceptives);
- to generate demand for contraception through communications and outreach campaigns including 6,000 mid-media shows (live/video EE shows) to reach 1.2 million community members and targeted to young men and women, 18-30 years of age.

Evidence of Citizen/Customer Orientation

Social and cultural factors have meant that young people, especially young, newly married, low parity women but also young men, have not sought FP services from the public sector. These characteristics are exacerbated in India's poorer states. In Bihar and Odisha, unmet need for birth control among non-users is substantial - about one quarter in both states. Evidence suggests, the countries that have made substantial progress in contraceptive coverage have not only expanded the choice of contraceptives but also scaled up a diverse network of private and public sector clinics and community outreach channels. Social franchising, a way of contracting private providers to join a branded franchised chain, is being adopted in many developing countries, leading to improvements in service quality, usage rates and client perceptions.

The Social Offering

In order to increase the number of sites providing quality clinical FP services and to motivate couples to access these services, a tiered social franchising network of more than 300 private clinics and 6,000 community-based social entrepreneurs (Ujjwal Saathis) was set-up across all districts in Bihar and Odisha (68). In order to provide a common platform for all the consortium partners, project teams and on-ground staff; an overarching brand identity – name, logo, tagline was developed for all activities under the project. The brand identity aided in bringing together all project strategies, commitment for quality FP services, connect the demand generated to the products and services and also resonate with aspirations and needs of our target audience. Brand Ujjwal symbolized hope – hope for a better future. The brand built upon the aspirations of young couples to make their dreams a reality; with the promise of quality services at affordable prices.

Engagement and Exchange

Project Ujjwal's technical strategy was centred on reducing health inequities for access to FP services by the poor, marginalised, and other excluded populations living in rural and remote areas, and urban slums. Particular focus was on understanding FP needs, barriers to access and priorities of young men and women in the age group of 18-30 years, enabling them to make informed choices regarding providers and FP products through social marketing and social franchising, involving the community organisations for mobilisation and motivation, strengthening institutional capacities at the district and block levels through public private partnerships, and building government's capacity to manage and monitor private partnerships, in terms of quality, coverage and payment mechanisms.

Competition Analysis

The rapid assessment phase provided the opportunity to diagnose needs, challenges and opportunities in Bihar and Odisha; design evidence-driven strategies through a consultative approach; and lay the groundwork to deliver high-quality and sustainable services. The rapid assessment methodology includes:

- Secondary data analysis: Palladium undertook a desk review of secondary data (Demographic and Health Surveys (DHS), Government Health Management Information Systems (HMIS), others), reports, policies and guidelines
- Identification of sample districts for a detailed facility study
- Use qualitative interview tools:
 - Key informant Interviews
 - Focus group discussions
 - Discussions with government and non-government officials
 - Observations

Segmentation and Insight

The rapid assessment findings indicated low awareness about certain FP methods, especially spacing methods, and extremely low knowledge about its use and side effects. Providers and health workers have personal biases towards methods and tend to offer a method based on their assessment of what a client should adopt, rather than what the client would like to adopt. The media reach among male and female audiences, aged 15-34 years, among vulnerable groups in project sites indicates that the reach of TV in urban areas in both states is high. Whereas, for rural areas TV reach is lower in Bihar (22%) while more than half of the households in Odisha have access (53%).

Project Ujjwal was designed with four major interventions; social franchising (SF); social marketing (SM); capacity building and quality assurance (CBQA); and demand generation. Three were directed toward addressing the supply side (SF, SM, and CBQA) and one addresses demand side (both supplier and consumer-led). The assumptions underpinning the 'theory of change' expect that the inputs of the supply-side interventions will result in the outputs of improved supply (availability, range, price and quality) of FP products and services. Similarly, the inputs of the demand-generation interventions are expected to result in the outputs of improved awareness and knowledge as well as favourable attitudes to FP amongst the target population, leading to increased demand for FP products and services.

Integrated Intervention Mix

A comprehensive 360 degree behaviour change communication strategy was established to inform, persuade and engage eligible couples, and link them to Ujjwal FP/RH services. A four pronged approach was adapted to reach the target audiences.

- Facility-level interventions: Created a branded network of 300 private Ujjwal clinics and 30,000 social marketing outlets (for FP products), narrow-casted television shows and created a network of 6000 trained Ujjwal Saathis as motivators to counsel eligible couples for FP/RH services from Ujjwal clinics. Ten frequently-asked-question films on FP methods and 10 films with positive deviants were developed and narrowcasted across 280 Ujjwal clinics and government hospitals.
- IPC for individual level interventions: Under IPC at individual level, the Ujjwal Saathis were trained on communication techniques for dispelling FP myths and misconceptions. An Ujjwal Helpline was set up to answer questions and to follow-up with FP/RH service adopters. An IPC tool kit with SD cards, mobile app, FAQ booklets were developed for Ujjwal Saathis.
- Mass and print media: Radio, print and electronic media were used for sensitising couples to use Ujjwal helpline/clinics (280)/outlets (18,000) for FP products/services. Twenty-four television/radio programs were developed to promote interpersonal communication; and Ujjwal clinics were promoted through print media.
- Community level: Around 252 market town activities and 5733 folk performances - entertainment and education (EE) and/or video shows were organised around Ujjwal clinics in as many villages. These shows were designed to create awareness and to initiate dialogue within the community. By incorporating the use of drama and comedy elements, street theatre is able to engage audiences in FP/RH subjects, around which discussion is traditionally blocked by social and cultural taboos.

Co creation through Social Markets

The campaign messages for the community level shows were developed through qualitative researches in Bihar and Odisha. The studies were undertaken to understand the current demand for and access to FP methods, prevailing myths, misconceptions and barriers in accessing FP services amongst communities on the one hand and also understanding the aims, objectives and service delivery mechanisms of the project.

The study covered Ujjwal Clinic doctors/ assistants, community level workers, non-allopathic clinics around the clinic, traditional and non-traditional outlets stocking FP products, Self Help Group members, local legislative members and community at large within a radius of 5-7 kilometers of the clinics.

Systematic Planning

The 'theory of change' indicates that the demand generation interventions (DGS) initiated by the project will lead to positive attitudes, in turn, result into uptake of FP products/services. The DGSs will inform, educate, communicate and empower couples to make appropriate choices. Strategies particularly aimed to increase footfall at Ujjwal clinics, improve knowledge, create positive attitude and enable couples to access, choose and use modern FP. Key findings on coverage of different DGS, participation of key stakeholders, profile of audience, comprehension and message recall by audience, association between DGS and use of Ujjwal helpline, and association between DGS and uptake of FP services at Ujjwal clinics/public facilities – were to be tested.

The Ujjwal network clinics provided routine services at the clinics, Fixed Day Services (FDS) at the Ujjwal network clinics and FDS at public facilities. Project Ujjwal started recording client details from regular clinics in Odisha beginning August 2013 and Bihar beginning September 2013. The client data for the current analysis was compiled as part of the Project MIS. The EE shows had a qualitative and quantitative monitoring and evaluation framework to ensure concurrent monitoring. Data from the two states comprising of Top Sheets (show monitoring forms) and Exit Interview (qualitative assessment) formats were sourced and compiled centrally.

Results and Learning

Ujjwal generated 3.58 million Couple Years Protection (CYPs); reached more than 1.5 million additional FP users (against the 2016 target of 780,000); and spacing methods contributing to 47% of CYPs. A vibrant network of 306 branded Ujjwal franchisee clinics provided FP/RH services, of which 71 percent clinics were located in rural areas. More than 30,000 social marketing outlets are being serviced with FP/RH products, of which about 17,000 are located in remote rural villages.

About 299,775 clients were serviced at Ujjwal clinics (70% in last 18 months). The method mix profile shows high uptake of spacing methods as compared to public sector users' profile which is predominantly (90%) sterilisation; the method mix ratio at Ujjwal clinics for Sterilization :IUD: Injectable contraceptives was 40:30:30 in Bihar and 31:29:40 in Odisha.

A total of 6800 live EE shows were organised to create demand for all FP-services with mean participants per show ranging between 222-331, a majority being within the reproductive age. Ujjwal clinic doctors/representatives were present at 30 percent of the total shows and Ujjwal Saathis at 61-78 percent shows. Mean in bound calls to the Ujjwal Helpline during pre-radio airing to post-radio airing period saw an increase from 38-83 in Bihar and 15-38 in Odisha. In Bihar, mean number of services (sterilisation, injectable, IUCD and safe abortion) provided per clinic per month was 36 at Ujjwal clinics where EE shows were held, while this figure was 23 at clinics where there were no shows. In addition, 350 market town activities were organized in rural areas; and altogether resulting in 1.7 million community members reached through outreach activities. The reach and recall survey conducted after the live shows reported that among the various alternatives to be adopted, villagers are more comfortable in spousal communication (65%) and connecting with Ujjwal Saathis (56%). After two rounds, more than 80% participants said that they would visit an Ujjwal clinic in the next one month.

To improve sustainability for franchisor, the project increased the value proposition for franchisee clinics by expanding the package of services to include a full spectrum of reproductive and child health services such as deliveries, diarrhoea and pneumonia management; through 'Ujjwal MerryGold clinics'. A total of 100 clinics expanded to MCH services along with FP/RH services. The Third Party Monitoring report findings from the third round suggested marked improvements in the overall experience at franchise clinics; reduction in waiting time along with increase in the level of privacy and assurance of confidentiality was noted during the mystery client interviews. The exit interviews with clients reported "better quality of services" and "proximity to house/place of employment" as top two reasons for choosing Ujjwal clinic. Majority of clinics cited "increase in clientele and regular promotion to popularize the brand" as the major reason for joining the Ujjwal network.

The project has facilitated accreditation for more than 100 clinics with government schemes, and the systems for reimbursements

work better in government supported health insurance schemes than National Health Mission Accreditation (Government of India scheme). Project Ujjwal has shared lessons from and data on accredited and National Health Insurance (RSBY) empanelled clinics in terms of progress (service utilisation), reimbursement facilitation, working with State and District Quality Assurance Committees (SQACs) and (DQACs) on accreditation and quality assurance at Ujjwal clinics; at several platforms to share the Ujjwal experience on PPPs and reimbursements. The project assessed financial health along with capital requirement for mid-sized clinics to enhance value proposition (royalty/recurring franchise fee), reduce attrition, and enforceability of standards and quality. A business plan has been developed which incorporates increase in franchisee profitability with easier access to credit and gradually transitioning the Ujjwal linked mid-sized clinics in rural areas into the regular credit market.

Major lessons learned from Project Ujjwal implementation include:

- Multiple activities with multiple stakeholders are responsible for market development approaches. It is necessary for an organization to play an honest broker or intermediary role between the public and private sectors to establish credibility of efforts such as by encouraging public sector for governance and by using credible service providers and technical assistance organizations. Further, the intermediary organization (such as Palladium) needs to have entrepreneurial managers, reacting to developments in the market and ambitions of stakeholders
- The health market is diverse with manufacturers, suppliers, clients and public and private providers interacting in the same space. To capitalize on this diversity, support functions are essential to analyse and disseminate, specifically market data analytics that include insights from entire value chain of products and services, and dynamics from production levels to consumer preferences and health care seeking decisions. Market segmentation analysis should use multiple data sources to understand national, subnational, and micro-market segments.
- Social Franchising can improve access for the vulnerable groups and poor via the private sector. Its decentralization enables rapid scaling and replication, and may be particularly suited for penetrating rural underserved areas; and the size of a franchised network can also be leveraged for cost savings and greater government support. Promotion of branded network can increase demand for priority healthcare services and suppliers improve on their supply points to cater to this demand
- Available private sector resources (e.g., human resources and capital assets) can be quickly mobilized to fill the resource gap in the public sector, avoiding government capital investment (which may be substantial at start-up); allowing government funds to cover recurrent spending. This improves service accessibility by enabling facilities which lack trained manpower, instruments and equipment for clinical FP service delivery.
- Community based social entrepreneurs can contribute significantly in improving access to FP products to the last mile populations or rural remote regions. Reaching the last mile outlets is highly cost intensive; therefore community based social entrepreneurs based within these villages, enhance rural reach for FP products and reduce the distribution cost of reaching these villages. These entrepreneurs become valuable assets for the network providers/clinics, who may then sustain the referral payments and continue association beyond program support.
- A comprehensive demand generation strategy to inform, persuade and engage eligible couples and link them to products and services (such as branded clinics' network) - will create interest to clear the doubts about the service (by calling helpline) and would ultimately result into adoption of the service (uptake in services), particularly for long term spacing methods, IUCD and injectable contraceptives
- Inclusion of mid media to the ongoing mass media and static media efforts will complete the loop of the 'surround and engage strategy'. The 'interactive' mid media builds upon the message being communicated by the 'passive media' and aids to a higher recall, thereby increasing the chances of a positive behavior change.

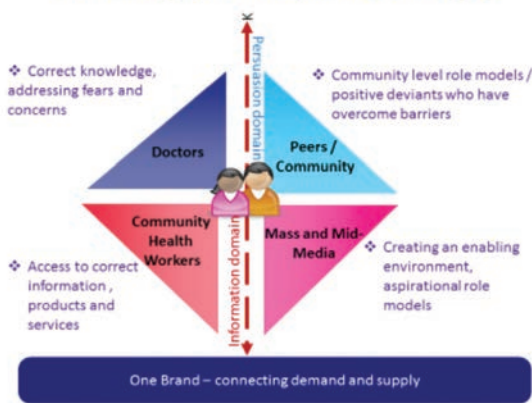
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Appendix



Generate Demand
360° messaging - inform, persuade and engage



<p>Smart Couples</p> <p>Positive deviants/ FP acceptor couples' films</p> <p>Innovative mobile-based IPC Tool</p> <p>Follow up through Helplines</p>	<p>Smart Providers</p> <p>FP corners at health facilities</p> <p>FP training for counseling</p> <p>Doctors' films on FP methods for client motivation</p> <p>AV materials made available</p>	<p>Smart Community</p> <p>Entertainment-Educate shows</p> <p>Community meetings and publicity vans</p> <p>Market town activities for promotion of FP products</p>	<p>Smart Environment</p> <p>Use innovative platforms in mass media to reach young couples</p> <p>Repurpose PSAs for increasing awareness</p> <p>TV series format for improving social norms</p>

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Conference Track: Practitioner

Indonesia's Clean Cookstove Initiative:

Too Many Cooks Spoil the Social Marketing Broth

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Indonesia's Clean Stove Initiative: Too Many Cooks Spoil the Social Marketing Broth

Aims and objectives

The Clean Stove Initiative (CSI) initiative aimed to introduce affordable, biomass-fueled cookstoves to 24.5 million families – or 40 per cent of households across Indonesia. This case study, written from the perspective of one participant, shows how poor design and delivery hampered its effectiveness and recommend actions to achieve scale and impact.

Behavioral Objectives and Target Group

The behavioral objective was to encourage households across Indonesia to replace old, costly, polluting and unhealthy cookstoves with affordable, cleaner alternatives. Women are the key household members who decide when to replace an older stove and which one to buy, often in consultation with their husbands and others. Most households would like to reduce the smoke emitted from the burning of solid cooking fuels from their kitchen environment, most are unaware of the health risks.

Evidence of Citizen/Customer Orientation

The World Bank market survey (2014) conducted among households in pilot locations around the city of Yogyakarta confirmed that the majority strongly desire to change their cooking environment. However, this desire is not linked to the health threat from inhalation of smoke. Rather, it is related to the soot deposited on the kitchen walls, ceiling, and pots and pans. In addition, the World Bank found switching to liquefied petroleum gas (LPG) was a low priority for how households would like to change the cooking environment. Biomass fuels and cookstoves are more popular among older cooks, while younger cooks prefer LPG. It appears that younger people are more attracted to more convenient and modern fuels than older people, who tend to be more accustomed to traditional cooking methods. Single-fuel (biomass only) users tend to be older than dual-fuel (biomass and LPG) users. Single-fuel (biomass only) households also tend to be poorer; the average monthly cash income of biomass-only households is estimated at IDR 1.4 million (USD140), compared to 2.0 million (USD200) among households that use both LPG and biomass. Based on households' monthly income and exposure to higher-priced LPG stoves, it is expected that dual-fuel households may be better able to afford higher-priced clean biomass cookstoves. The survey also showed that biomass-only users tend to have a lower level of educational

attainment. Only 21 percent of single-fuel users had completed high school, compared to 32 percent of dual-fuel users. There is no evidence CSI considered the importance of creating a value exchange based on understanding the customer-provider interface and the influence of consumer benefits and interpersonal interactions (Zainuddin et al, 2013).

The Social Offering

According to the World Bank (2014 and 2015), the main offerings of CSI's social marketing efforts were threefold. The first was to raise public awareness and educate consumers about the danger of smoke emitted from burning biomass fuels in traditional biomass cookstoves. The second was to introduce clean biomass stoves that have passed the designated stove-testing laboratory's requirements for stove emissions, efficiency, and safety. It is considered that these clean stoves can provide a cleaner living environment than traditional stoves, save fuel, and meet safety requirements. Finally, the third offer is to convince consumers to replace traditional stoves with those endorsed by the CSI program. Additional Tulodo research found that the most attractive offer for consumers related to the cleanliness and social desirability of the new stoves. On the supply side, providing incentives for the private sector to invest in building a sustainable value chain was considered a promising way to develop a strong cookstoves market. Incentives for suppliers were needed to motivate them to produce appropriately designed stoves, build enough stock to satisfy demand, and promote continued adoption and distribution of stoves.

Engagement and Exchange

The Indonesia CSI program encompassed a variety of organizations, including the Directorate of Bioenergy in the Ministry of Energy and Natural Resources, the World Bank, Dian Desa Foundation, GERES, Apex - the Market Facilitator, and several market aggregators (MA) – the organizations responsible for marketing, production and distribution. Each MA is responsible for promoting its own brand and all other organizations are responsible for raising public awareness and promoting all program-endorsed clean cookstoves. The Indonesia CSI Program Management Office (PMO), set up within the Directorate of Bioenergy to oversee pilot-program implementation, led and coordinated all communications activities. The PMO, which represented the government and overall program, contacted mass media and local government officials to convey the messages of the CSI program. The author was working with one MA, a non-profit organization called Kopernik, as part of the overall CSI initiative.

Competition Analysis

The World Bank reported (2015) that four types of traditional biomass cookstoves were being sold and used by consumers. These traditional competitor stoves are the (1) "Keren," (2) one/two pothole fixed stove, (3) stove made of stone, and (4) three/five stones. The Keren stove is the most important competitor to the new clean stoves. Considered the most popular type of stove in Central Java, the Keren is inexpensive, costing only about US\$1; however, it is not durable, lasting about 16 months on average. Households with the Keren stove tend to be slightly poorer than those without it. The one/two pothole fixed stove—the second most important competitor to the new clean stoves—can be classified into self-built fixed stoves made from either (1) mud and brick or (2) brick and cement. Among the 22 percent of households that own self-built fixed stoves made from mud and brick, 15 percent own the two-hole version, while 7 percent own the one-hole version. Compared to all other stove owners, those who own self-built mud and brick stoves are slightly poorer.

Segmentation and Insight

The main target group of the Indonesia CSI pilot program consists of women living in Central Java and Yogyakarta—areas where the pilot is being implemented—who currently use traditional biomass cookstoves. The market survey among peri-urban households outside Yogyakarta reveals that 96 percent of cooks in households are women. Women who still use biomass for cooking can be classified into two segments: (1) those who use only biomass for cooking or "single-fuel" users and (2) those who use both biomass and LPG for cooking or "dual-fuel" users. Women who use dual fuels can be further classified into three groups: (1) those who use biomass to boil water and supplement LPG for cooking, (2) those

who use LPG to supplement biomass, and (3) those who use only biomass to boil water. The key insights provided by World Bank research are that women bear higher risk of exposure from smoke compared to other household members and are often the family's key health-care providers. Selecting them as the target group provides a more direct way to raise household awareness of the problem from cooking smoke and the proposed solution. Tulodo's research revealed that women need to be engaged as the champions of household health and prosperity, not just as targets. These champions respond to messages around aspiration and emotion related to social status, more than health and economic ones.

Integrated Intervention Mix

Product: this refers to all CSI program-endorsed clean cookstove products as CSI did not focus on the associated behaviors. All program endorsed clean stoves are made of metal, have passed safety requirements, and are expected to last at least one year. They resemble modern home appliances when compared with traditional biomass stoves, which are made of terracotta, clay and cement, cement and brick, or stone.

Price: each MA was responsible for setting the price and/or pricing policy of its own brand of stove. However, the Results-Based Financing (RBF) subsidy provided by the program to each MA had some impact on the overall stove costs and ultimately the retail price. The prices of all CSI clean stoves was significantly higher than traditional biomass cookstoves. To justify the higher price, CSI reinforced the notion that cleaner stoves have positive value (e.g., provide healthy living), compared to traditional biomass stoves. Little attention was focused on other aspects of price, including time, social capital and convenience.

Place: the CSI program is based on the market mechanism and has no direct influence on where and how the MAs sell their stove products. However, it was expected that the program would indirectly influence the MAs' decision on where to place their stoves (e.g., in local shops/stores, kiosks, and markets) in order to reach as many customers as possible.

Promotion: the CSI pilot promotion effort consisted of two major activities. First was to raise public awareness and educate the public about the danger of smoke emitted from the burning of biomass fuels using traditional biomass stoves. The second is to promote the use of clean cookstoves, distinguished by the program-endorsed logo affixed to all clean stoves.

As one MA, Kopernik and Tulodo facilitated the purchase and use of the stoves through a three level marketing strategy driven by a strong brand platform and support for partners. The first level 'Individual' targeted the stove purchasers and users directly with a campaign that appealed to emotional and rational benefits of the stoves. The second level, 'Interpersonal', recruited change agents as early adopters, demonstrators and peer educators. The third level, 'Community' engaged and educated decision makers and leaders in the broader community. Tulodo and Kopernik developed a program of local level roadshows (Tech Fairs) that engaged change agents who are trusted by the target community. The roadshow consisted of cooking demonstrations and marketing materials, managed with the local partners.

Co-creation through Social Markets

In consultation with producers, CSI tested 50 different stove models, with about a third meeting quality standards. 10 "market aggregators" – stove producers, wholesalers, and retailers willing to take investment risks – selected some of those models and planned to sell about 5,500 stoves in the pilot areas. Kopernik then engaged local community based organizations in the pilot areas to secure their involvement as distributors and retailers. Kopernik and Tulodo also worked with the Dian Desa Foundation to engage local communities to ascertain their preferences and the drivers of stove choice.

Systematic Planning

The author was not involved in the planning process for CSI. However, the World Bank reports (2016) that they worked with the Government of Indonesia to launch CSI in early 2012. One of the program's goals was to create a thriving market for clean cookstoves, something that previous programs had failed to do because they lacked scale and did little to involve the private sector.

The World Bank provided \$1.4 million to help find a solution with a Results-Based Financing (RBF) approach, which disburses public resources against demonstrated results, focused on mobilizing private sector involvement in distributing and promoting the adoption of clean cookstoves. Efforts in these two provinces focused on three key components: 1. Stove subsidy; 2. Stove testing; and 3. Market-based approach.

The World Bank reports (2016) that engagement with consumers and stakeholders was based on empirical evidence and behavior change frameworks. However, the author could not find references to a theoretical framework. Program activities include (1) launching campaigns to shape public knowledge, (2) providing community and social support, (3) offering financial incentives in the form of RBF subsidy, (4) providing stove choices by ensuring that consumers have several brands and models/types of clean stoves from which to choose in the market, (5) establishing clean-cookstove standards, and (6) empowering women's decision-making ability to purchase clean stoves.

As one of the MAs under the CSI program, the Kopernik-Tulodo business strategy was to produce centralized marketing resources to support the sales activities of Kopernik's local partners – Forum Desa Nusantara, CU Cinderalas Tumungkar and LPPSLH. Kopernik's sales model had three important features – consignment, incentives, and revolving fund – that ensure: 1) Kopernik's retailers can engage in income generating activities without them taking on loans or risk; and 2) the revenue generated through sales is reinvested in the purchase of additional products, thereby benefiting more people and communities.

Results and Learning

The CSI program is still in progress, with official results yet to be released. CSI has reported ten MAs selected the stoves, were given training, and then were expected to sell 7,000 cookstoves in the pilot area. However, by the end of 2015, all but two of the MAs had dropped out, leaving only Kopernik and Ditana. Ditana reported a target of 500 stove units to be sold, with Kopernik only able to achieve several dozen sales in the original pilot area of Central Java. Kopernik soon applied to focus their activities in eastern Indonesia, where they had an established infrastructure and community relationships, and where there was less competition from LPG or electricity powered stoves. These results fall well short of the targeted 7,000 sales and behavioral objective to replace the old cookstoves.

The poor choice of pilot location was due to heavy competition from LPG and other stoves. It meant that CSI stoves were competing with LPG. In some cases, this meant discouraging gas, which raises ethical concerns about distorting the market and promoting technology that has adverse health and environmental effects. The testing of stoves appears to be good (6-7 chosen) but in the end only one used (Indonesian designed and made). The monitoring burden was so high it discouraged companies from participating. Given only biomass stoves were used, those who might have been interested in gas were discouraged.

The social marketing strategy was researched and developed and only partially funded or implemented. Despite the CSI's own research that pointed to strong responses to emotional messages related to cleanliness and convenience, the marketing was heavily health-led so did not resonate with the target populations. The marketing mix was poor and underfunded, with a tiny investment in media, materials and demonstrations. This was a significant weakness as CSI relied on the market aggregators to do their own demand generation and social change.

The 'Customer Profile' section of the CSI Social Marketing Plan (p. 2-3) reports several findings from Tuntivate & Tanujaya (2014) and the 2013 Market Survey. These include: "35 percent disagreed with the statement that smoke from cooking is a big health problem"; 79 percent of households disagreed that firewood is expensive to use for cooking; 74 percent disagreed that firewood is getting harder to collect." (p. 3) From this we can assume health is not a driver, price is not a driver and fuel access is not a driver. Interestingly the SM Plan also includes the finding that there is a strong desire to change "based on the observed soot deposited on their kitchen walls, ceiling, and pots and pans." (p. 3) It appears then, that the drivers for change are more emotional and affective, rather than the more rational health or economic benefits. We suggest a refocus for the

SM Plan away from health threats and toward the emotional and affect drivers for change. The CSI brand must be developed based on values important to consumers, i.e. not just health or financial, but emotional and affect based. Also, resources must be invested into the development of the brand and the relationships with consumers at different levels and stages of the program.

The analysis of the 4Ps needs further development to ensure relevance to users and decision makers. The Product is not just the stove but includes the range of cooking and stove behaviors, including use, servicing and maintenance. The Price is not just cost, what else does the consumer have to give up? Are there other impacts the improved stoves could have that need to be taken into account? The Promotion messages should not just be the more rational health benefits but a range of emotional and affect benefits, eg. the social desirability to remove soot deposited on their kitchen walls, ceiling, and pots and pans. Also the methods for promotion should include product demonstrations and change agents.

While the SM Plan describes broad responsibilities for the partners, there does not appear to be detail in the SM Plan of the steps to be taken to implement it. This includes the timetable and funding to be made available. One option that worked well for a handwashing with soap program in Indonesia was a centrally coordinated marketing plan, supported by small grants to partners to implement it in the local context. For CSI this could involve the development of making funding available for Market Aggregators to tailor the category marketing plan and materials to fit their individual efforts.

The Tulodo-led behavior change and clean cooking study (Goodwin et al, 2014), funded by DFID, revealed that many clean cooking programs focus heavily on supply and purchase, similar to CSI. Many initiatives, including CSI, neglect the determinants, behaviors and other dynamics around adoption and longer term use, including correct use, stove stacking and maintenance. Using a social marketing approach to focus on value exchange, especially the demand side of clean cooking, could be a significant opportunity for CSI and others to achieve substantial impact for poor people in Indonesia.

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Number: 154

Utilizing market research, evidence of successful application of behavioural change and the development of supporting theory

and techniques and technology.

“EMERGENCY ALTERNATIVES”

Successfully increasing the use of alternative After-Hours Health Services for Brisbane North PHN with an innovative community education campaign

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“EMERGENCY ALTERNATIVES”

Successfully increasing the use of alternative After-Hours Health Services for Brisbane North PHN with an innovative community education campaign

Aims and Objectives

Brisbane North PHN is a local health authority tasked with maintaining the wellbeing of some 900,000 residents in the North Brisbane Metropolitan area, Queensland, Australia.

Research had shown that too many people in the Brisbane North area were presenting themselves at hospital emergency departments inappropriately in the after-hours period when their local or preferred Doctor/GP was closed. A behaviour that increases the risk of emergency departments being overcrowded and that can put genuine emergency patients at risk, as staff may not be able to attend to patients in a timely manner.

The purpose of the campaign was to educate people about the wide variety of after-hours health care services that are available to them that can often be used as an alternative. Including a Government funded online symptoms checker, a government helpline and the availability of GP’s (Doctors) willing to make out-of-hours home visits.

This in the hope that next time a Brisbane resident required medical attention outside of normal hours, they would at least consider these services before defaulting to visiting the emergency department.

Behavioural Objectives and Target Group

Behavioural Objectives

Hard % shifts or targets were not set in advance but it was agreed that within a campaign period of just 1 month – and with the support of a significant advertising spend - the campaign would be required to:

- Increase awareness of alternative after-hours services.
- Create engagement with an online resource where residents could learn more about which alternative after-hours service suited which medical scenarios.
- Deliver significant engagement of residents in a social media space.
- Increase claimed predisposition amongst residents to consider using an alternative service in the future.
- Drive actual uptake of alternative services.
- Decrease inappropriate presentations to local Emergency Departments

Target groups

Desk research had already suggested that inappropriate use of Emergency Departments was common amongst all adults but three target groups were identified as needing to be reached and influenced in particular:

- Parents with children 0-15
- Adults 18-35
- People with culturally and linguistically diverse background

Evidence of Citizen/Customer Orientation

Admissions analysis was provided as part of the campaign brief that helped identify both the scale of the problem as well as breakdowns by age, suburb, time of day and condition being presented. Key findings included:

- 32% of all presentations to Emergency are for reasons deemed inappropriate

- This rises to 47.5% of all presentations between 6pm and 9pm
- The rate of inappropriate presentations has increased by 25% in the last 5 years
- Over 30% are ankle sprains, viral infections or lacerated fingers

What we needed to understand further however was what might be driving this behaviour. So additional qualitative and quantitative research was commissioned for the project that then informed our campaign approach.

Quantitative Research: 10 minute telephone survey was conducted with n=300 residents within the Brisbane North PHN catchment area. All respondents were required to live within the specified region and at least 18 years or older.

Qualitative Research: 8 groups conducted amongst the following cohorts:

- Parents, with children aged 0-4, low to mid socioeconomic
- Parents, with children aged 5-15, low to mid socioeconomic
- Females, aged 20-35, mixed socioeconomic status
- Males, aged 20-35, mixed socioeconomic status

Key Findings:

- Many residents claimed they would be open to the idea of using other services. And were reassured knowing that a range of services were in fact available.
- The primary source of information on after-hours services was the internet. This was followed by ‘word of mouth’ and ‘information provided by a doctor’.
- Usage of 13HEALTH (a Queensland Government funded telephone helpline) as a first recourse was much higher among parents with young children.
- Other services however had lower awareness and although some respondents had used them, and continued to do so, past experiences for many had failed to build trust or alleviate anxiety.
- In contrast, the Emergency Department was basically seen as a guarantee of successfully resolving the issue (definitely open, an army of medical professionals on hand etc.) and also perceived as easy to reach, easy to use.
- Alternative options therefore not only required more awareness– but we would also need to build a sense of trust and create confidence that they could be fit for purpose.

The Social Offering

Brisbane North PHN is dedicated to increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and improving coordination of care to ensure patients receive the right care in the right place at the right time.

As part of this, there is a range of after-hours health care services available to people in the north Brisbane area that can be utilised INSTEAD of a visit to an Emergency Department if medical attention or advice is required out of hours:

- Online Symptom Checker
- 13Health telephone helpline
- After-hours home doctor services

If more people were aware and willing to use these services, it would be to the greater social good of North Brisbane as a whole.

The campaign developed therefore was ‘Emergency Alternatives’. A dedicated drive to make clear for Brisbane residents that alternatives existed and how EASY it is to understand what services should be used in which occasions.

Engagement and Exchange

To engage our audience, we decided to use paid media in order to reach residents and have them consider if the emergency department really is always the best option when someone is sick after hours. Including however a strong and urgent call to action for residents to ALSO take a moment and engage further online. In order to be better planned and more prepared for any eventuality in the future.

The behaviour exchange we identified was that if people took time to process our message and get clear for a moment what

alternatives existed, they would not only know next time they needed medical attention out of hours what services were available, they could also play their part in keeping Emergency free for real emergencies.

Competition Analysis

Competition to our campaign was not so much messaging from any organisations seeking to achieve the same objectives as it was a series of conflicting consumer attitudes and tendencies that felt counter intuitive and contrary to what we hoped to achieve.

For example:

- Research revealed that people don't feel guilty about using their nearest Emergency Department for minor issues. Even if they were conscious it was not a real emergency. Some even believed they had an entitlement to misuse Emergency, as a resident and tax payer.
- People also believed a trip to emergency was most cost-effective. As public hospitals can always 'bulk bill' (i.e. defer cost to the national Medicare scheme) patients.
- Mothers with young children were also especially prone to using Emergency regardless. As they felt 'not taking any chances with a child' merited the course of action.

Segmentation and Insight

Segments identified specifically for the campaign included:

- Parents, with children aged 0-4, low to mid socioeconomic
- Parents, with children aged 5-15, low to mid socioeconomic
- Females, aged 20-35, mixed socioeconomic status
- Males, aged 20-35, mixed socioeconomic status
- People with culturally and linguistically diverse background (CALD)

The above target groups were identified via research as the groups most likely to default the emergency department. Parents with children simply require the most medical attention, most often. Surprisingly however adults 20-35 needed to be targeted because they were the group most likely to use an ED due to 'convenience'. And people in the CALD group would use the ED due to language barriers and lack of perceived alternatives.

Integrated Intervention Mix

The campaign took an innovative approach to developing the comms mix by establishing a 'CX Loop' borrowed from marketing practices usually reserved for commercial brands seeking to increase sales.

CX Loops are essentially comms opportunities and customer touch points, mapped against a neo-classical customer purchase lifecycle, where the agency considers how to best massage consumers from a state of basic brand awareness, through to consideration, enquiry, purchase, maintained purchase/loyalty and ultimately advocacy. At which point, advocacy from one consumer to another helps grow and feed awareness/consideration. And the whole cycle can start again for a new consumer.

For Emergency Alternatives, we took the same approach but looped instead the core stages of Trans Theoretical Behaviour Change (Pre-Contemplation, Contemplation, Preparation to Act, Action and Maintenance of Action). Adding an 'Advocacy' stage in order to ensure that we're rigging into our comms mix, the right touch points and channels that would facilitate word of mouth and viral/digital spread.

The core element of the campaign therefore became www.emergencyalternatives.org.au a website which was promoted via a mainly digital media channel mix (standard online display, YouTube, Mobile, Facebook, Search). With a call to action in advertising to visit the website and find out how to make a plan. Then additional channels such as press, radio and printed materials added in support.

The website informed people about which after-hours health care services were available in the area and provided a guide on what service to use in which instance. The same site also provided a search engine for local GPs willing to make out-of-hours home visits and had an integrated symptoms checker resource residents could bookmark for future use.

Residents viewing the site on their phone could also call 13Health directly from the website and we even offered people the chance to order a fridge magnet containing the most important information from our "Make a plan" section. So families would have the right information to hand as and when there was next a need for medical services.

Co-Creation Through Social Markets

Key stakeholders such as the QLD Ambulance Service and the AMA QLD Foundation (an industry body for Healthcare professionals) were consulted prior to campaign development and also given a chance to comment on the campaign thinking whilst it was still only part formed. In order to ensure that we harnessed their 'front line' knowledge and also in respect of the fact that the campaign bordered on medical or clinical advice, so needed to be sense checked and approved by authorities at every stage of development.

Systematic Planning

The 'CX Loop' approach outlined constitutes our systematic planning approach. In particular, the unique way in which we decided to not just follow but LOOP and PRIME the 5 stages of Prochaska & DiClemente's Trans-Theoretical behaviour change model.

From the outset we were determined to have a campaign that would not simply raise awareness or create pause for thought but that could also help residents make short work of acting on their general willingness to not mis-use Emergency Departments in the future.

Research also played a structured and planned role. The formative desk research was followed up with a pre campaign fact finding Wave 1 of qual and quant. Which was then followed by a second, post campaign Wave 2 of qual and quant, to specifically isolate and measure campaign impact.

Finally, campaign activity was also informed by - and then moderated in reaction to - social media performance as well as ongoing map analytics. Each week we would review how media activity had or had not driven engagement and then either messaging and media tactics would be tweaked accordingly to optimise campaign performance.

Results and Learning

Results:

The campaign performed well and exceeded industry benchmarks for reach and engagement versus media spend:

- 60% all adults reached at 1+ cover
- 6 million plus digital impressions
- 43,000+ clicks on content or links (including video views)
- 20,000+ unique site visitors

In addition, the post campaign study showed that not only did the campaign increase awareness of alternative after-hours media services SIGNIFICANTLY, respondents admitting they had mis-used an Emergency Department recently also dropped.

Better still, an impressive **23% of residents polled who could recall the campaign said they had ALREADY utilised an alternative to visiting Emergency.**

Stand out results from the research also included:

- 42% of residents could recall the campaign when prompted.
- 75% of whom said they had made at least mental note to use alternative services.
- 68% of whom could recall the specific insistence that Emergency should be left for emergencies.

Other notable aspects of campaign performance also included:

- Over 100 Fridge magnets ordered through the website.
- Successful media launch with higher than usual amount of news coverage.

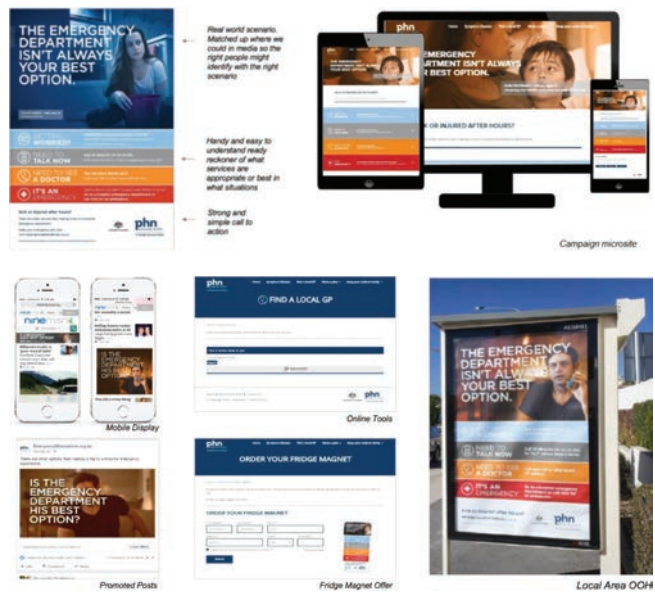
Finally, the idea of arming the public with a 'what-to-do-when...' guide may yet also provide even stronger results over time. As more and more residents recall yet the campaign's advice and - hopefully - seek an alternative to visiting Emergency unnecessarily.

Learnings:

Brisbane residents seemed ready to change their ways, they just needed some help understanding not only what alternatives existed but how to access those services and guidance on what service would be apt for which medical scenario. Centering the campaign around a simple but useful microsite was therefore a critical breakthrough.

Post campaign analysis concluded that shorter, simpler calls to action in the static digital channels used would have lifted performance further. We also feel in hindsight that the campaign website could also perform better and it will be reviewed to optimise/extend dwell time and page visits. When the campaign is repeated (or possibly even rolled out State-wide) in 2017.

Appendix – Campaign Material



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