THE ESSENTIALS OF SOCIAL MARKETING

A Thesis Submitted to the University of Strathclyde
for the Degree of Doctor of Philosophy

by

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ABSTRACT

This thesis is submitted under Regulation 20.1.35 and is based on a series of eighteen papers published between 1981 and 1988. It concerns the nature of social marketing. This is discussed in two sections. The first examines the contribution that conventional marketing can make to health education. The second reverses this process and looks at the contribution that a social marketing approach to health education can make to the theory and practice of conventional marketing. A final chapter then draws conclusions and looks to the future.

CONTENTS

1.0 INTRODUCTION

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1.1 Discussion

Over the past eight years, I have been involved in a large number of research projects into the field of health advertising. This thesis uses my research as case history material to examine the nature of social marketing. It divides into two complementary sections. Firstly, Section 2.0 looks at the contribution that marketing can make to the work of potential social marketers. It begins by acknowledging the fundamental importance of the marketing concept to the commercial world. It then examines the debate about broadening this concept to cover social marketing. It concludes that, within marketing, this debate has now been won, but that there is still a need to convince those outwith marketing who might like to adopt its approaches - in this instance health educators - that it has something genuine to offer. By genuine I mean that it can contribute to both the theory and practice of health education and thereby provide original approaches. In terms of theory, the case history material demonstrates how a consumer orientation can clarify the basic models of health education. In terms of practice, one technique, that of advertising research, is shown to have had an important influence on specific interventions. Furthermore, it is argued the combination of theoretical and practical insights has led to the development of original health advertising.

The second half of the thesis, beginning in Section 3.0, reverses the process and examines the contribution that health education can make to mainstream marketing. These contributions are divided into three areas:

- Marketing theory. Insights that my research has provided into multidimensional marketing, fear arousing advertising and marketing ethics are discussed.

- Marketing techniques. The nature of advertising research is discussed.

- Specific marketing topics. Research into the functioning of sports sponsorship is used to illustrate potential contributions here.

A final section, 4.0, then draws conclusions and discusses future directions for research.

1.2 Grounded Theory

The conventional approach in academic research is to study existing knowledge and use this as a basis for the formation of hypotheses which progress beyond current understanding. These hypotheses are then tested and either validated or found wanting. If they are validated then they become, at least provisionally, an accredited part of existing knowledge and can in their turn form the basis for further hypotheses generation. If they are found wanting then the researcher must step back and rethink his original hypotheses along a different direction. In this way understanding progresses.

This process has a number of advantages. It provides a robust, if gradual, way forward firmly rooted in past research and thinking. It avoids the dangers of wasteful repetition and ensures that we make the most use of past researchers' efforts.

However, there are also weaknesses with this conventional approach. It can be scrupulously slow, lead to disciplinary and methodological nit-picking and, most importantly, be constraining. This constraint takes two forms. First, the approach is based on the assumption that past research provides the only perspective on a particular problem. However, advances in human understanding may require a radical change of perspective. The somewhat hackneyed example of Galileo provides an illustration of this. If he had based his work on contemporary understanding then his ideas about the planets revolving round the sun could never have emerged. Second, it puts the emphasis on the verification and modification of existing theories rather than on the

generation of new ones, whereas in fact both processes are equally important.

These problems led Glaser and Strauss (1) and, more recently, Spender (2) to consider the idea of 'Grounded Theory.' In their book 'The Discovery of Grounded Theory' Glaser and Strauss argue the case for theory being actively sought from research data, rather than research data only being collected to test existing theory. In short, they suggest that we should seek theories that fit the data as well as data that fit the theories. As Wernham argued "phenomenological methods, grounded as they are in the data and driven by it, are powerful tools for theory construction." (3)

This approach does however present a major practical problem. It is difficult to attract funding for research to be conducted on what may well be seen as a serendipitous basis.

Since 1980 I have been working in the Advertising Research Unit (ARU), conducting a series of research projects on health advertising. During this period there has been a rapid expansion of Government expenditure in this area. This has been most apparent in the 'new' health topics of drug abuse and especially AIDS. For example, the Government spent £20 (4) on AIDS advertising alone in 1987.

All my research projects have been for external, paying clients and have had very specific, problem solving objectives. They have been carefully designed to aid decision making and it is this facility that has attracted funding.

In addition, however, there are clear themes linking the projects together. First, most of the studies have been for the Scottish Health Education Group (SHEG) and the remainder have been for other health related non-profit organisations (The Family Planning Information Service and The Scottish Sports Council). Second, the research problems have all been approached from a commercial marketing perspective. Third, following on from these first two

points, all the research can be said to be in the field of social marketing. Finally, as noted above, all the studies have concerned the development of mass media marketing communications, the theory and practice of which is discussed in detail in Section 3.2.

These common strands through my research have led to the emergence of this thesis. The ideas it incorporates have developed over the years, often recurring in different forms within different projects. This process has been gradual and whilst re-reading the papers in preparing this manuscript, it has been possible to trace the evolution of my thoughts. For example, the first paper I wrote after joining the ARU concerned the importance of the consumer's perspective to the development of effective advertising in health education. This idea is central to my work and is present throughout the papers, but it is only latterly that it has developed into a recognition that accepting the consumer's perspective is a crucial element of the exchange process upon which the whole theory of marketing is founded.

Thus, over the last eight years I have conducted a series of research projects with specific short term objectives, but which are linked by a number of basic themes. The former have attracted much of the funding but the latter have furnished my thesis. In short, to use Glaser and Strauss' terms, the practical and theoretical circumstances have combined to provide me with the perfect opportunity to "discover grounded theory."

1.3 The Research

Since joining the ARU, I have been involved in a large number of research projects. These have been reported in a variety of forms including journal articles, conference papers, formal research reports and verbal presentations. A full list of these is included in Appendix 1. All of this work has contributed to my thinking and hence to this thesis. However, for practical reasons I have had to be selective.

In choosing papers to be included, three criteria have been applied. First, I have picked the papers that have most influenced my thinking. Second, I have restricted the choice to journal articles and published conference papers. Thus all the material has undergone formal peer review, a process that I have found extremely useful. Finally, all the papers concern research in which I have been the prime mover. Thus, I have been the main or only person involved in the design, implementation, analysis and reporting of the research presented below:-

Design has involved me in discussing with the client the nature of their problem, the information needed to help resolve it and the best means of obtaining that information. Where necessary I have prepared a written research proposal.

Implementation or data collection tasks, have varied with the research methodology employed. Most of the projects discussed below have comprised qualitative focus group interviews. In these instances I have been heavily involved in conducting the interviews. I estimate that this has involved me in moderating over 70 group discussions (n = 455), constituting at least 105 hours of interviewing.

Five of the projects (reported in Papers 3, 7, 9, 10 and 15) were quantitative, involving questionnaire based face-to-face interviews. In these instances, interviews were conducted by professional market research interviewers. Three of these studies involved me in direct supervisory activity. For example, conducting part of the research discussed in Paper 9 required me to travel to venues throughout Scotland ensuring that fieldwork was properly completed by a team of interviewers. In the remaining studies, interviewing was contracted out to an external company, often using Omnibus survey facilities.

Methodology is discussed further in several of the papers and in the introduction to Section 3.2.

Analysis tasks have also varied with the research approach adopted. The qualitative data was analysed by me using content analysis of taped transcripts. The quantitative data was analysed by specialist computing agencies. I supervised this process, designing coding frame and specifications for the computations.

Reporting I am the major or only author for all the papers presented here.

The full list of papers included in the manuscript is as follows:

Paper No	Full Reference
1	G B Hastings. The value of marketing and advertising research techniques to the development of health education publicity. In Flood, P R, Grant C L and O'Driscoll, A (Eds) Marketing: Future Imperfect. Proceedings of the Marketing Education Group Annual Conference, July 1981, Vol 2, 561-578.
2	G B Hastings. Birth of a poster. Scottish Medicine, December 1983, 20-22.
3	G B Hastings and D S Leathar. Anti-smoking publicity in Scotland: a decade of progress. New York State Journal of Medicine, 1986, 86, 9, 480-484.

Paper No	Full Reference
4	G B Hastings. Infant immunisation: Do we need a media campaign? Journal of the Royal Society of Health, 1987, 107, 3, 88-91.
5	G B Hastings, R E J McNeill and H Martins. Problems in disseminating family planning information. British Journal of Family Planning, 1987, 13, 4-9.
6	G B Hastings and D S Leathar. The mass media in health education - the need for audience involvement. Proceedings of the 5th World Conference on Smoking and Health, Winnipeg, July 1983, Vol 1, 311-317.
7	G B Hastings and D S Leathar. Environmental Health and the Media - A Scottish Campaign. Environmental Health, 1983, 92, 3, 72-74.
8	G B Hastings. Targeting in anti-smoking advertising in Smith, Scott, M, and Venkatesan, M (Eds) Advances in Health Care Research, Conference Proceedings, Utah 1982, 120-123.
9	G B Hastings and D S Leathar. Social marketing: Progress or jargon? Proceedings of the Second World Marketing Congress, Stirling, August 1985, 774-784.
10	G B Hastings. Consumer Feedback in the Development of Health Campaigns. Fourth International Conference in Systems Science in Health Care, Lyons, July 1988.
11	G B Hastings. Advertising Research Programmes. Proceedings of the HEC Workshop on Smoking Control, June 1985, 84-86.

Paper No	Full Reference
12	G B Hastings and D S Leathar. The creative potential of research. International Journal of Advertising, 1987, 6, 159-168.
13	G B Hastings, D S Leathar and A C Scott. AIDS publicity: some experiences from Scotland. British Medical Journal, 1987, 294, 48-49.
14	G B Hastings and A C Scott. AIDS Publicity: Pointers to development. Health Education Journal, 1987, 46, 2, 58-59.
15	G B Hastings, A C Scott and D S Leathar. Scottish attitudes to AIDS. British Medical Journal, 1988, 296, 991-992.
16	G B Hastings et al. Sports Sponsorship in Health Education. Health Promotion (in press).
17	G B Hastings. Sponsorship works differently from advertising. International Journal of Advertising, 1984, 3, 171-176.
18	G B Hastings and A C Scott. Advertising research: A new perspective for developing educational material. Research in Education, 1988, 39, 73-82.

In conclusion, all the articles concern research in the field of advertising which forms part of the advertising research process discussed in detail in Section 3.2. In addition, all the research is concerned with health. It is therefore coherent in terms of both approach and topic, and probably represents the largest body of published research in this particular field. It therefore provides a unique analytical opportunity.

2.0 THE CONTRIBUTION OF MARKETING TO HEALTH EDUCATION

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Introduction

Marketing

Business philosophy in the twentieth century can be characterised as passing through three phases (5). First, during the early part of the century, came a period of production orientation where rapidly expanding markets led to an excess of demand over supply despite the development of mass production techniques. The emphasis in business was on these latter techniques of mass production.

Following this came a period of sales orientation, when greatest consideration was given to selling mechanisms. Finally, around the middle of the century, thinking changed again and the market orientation phase began and still continues today. This last phase reflected a considerable change in the business environment. Supply now outstripped demand, and consumers had much greater discretion about what they bought from whom.

The marketing concept revolutionised business philosophy with its three major tenets (6) of consumer orientation, an integrated approach and the pursuit of profitability rather than volume of sales. Rodgers (7), for example, acknowledged these tenets in his definition:

> "The primary management function which organises and directs the aggregate of business activities involved in converting customer purchasing power into effective demand for a specific product or service and in moving the product or service to the final customer or user so as to achieve company set profit or other objectives."

The benefits of adopting the marketing concept are now widely accepted (8) and although it is by no means universally applied in business (9), it is acknowledged that the marketing concept offers strong competitive advantages. In short, the arguments in favour of a marketing approach in commerce have been convincingly won.

Social Marketing

Social marketing emerged as part of a wider debate concerning the precise definition of marketing. A number of writers felt that marketing should be broadened to cover more than commercial transactions - that is the exchange of a product or service for money.

Thus, Kotler and Levy (10) argued that marketing should be seen as a universal human activity. Its principles could be applied not only to conventional products but also to people, organisations and even ideas. These views were supported by Lazer (11) who argued for the broadening of marketing beyond the "technology of the firm." It is worth noting that the concept of marketing ideas represents a fundamental progression from earlier theories, typified in the writing of Packard (102), which emphasised propaganda and the direct control of an essentially passive population.

Latterly these broader definitions of marketing were tightened around the concept of exchange. Bagozzi (12), for example, argued that "exchange is a central concept in marketing, and it may well serve as the foundation for that elusive general theory of marketing."

This concept of exchange is crucial to social marketing. Thus it appears in Kotler's (13) original definition:

> "Social marketing is the design, implementation, and control of programs seeking to increase the acceptability of a social idea, cause, or

> practice in a target group(s). It utilizes market segmentation, consumer research, concept development, communication, facilitation incentives, and exchange theory to maximize target group response."

Its importance is recognised by Laczniak et al who argued that:

> "Many marketing experts are suggesting that the role of marketing can be much broader than purely economic exchange and could also logically encompass exchanges dealing with social issues and ideas." (14)

More recently it formed the basis of Fines (15) observation that:

> "something of approximately equal value to the product is given in return by the consumer to the supplier: an exchange of values takes place in the marketing transaction."

However, the arguments in favour of broadening the concept of marketing have not gone unopposed. Luck (16), for example, argued that marketing should be restricted to market transactions and not cover social marketing activity which did not, in his view, involve any clear quid pro quo. Carmen (17) wrote in a similar vein.

Luck (18) also argued that the broadening of the concept of marketing is not in the interests of the discipline as it confuses its definition and ultimately threatens its identity. This stance was supported by Bartels (19) when he observed:

> "If marketing is to be regarded as so broad as to include both economic and non-economic fields of application, perhaps marketing as originally conceived will ultimately appear under another name."

Luck (20) went on to suggest that marketers should only consider broadening their discipline when they are bored with their current, more narrow focus!

Finally, Arndt (21) argued against broadening the concept of marketing because this would threaten other disciplines which might in turn attack marketing.

The broadening issue has therefore been a subject of lively debate within the discipline of marketing. Latterly it has become apparent that the 'pro' camp is very much in the ascendancy. For example, a study by Nichols (22) showed that the vast majority of marketing teachers were in favour of there being a wider scope for their discipline beyond transactions concerning commercial goods and services.

However, the debate has been intradisciplinary. It has concentrated on whether marketers can and should broaden their discipline and has apparently convinced them that they should. These arguments are not necessarily as convincing to those already working in the areas of relevance to a broadened concept of marketing, such as health educators. From their perspective, arguments about the identity and security of marketing are of little interest. Furthermore, attempts to demonstrate the broader value of such concepts as the marketing mix often say little new to them. For example, when Kotler (23) argues that "the four 'P's suggest several possible approaches" to smoking cessation, these approaches are not new to health educators. Health educators have long been aware of the importance of place variables (eg. making cigarettes more difficult to obtain), price variables (eg. the depressive effect of prices on sales) and product variables (eg. the value of products such as nicotine chewing gum) in combating smoking. Thus, there is a danger of social marketing simply relabelling existing approaches rather than providing new ones.

A classic illustration of this trap of relabelling is provided by Fox and Kotler (24) when discussing the Stanford Heart Disease Prevention Programme. They describe this as an example of social marketing, since it is possible to illustrate its components in terms of the four 'P's. From the health educator's point of view, however, the Stanford project was a classic piece of multi-interventionist health education - not marketing. As a result, what Fox and Kotler are in effect doing is relabelling health education concepts with marketing terms and asking the reader to choose between two conflicting sets of descriptions. Indeed, they come close to admitting that it is simply a matter of relabelling when they state that "key features of the study ... match marketing considerations." (25)

Given the dangers of relabelling, it is important to demonstrate that social marketing can make a genuine contribution to the furtherance of social causes. A 'genuine contribution' should provide:

- new theory with which to analyse social marketing problems.

- new techniques to put this theory into practice.

- original solutions that have not emerged from current theory and practice.

Furthermore, these benefits should be evident in 'real life' settings.

The first half of this thesis uses case history material from my research in the field of health education to explore these issues. Section 2.1 examines the theoretical impact of a social marketing approach on health education. Section 2.2 then looks at the value of a marketing technique - the advertising research process - to health education. Section 2.3 then draws some conclusions.

2.1 Impact on Theory

In order to examine the impact that a social marketing perspective might have on the theory of health education, we need to explore some of the basic models in this area. The different models of health education have been divided into several typologies (eg. 26, 27). Of these, the one by Tones (28) is the most recent. It distinguishes three main variants:

- the medical or persuasive model;
- the educational model;
- the radical model.

The medical model positions health education as an arm of preventive medicine. From this perspective, its role is to persuade people to change specific anti-health behaviours for the good of their own and society's health. Despite its obvious emphasis on prevention rather than cure, this model owes much to conventional medicine. Appropriate behaviours are defined by medical and epidemiological experts and then transmitted to the individual who is expected to adopt them without question. Thus it depicts man as a machine and the doctor as the mechanic. The machine has no rational role to play in determining appropriate action.

The medical model has been criticised for medicalising health education (29, 30) and hence being unrealistic (31). In short, it is argued that it does not tackle the real problem of health education - the promotion of good health - but instead puts the emphasis on specific and isolated behaviours such as cigarette smoking (32). As a result, it is claimed to be an ineffective approach (33).

The educational model emphasises the importance of individual freedom of choice (34). From this perspective, the objective of health education is to strengthen people's ability to make informed health decisions. This means more than simply providing them with appropriate information and includes the promotion of life and

decision making skills. The main criticism of this model is that people's freedom of choice about health is frequently limited by both personal factors (eg. addiction to drugs) and, more significantly, environmental factors (eg. poor housing).

This has led to the third, radical model of health education which sees the main focus as political activism to improve people's living environment. Central to this approach is the idea of raising "critical consciousness" (35). That is the need to make people more aware of the health deficiencies of their environment and to convince them that they have the power to do something about it.

Despite their differences, these latter two models do have one essential strand in common - that of self-empowerment. The educational model ultimately promotes this concept to help reduce the natural limitations on freedom of choice. The radical model does so to encourage political involvement.

My own research has shown how the basic marketing philosophy of consumer orientation can contribute to thinking about these models in two ways. First, it supports the criticism that the medical model is ineffective. Thus, Paper 1 describes an environmental health campaign that was designed by medical experts. Research with the target audience showed it to be fundamentally misconceived in a number of ways. Without the research and the resulting changes, the campaign would not only have been ineffective but quite possibly counter-productive.

Paper 2 illustrates similar points concerning a health and fitness poster aimed at teenagers, which again turned out to be conceptually flawed. It also shows that consumer orientation can influence aspects of execution as well as concept. Thus, consumer feedback on the poster's style, design and distribution was very important in developing the campaign, and influencing expert decision making.

Finally in this section, Paper 3 shows how a consumer orientation can influence long-term trends in health interventions. It describes the development of SHEG's anti-smoking publicity over the decade from the late seventies to the late eighties. When seen from this longitudinal perspective, the fundamental effects of consumer orientation become apparent. From one-off advertisements designed to frighten people into quitting - a classic medical model approach as discussed above - SHEG moved into the positive promotion of health, emphasising the benefits of being a non-smoker in the context of personal lifestyle.

This latter paper also illustrates the lack of realism in the medical model, with its tendency to treat specific health issues in isolation. SHEG's innovative positive health campaign - Be All You Can Be - which fulfils Docherty's (36) criterion of positive health promotion, emerged as a direct result of SHEG's adoption of a consumer orientation. This point, and its implications for mainstream marketing theory, are also discussed further in Section 3.1.

The second way in which these papers illustrate the contribution of marketing to thinking about health education models is in the support it offers to the concept of self-empowerment. Consumer orientation, when applied to health communications, suggests that these should be designed with specific reference to audience needs. Furthermore, it ultimately implies that where the views of doctors and target conflict, then in the interests of effective communication the latter should take precedence. In short, that the consumer should have more power, and interventions should encourage them to use it. Thus, marketing places the consumer in the primary position within a transaction.

The issue of self-empowerment and its implications for marketing as well as health education theory are also discussed further in Section 3.1.

Paper 1

THE VALUE OF MARKETING AND ADVERTISING RESEARCH TECHNIQUES TO THE DEVELOPMENT OF HEALTH EDUCATION PUBLICITY

G B Hastings

Proceedings of the Marketing Education Group
Annual Conference, July 1981

OVERVIEW

It is gradually being accepted among health educationists that they can learn from the discipline of marketing. A certain basic similarity between the two disciplines has become evident: just as the marketing manager's job is to 'market certain products and/or services,' so the health educationist can be seen as marketing health.

The drawing of such parallels is not particularly new - at least to marketeers. Indeed it is the acceptance of such ideas that has led to the broadening of the marketing concept in recent years to encompass the ideas of societal and social marketing (37). This paper presents an initial exploration of the helpfulness and implications of this broadening process.

INTRODUCTION

In the past, and indeed to a great extent at present, health education has operated as only a small part of the health care service. This has happened because it has been dominated by a medical perspective (38). This perspective, often known as the medical model, looks on man as a machine and the doctor as a mechanic. In such a model the machine, or patient, has no rational role in determining appropriate action. Here the overriding emphasis is on treatment - dominated by an expert or doctor - rather than on prevention - which implies the active participation of the individual.

When the medical model is applied to the development of health education publicity it tends to result in a system where the audience is seen as a passive receiver of messages. To be successful all that is required is for the expert to decide what is healthy and for health publicity to advertise it. This will passively be accepted by the audience and alternative more favourable behaviour will be adopted.

However the central issue in any advertising, including health education material, is the process by which communication takes place, and in recent years it has become increasingly apparent that the above ideas of a passive audience are no longer tenable. The audience is now being seen to have a much more active role. As Raymond A Bauer (39), a researcher in the field of communication has said:

> "The modern history of communication can be written to a great extent in terms of the enlarged role of the audience as a factor mediating the effects of any communication."

A practical application of this theory can be seen within the subject of marketing. Advertisers have long accepted the importance of the

audience in the development of successful campaigns. To quote David Bernstein (40):

> "Advertising is a dialogue: a dialogue between two people, a manufacturer and a consumer."

Because of this acceptance of a two-way process in communication the advertising world, as will be appreciated, has developed systems for testing campaigns which involve the consumer.

It has put into practice the theory of recipient importance in communication. Again no-one in marketing needs reminding that these systems - or advertising research - are used to help ensure that advertising is successful in achieving its objectives in such areas as:

- communication;
- comprehension;
- precipitating action;
- targeting;
- image creation, etc.

Most, although not all, of these objectives are shared by health advertising, and these similarities provide a solid argument for using advertising research in this area as well. However, as stated earlier, there are also certain differences between health publicity and commercial advertising which make the use of advertising research techniques even more valuable and necessary.

HEALTH VERSUS COMMERCIAL ADVERTISING

First, commercial advertising is usually concerned with encouraging the consumer to do something in addition to his present activities which will bring him/her added benefits: Use our detergent and you'll clean your dishes more effectively and quickly; Use our deoderant and you'll remain fragrant for longer.

The message of health publicity on the other hand tends to emphasise the undesirable side effects of current, often pleasurable, behaviour. It has an almost puritan tone to it: although your senses tell you that smoking is enjoyable (and indeed giving up is hell!) it is not in your long term interests. Similarly don't drink too much or eat too much, don't have unprotected sex, etc. It seems to be continually trying to convince people of the harmful effects of doing all the things they enjoy. In contrast to commercial advertising which offers promise of continual improvements in everyday life, health publicity runs the risk of being seen as nothing but a killjoy. Its message is seen as always being negative and unappealing (41). Furthermore, as the examples used above suggest, the message in health publicity is much more emotionally charged than is usually the case in product advertising. It is, after all, saying that smoking could kill, excessive drinking could kill, or using the example of the case study outlined below, without sufficient care, food poisoning could kill.

This increased emotional involvement has both advantages and disadvantages. On the plus side it means that audiences often have a deep and real interest in the topic. This, whilst not making research easier to conduct, does mean that there are at least genuine and often strongly held opinions and beliefs to be studied. It reduces the danger, with which marketers are probably familiar, of forcing someone to express an opinion on something about which they are more or less indifferent.

The deeper emotional involvement is also counter-productive. In combination with the negative aspects mentioned above it can cause unease or anxiety among recipients. This anxiety often makes people defensive and this in turn often causes problems of selective perception. That is the audience is inclined to dissipate its anxiety by seeing what it wants to see, rather than what is actually there, in an advertisement.

The use of advertising research, particularly at the early stages of development of material can at least increase awareness of these problems if not suggest more positive and less anxiety causing approaches.

Second, health publicity is also troubled by problems of social class bias (42). It is usually developed by middle class people using middle class ideas and language reflecting middle class lifestyles. Whilst this is also a problem in product advertising, it is compounded in health publicity by the fact that the messages themselves are much more closely related to the middle class rather than the working class ethos. They usually promote the case for stopping something that gives short term pleasure (eg. smoking) in favour of improving long term chances of good health. Such messages fit in well with middle class ideas of long term planning (involving salaries, mortgages, life insurance, etc) but contradict working class ideas (at least in Scotland) of immediate enjoyment.

Advertising research can help isolate problems in this area, as well as suggest ways of making material more appropriate, and hence relevant to working class attitudes, lifestyles and language.

An associated problem with health advertising is that, unlike product advertising, it is often recognised as emanating from the government or establishment (43). It can therefore easily come to be seen as the voice of authority trying to control people - "them telling us how to run our lives." Advertising research can reveal ways of minimising these feelings of condescension.

There is one further difference between health publicity and commercial advertising: the objectives are different. Health advertising has traditionally been concerned with the dissemination of factual information - that is with education. It does not, and indeed cannot, share one of commercial advertising's most important objectives: that of altering certain forms of behaviour. It would be unrealistic for health publicity to attempt to make changes to the habits of a lifetime through a 45 second commercial.

However, in some subject areas such as smoking, this informational role has been achieved. The vast majority of the population of Scotland now appreciate the dangers of tobacco (44). Therefore, whilst there is some need for reiterating and confirming this information, health publicity must set itself some new objective(s).

It must now turn to the promotion of a suitable atmosphere or image. It must use emotional messages rather than the previous more rational ones. These images must be positive and pleasant - for example supporting the idea of being a non-smoker rather than attacking smoking.

Whilst this new objective may not have much effect on the amount of research needed in health publicity, it does influence the type of research done and the type of data sought. It puts a much greater emphasis on in-depth research with potential audiences, seeking a full understanding of response at the emotional, as well as the rational, level. This probably increases the importance of qualitative research.

A CASE HISTORY - FOOD POISONING PROBLEM DEFINITION

These arguments for the particular importance of advertising research in the development of health publicity are supported by the results of the research project mentioned above which will now be discussed in detail.

Approximately 12 months ago the SHEG decided to develop one of its periodic campaigns in the field of environmental health. The specific area of interest, one which was felt to be particularly important, was awareness among consumers of the dangers of food poisoning.

At the outset it was felt that this should take the form of adverts aimed at the private citizen - the prime target group being

housewives. It was felt that these adverts should contain warnings about the dangers of contracting food poisoning from situations that can arise in the home.

More specifically the adverts should raise concern and interest about the dangers of food poisoning in the home and promote awareness of such useful domestic precautions as:

- guarding against flies and insects, particularly near food;
- inadequately defrosting frozen foods, especially poultry;
- cleanliness when handling food;
- cleanliness in the kitchen;
- cleanliness after using the toilet (with particular emphasis on children).

However, it was agreed that the above ideas were based on assumptions. They constituted good, accurate advice for avoiding food poisoning, but no import had been given to the relevance of such information to the consumer. The medical model was again in operation.

Therefore, before progressing any further with the campaign, it was decided that more needed to be understood about consumer feelings in this area. An explanatory, problem defining research project was proposed and agreed upon.

The Research Project

(1) Method

Because the research was exploratory, a qualitative approach was adopted, with in-depth, loosely structured interviews. This approach, whilst not providing results with statistical backing, does allow respondents to establish their own priorities for discussion using their own rather than prompted language. It thus provided

maximum opportunity for exploration within the context of detailed analysis of specific issues.

Interviews were conducted with groups of respondents, rather than with individuals. This had two advantages. First, it provided a more efficient means of interviewing in-depth a greater number of people. Second, the inter-respondent exchanges and cross-fertilisation of ideas that are a characteristic of this technique proved to be valuable stimulants to discussion.

All respondents were recruited by a professional Market Research interviewer. On recruitment they were invited to attend a general discussion on health and fitness. Food poisoning was not mentioned at this stage, to ensure that interest and awareness in this area did not become exaggerated.

The interviews themselves took place in the recruiters' own homes. Each lasted approximately 1½ hours and were conducted in April 1980. Respondents were paid the standard fee of £2 each for attending.

(2) Sample

A total of 24 women aged 20 to 45 years were interviewed in four groups of six. The sample was restricted to women as it was felt that in their role as housewives they would be most important both in terms of concern and awareness in this area, as well as in influencing the behaviour and attitudes of the rest of the family. In addition, where these differed, they were also able to provide information regarding the feelings of the other family members.

One further sample control was applied - that of social class. Three of the group discussions were conducted with C1C2D housewives and the remaining one with ABC1 housewives. This provided a means of checking for any obvious class variance.

The detailed sample structure is as follows:

Group	Sex	Socio-Economic Status	Age
1	Female	ABC1	20-35
2	Female	C1C2D	30-45
3	Female	C1C2D	20-45
4	Female	C2C2D	30-45

(3) Interview Sequence

As stated above the interviews were deliberately loosely structured. However all four group discussions took on a similar pattern with three main areas being covered:-

(i) The perceived sources of food poisoning and associated problems. This covered the situations and behaviour which respondents felt introduced the risk of such things into their lives, as well as, where appropriate, the precautions that would be taken.

(ii) The causes of food poisoning, covering the underlying elements in all the above sources that were thought to cause food poisoning. These two sections were not perhaps as clearly distinct as might appear, as respondents were inclined to use the term 'cause' and 'source' synonymously.

(iii) Respondents' definitions of and reactions to food poisoning. This final section attempted to define food poisoning in the respondents' own terms, using their own language and offering what they saw as the important symptoms and effective remedies.

(4) Findings

The research produced a great deal of data, as is often the case with qualitative methods. However, for the purpose of this argument it is possible to reduce this data to three basic, and related, points:-

(i) Perhaps the most fundamental finding concerned respondent use of the term food poisoning. Literally they felt it concerned any illness contracted from bad or poisoned food. However, emotionally - and in practice - it was only associated with very serious, even fatal illnesses. The sort of cases that cause headlines occasionally. It very rarely came into their direct experience - and even then it was never connected with causes occurring within the home.

(ii) Following on from the above, respondents put much greater emphasis on their concern (and this was an area that excited considerable interest and concern) about the risks encountered outside rather than inside the home. These external risks were seen as falling into three categories. Those encountered when eating out, those occurring in shops and, to a lesser extent, those originating during production (eg. the introduction of harmful chemical additives). These external risks caused the most concern among respondents mainly because they often remain undetected, and even when apparent they are difficult to counteract. Respondents felt there were only two sanctions available to them. They could boycott a particular shop, restaurant or item, which could prove very inconvenient, or they could make a complaint to the person directly responsible or to the health authorities.

Some of the incidents that respondents mentioned in this category included:

- shop assistants handling change and then food;

- insects, particularly flies, on food in shops;

- restaurants serving inadequately defrosted food - especially chicken;

- shops using the same implements to cut cooked and uncooked meat;

- dirty kitchens in restaurants.

(iii) In contrast to this, in-home sources were felt to be well within their control. The 'areas of risk' were seen more as 'precautions that were taken.' This is not to say that respondents were able, or even claimed, to eliminate all risks from their home, but that they felt they were in control. Indeed, when the 'precautions' they mentioned are taken into consideration they certainly seem to be aware of potential risk. These precautions included:

- adequately defrosting most frozen food, especially poultry and joints;

- ensuring hygiene and cleanliness, particularly:

    - in the kitchen;
    - when handling/eating food;
    - for children;
    - after the toilet;
    - being careful about the proximity of pets to food;
    - not mixing cooked and uncooked meats;
    - protecting food from flies and insects;
    - being particularly careful with food that comes ready to eat - with no need for cooking.

(5) Discussion

Even from this brief synopsis it is apparent that the proposed campaign was in need of serious rethinking. Although the results were not statistically based some of the assumptions and ideas were questioned:-

(i) The campaign would have aimed to increase interest and concern about food poisoning. This apparently already existed. What was needed was a means of resolving this concern - not a campaign that might well turn it into anxiety.

(ii) It would have been intended to get its message across as clearly as possible with a minimum of confusion. Without the research the language of the campaign would probably have caused confusion, particularly in the case of the more limited meaning attributed to the expression 'food poisoning.'

(iii) It would have concentrated on the domestic situation, an area in which knowledge and care appeared to be perfectly adequate. Not only would this have been of little or no help to its audience, but it might even have been counter-productive:

- it might cause people to overreact to dangers in the home. For example, one respondent already defrosted chickens for 72 hours. Further emphasis of the dangers of frozen poultry may make her extent this process even more, with potential hazards.

- it would also run the risk of missing, or worse, alienating its audience by assuming ignorance where none existed.

(iv) Finally, related to the last point the concentration of the campaign on the domestic situation would have prevented any coverage of dangers outside the home. The research revealed these external dangers to be of considerable concern to respondents and the opportunity to resolve anxiety in this area would have been lost.

CONCLUSION

In conclusion, this paper has attempted to argue the particular importance of advertising research to health publicity, both because of its similarities with commercial advertising, and because of its differences. It has its own specific problems, which have been discussed in the paper, that increase the need for a systematic application of research at each stage of the development of a campaign.

In health publicity as in all health education the central concern is with prevention rather than treatment. To be successful in this direction it is essential to have the co-operation of the target group. This co-operation is unlikely to be achieved unless health education involves the audience in the development of suitable material. Only they can say, for example, what information is relevant, or execution is suitable to them. Advertising research can provide a means of bringing these opinions into consideration.

The audience are the new experts who must be allowed to contribute to the development of health publicity and the case study which was discussed provided practical evidence of how valuable such a contribution can be.

Paper 2

BIRTH OF A POSTER

G B Hastings

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Reaching the minds of school leavers is not as easy as it seems. It is more important to promise relief from boredom than good health which is almost always taken for granted.

In terms of the promotion of health and fitness the school leavers represent an important yet problematic group. On the one hand they are at a stage in their lives when, often for the first time, they will need to make independent decisions about many issues, including health and fitness. It is at this stage that many habits or patterns or behaviour - both good and bad - become established, thus it is important to take every opportunity of having a positive influence on this process.

On the other hand, at this stage in their lives adolescents are leaving the rigidity of the school system with its organised sports, compulsory physical education and formalised health education. As a result, they become less accessible and their behaviour less directly controllable.

With these points in mind, the Scottish Sports Council (SSC) in conjunction with the Scottish Health Education Group (SHEG) decided that, within the Fit for Life Campaign(1), there was a need to target a health/fitness message specifically at this group. It was felt that if this project were to be successful it would require two important qualities. Firstly, it should have high initial impact to gain the attention of its audience. Secondly, it should be appropriate to the target group so that this attention would be retained and developed into interest and involvement.

These requirements influenced decisions about the form that the project should take. It was felt that initial impact would be maximised if it could reach school leavers on an individual basis. That is, if each school leaver could be given some form of health/fitness material to keep on leaving school. The obvious answer, therefore, seemed to be a booklet or leaflet that could be physically distributed through schools.

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(1) The long term campaign attempting to promote positive health and fitness to the Scottish public.

However, it was argued that a booklet might present problems. Firstly, there was no guarantee that it would be read, and it may end up just being thrown away. Secondly, even it if were read, it would probably soon be lost or misplaced. Thus, although the distribution to individual school leavers might help to increase initial impact, this format of material would not encourage long-term interest and involvement.

As an alternative, therefore, it was suggested that a poster could be more effective, without being too expensive. It would be more appealing to adolescents and hence less likely to be rejected out of hand. In addition, provided it was actually used, ie. put up, say, on a bedroom wall - it could not be lost or misplaced. Thus, it had the potential to become a relatively permanent feature.

The success of the poster would be determined largely by its style and content. The style had to be capable of marrying two potentially conflicting aspects of the campaign. First, it had to allow for the inclusion of a large amount of fairly detailed information, and second, this had to be presented in a form (the poster) that is usually associated with the communication of much more limited messages. Indeed, the posters favoured by the target group are typically no more than large photographs - usually of idols. To overcome this paradox it was decided that the poster could take the form of a "notice" or "pin" board, which would provide a legitimate (and hopefully familiar) means of including a large amount of detail on a number of subjects.

Decisions regarding the content, or information, to be included on the poster were based on what were perceived to be the essential issues of health and fitness. Thus, a great deal concerning exercise and physical fitness was felt to be necessary, as was information about physical recreation and athletic pursuits. Information about diet and relaxation was also felt to be relevant.

Up to this point much of the progress had been based on assumptions - assumptions about the form any campaign should take, about the use of posters, about the style of the material and about the relevance of the proposed content. These assumptions were, in turn, based on informed opinion and much experience with the target group, but otherwise they were untested. It was therefore decided that research with the target group would be necessary before going any further.

The Advertising Research Unit (ARU) of the Department of Marketing, Strathclyde University, was therefore asked to carry out an appropriate research study to assess the opinions and attitudes of the target audience in this area. This consisted mainly of in-depth interviews with groups of the target audience. This technique is based on free flowing discussions, rather than rigidly structured question and answer sessions, and as a result gives maximum opportunity to explore all the relevant issues. Furthermore, it enables the researcher to concentrate on those issues that respondents consider to be relevant, rather than imposing any preconceptions.

A total of 42 respondents were interviewed in groups of six. This sample consisted of prime target group members; that is 16-17 year-olds of both sexes from a range of socio-economic backgrounds who were intending to leave school during, or at the end of the current school year.

As stated above, the research methodology deliberately involved loosely structured interviewing procedures. Nonetheless, all the group discussions followed a similar pattern. They all began with a general discussion about what respondents felt were the most important issues/problems facing them at this stage in their lives. Within this discussion, attitudes to health and fitness, and the priority they were given, were assessed. The discussion then covered more specific response to the proposed campaign. This response was

sought at two main levels:

- response to the underlying concept of the campaign and its proposed format (ie. the poster that would be freely distributed to each school leaver).

- response to the style and content of the material.

To help in conducting this last part of the interviews a dummy or test poster was produced (see illustration). This provided a realistic, although unfinished, representation of the intended material. Interviewing took place in Edinburgh and Glasgow during January 1983.

RESEARCH FINDINGS

The initial part of the discussions confirmed the existence of particular problems for 16/17 year-olds. However these were not usually overtly connected with health and fitness by respondents, but more broadly with boredom. Respondents felt that there were very few places for them to go, or things to do in order to occupy their time.

These problems seemed to stem from three main factors:

- their age;
- the lack of facilities;
- their lack of money.

In terms of age, respondents felt that they were caught between childhood and adulthood. As a result, even though they may still enjoy doing the things they had done as children, such as going to youth clubs, they now felt they were too old to continue doing them. On the other hand, they were still too young to follow more adult pursuits - they were, for example, not usually allowed in pubs, clubs or discos.

Connected with this there seemed to be a chronic lack of facilities for the 16/17 year-old age group. At the most basic level there were, for example, few if any, places where they could go to socialise. Furthermore, because they were still living with parents, most respondents did not feel they had a satisfactory home base to use for this purpose.

Finally, this group's general lack of money makes it particularly difficult for them to overcome these problems. They cannot afford to attend cinemas and theatres with any regularity, nor can they afford to travel far in search of alternative facilities or entertainment.

Within this scenario health and fitness were generally of limited importance. Indeed, health was not really seen as an issue at all by respondents - they took good health for granted. The importance of fitness varied considerably between individuals. For a small minority of those interviewed physical fitness was an important goal. Much spare time and effort was spent in trying to get fitter either through direct fitness training or through participation in sports. There was another group of respondents, again in the minority, who also took an active interest in sport. However, for this group it was seen as recreational rather than as a means to an end in terms of fitness.

For both these groups, their interest in physical activity did help to alleviate boredom. However, the great majority of respondents did not fall into either group. For these respondents fitness and sport were not of primary importance and did not elicit spontaneous interest. As will be seen, these variations in the perceived importance of fitness and sport had a crucial influence on response to the content of the test material.

The respondents, therefore, did feel that there were definite problems particular to their age group. They also felt that these could be alleviated by action from outside agencies. The most obvious and effective form such action could take would be to improve

local facilities. However, respondents were inclined to be realistic, if not pessimistic, about the costs involved in this, and as a result would react favourably to any attempt, however minor, to tackle their problems. In this respect, the proposed campaign was therefore felt to have potential.

The format of the campaign - individually distributed posters - also received a positive response. The distribution to each individual would encourage them to take notice of the campaign, and the use of posters rather than leaflets would increase the chances of their taking an interest in, and retaining, the material. Most of the respondents were keen on posters and displayed many of them on their bedroom walls, although there did seem to be a tendency for this habit to become less prevalent with increasing age.

The only negative response in this area related to the distribution of the material. Respondents felt that too close an association with schools would reduce the material's attractiveness.

The examination of the test poster revealed further positive responses. The pinboard style was recognised and liked, and the arguments in favour of its use as a means of communicating a large amount of information proved well-founded.

The only criticisms of the style were relatively minor. It was felt to be too cluttered and jumbled which caused some confusion as to the intended message. This lack of clarity must, at least partly, be put down to the unfinished condition of the test material, as well as the inclusion of a large amount of very small print and these problems could be overcome relatively easily.

In contrast there were much more fundamental weaknesses in the content. Although there was some confusion about the exact nature of the intended message, most respondents said that the poster concerned health and fitness, with the emphasis on fitness. It was often felt to remind them of the sort of poster they had seen in school PE

departments and Sports Centres, and it gave the impression of having been designed by a "well meaning PE teacher."

A poster about fitness bore no relationship to their perceptions of the problems that faced them. This lack of relevance prevented the poster from generating any great interest among the vast majority of those interviewed, and if distributed in its present form, it would therefore not get used. Indeed, many respondents said that they would not expect to get or use such a poster. As mentioned above, they felt it would be more appropriate for distribution to institutions such as sports centres, where it would be seen by those who were keen on fitness, rather than to all individuals. Thus, the inappropriate content led respondents to assume that the poster was not even aimed at them.

When asked how the material could be made more appealing to them, these respondents said it would need to cover a greater range of activities and place the emphasis not on health and fitness, but "things to do," or ways of overcoming boredom. This is not to say that all sporting and fitness related activities would need to be excluded, but that they should be given a much less dominant role and should be presented as a means of tackling the overall problem of boredom, rather than as an end in themselves.

In response to these findings a revamped poster is being developed. This is very similar to the test item in terms of style, with slight alterations to overcome the problems of clutter and congestion, but with an appropriately broadened content.

CONCLUSION

In conclusion, most of the research findings were positive. The need for a campaign aimed at 16/17 year-olds had been confirmed. The ideas of individual distribution and using posters were shown to have potential, and the "pinboard" style of the test poster was liked.

These aspects proved successful because, although they were based on assumptions, the starting point for their development was the target audience. Thus, for example, the use of posters was decided upon because it was felt that this format would have most appeal to 16/17 year-olds. Similarly, each of the other positive aspects of the campaign were based on (well informed) opinions of the needs and feelings of the target group. The research simply confirmed that these assumptions were well founded.

The major negative finding, concerning the content, resulted because decisions about it did not follow this pattern. In this case the needs of the consumer were overshadowed by the influence of the perceived remit of the organisations involved. As a result, the need to promote health, physical fitness and sporting activity tended to become over-emphasised and these issues dominated the test material.

Once input from the consumer was received, therefore, it became obvious that the dominance of these subjects made the material inappropriate, and even led members of the target audience to assume that the material was not intended for them. Thus, paradoxically, too close an adherence to their remit had been counter-productive in terms of (the SSC and SHEG) actually achieving their objectives.

This is not to suggest that bodies such as the SSC and SHEG should ignore their remit, but that they should interpret and apply it according to the perceptions and needs of the selected target group. In this instance, it involved putting a much broader definition on health and fitness to encompass the concept of a more general enjoyment or quality of life theme in both mental and physical terms, rather than restricting it to the narrower concept of physical fitness and health.

ANTISMOKING PUBLICITY IN SCOTLAND: A DECADE OF PROGRESS

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The Scottish Health Education Group (SHEG) is the Government body responsible for health education in Scotland. Its work covers all the major health education topics, from antenatal care to gerontology. In addressing these issues it has become involved in approaches as diverse as self-help groups, political lobbying and mass media advertising. This paper will discuss just one of SHEG's approaches to one of these topics, their use of mass media advertising in the field of anti-smoking.

SHEG's use of the mass media is of interest because it is grounded in advertising research, ie consumer input has been used to guide the conception, development, and evaluation of campaigns, and this process has been applied on a continuous, sequential and cyclical basis. This approach is not unusual among commercial advertisers but is still a rarity in health education, at least in Europe. Most of SHEG's research has been conducted by the Advertising Research Unit (ARU) at Strathclyde University, which was established under the auspices of SHEG in 1979 for this specific purpose. The combination of consistent research and researchers has, as has been noted elsewhere (45), contributed to particularly innovative and creative campaigns. SHEG's work in the area of anti-smoking provides a good illustration of this.

The campaigns that are discussed below date back approximately seven years. They show the evolution of SHEG's anti-smoking material from problem specific negative campaigns designed to discourage specific 'undesirable' behaviours, through to positive 'whole person' approaches which emphasise the physical, psychological, and social benefits of pro-health decision making.

Four stages can be distinguished in this process of change:-

1 increasing uncertainty, and ultimate disenchantment with the conventional approach where the emphasis was on the promotion of negative messages about the risks of smoking.

2 attempts to produce material that promoted positive messages about non-smoking rather than negative ones about smoking - the development of the so called "positive non-smoking concept."

3 the realisation of a need for a broader change in SHEG's media policy - the birth of the 'Be All You Can Be' positive health 'umbrella' campaign.

4 positive non-smoking revisited - renewed attempts to produce a positive non-smoking campaign.

Each of these stages will now be discussed and illustrated individually.

1 NEGATIVE MESSAGE PROMOTION

Towards the end of the 1970s, SHEG was becoming increasingly uncertain about the value of anti-smoking campaigns which limited themselves to the promotion of negative and usually hardhitting messages about smoking. There was mounting evidence that the great majority of the Scottish population was aware of the health risks of smoking, and, indeed that nearly two thirds of smokers had at some time tried to give up the habit (46). Given these circumstances, the continuous repetition of messages about these risks appeared unnecessary. Indeed, it was argued, it could even be counterproductive because it would generate anxiety, which, if it could not be resolved behaviourally (eg. by giving up smoking), would be tackled psychologically. Messages could be ignored or misinterpreted, or alternatively, if this was not possible, the risks they emphasised would be rationalised.

SHEG's uncertainty was increased when these theoretical arguments were confirmed in practice by the pretesting of negative material. It did cause anxiety and this did lead to defensiveness. The anxiety manifested itself both methodologically and in terms of how people responded to material. Methodologically, interviewing revealed a strong propensity for emotional defensive reactions, including anger, aggression, guilt, embarrassment, and general distress. These were expressed both verbally and non-verbally. Aggression could be revealed, for example, by the use of colourful language but could also emerge behaviourally - one set of interviews with very heavy drinkers left a trail of damaged tape recorders in its wake!

In response to content, too, defensiveness shows itself in apparently idiosyncratic ways. A classic example of this is the poster depicted in figure 1. This was developed in response to a brief which highlighted the need to remind people of the Government Health Warning, which in the UK is printed on every cigarette packet and at the bottom of every press and poster cigarette advertisement. Well received within the advertising world, it was praised as an elegant

symbolic representation of the link between smoking and ill-health, with the bottom line linking the symbolic material to the GHW itself.

Figure 1: Poster developed to publicize the government health warning against smoking

When the original version of this advertisement was pre-tested (47), only non-smokers saw the advert as it was intended. Smokers, on the other hand, saw it completely differently, showing a quite marked perceptual defensiveness towards the entire advert, particularly to the bottom copy line. This they saw as the official Warning itself, which, because they disliked what it said, they then claimed not to see. The advert was therefore seen as pictorial material without its copy-line. Viewed within this context, and at relatively quick exposure times to simulate typical viewing, it was open to all kinds of misperception: the symbolic tombstone, for example, was seen as a stick of rock, lipstick, even a telegraph pole; the background image was one of pleasant idyllic fields rather than of a threatening graveyard.

The final advert was therefore reconstructed to try to get smokers to see it in the same way as non-smokers. Since misperception of the bottom line was due to the perceptual defensiveness described above rather than any intrinsic fault in its technical clarity, the line 'Ashes to ashes' was introduced to link it to the visual material. This meant that technically there was a considerable amount of 'information overload' on the same basic theme: the 'Ashes to ashes' line complemented 'RIP,' the wreath, the black garland, the tombstone and the graveyard. Even so, the concept itself was so threatening that although the initial gross misperceptions were finally removed, the advert was never entirely satisfactory. Smokers were forced to perceive it correctly but the anxiety thus induced led to another defensive reaction: it was quickly rationalised and dismissed. For example, respondents then proceeded to argue that death could occur at any time, irrespective of smoking ('you can walk under a bus tomorrow'), or that the health hazards of smoking were overstated ('my granny lived till she was 102 and smoked all her life').

In conclusion, therefore, the advert illustrated two defensive phenomena that can be encountered in health education publicity. First, the threatening nature of the campaign can lead to its being psychologically misperceived. Second, even if one overcomes this stage and ensures that it is perceived as intended, it is ineffective to merely induce anxiety without providing the appropriate means of resolving it, otherwise a second defensive reaction will then take place - most commonly, the message will be rationalised and thus dismissed.

2 POSITIVE NON-SMOKING

These problems of defensiveness led SHEG to reconsider their anti-smoking strategy, and replace the traditionally heavily negative anti-smoking message with a positive non-smoking message, ie to concentrate on the positive benefits of not smoking rather than the negative drawbacks to smoking. It was decided that their first major

attempt to do this should be targeted at young people (10-14 year-olds) who had not taken up smoking but were increasingly coming into contact with tobacco.

With these aims in mind, SHEG commissioned the production of material that would fulfil two basic requirements. It would:

- communicate to 10-14 year-olds.

- promote a positive image of non-smoking, rather than a negative message about smoking.

The resulting material consisted of four animatic test-films, each promoting a mythical anti-smoking product:

- 'Kof,' a sweet that gave the eater a sore throat, a fuzzy head, smelly breath and ulcers;

- 'Ashtre,' a hairspray that gave the user smelly hair;

- 'Nicotene,' a toothpaste that gave the user smelly breath and stained teeth;

- 'Stub,' an aftershave that made the user smell of stale cigarettes.

The ARU pre-tested this material with 10-14 year-olds (48), and with 16-24 year-olds (both smokers and non-smokers). The research showed that the material presented problems for many of the younger respondents (14 years and younger), the style of the films being too sophisticated and the use of sarcastic humour to communicate the message too subtle. This resulted in confusion and misinterpretation of the intended message. This confusion was most clearly and frequently expressed in the belief that the films were promoting real products which would appear on the market and could actually be purchased.

Among older respondents these problems of misinterpretation were much less common. The vast majority understood the films as promoting an anti-smoking message. However, the message was seen to be exactly that - anti-smoking. It was underlining the dangers and drawbacks of smoking, and not promoting a positive attitude to non-smoking. This fact became all too apparent in the response to these dangers; if they became too threatening they could be rationalised away. Thus, cigarettes did not cause bad but smokey breath, stained teeth could be cleaned with special toothpaste, smelly hair could result from sitting in a smokey atmosphere as much as from smoking, and you might even date a girl who liked you to smell of smoke!

The films did not therefore fulfil either of their two basic requirements. They did not communicate successfully with 10-14 year-olds, nor did they promote a positive non-smoking message. This latter weakness meant that they caused the by now familiar problem of negative material - psychological defensiveness.

SHEG's next attempt at a positive non-smoking commercial also ran into problems. It was again aimed at 10-14 year-olds. Rough concept material was produced based on the slogan "No Smokers Breathe Easy", which was presented in the form of a lively and light-hearted jingle. The material was tested qualitatively, in group discussions with the target audience (49). Initial response was confused and uncertain, respondents being unable to understand how material that addressed a topic as serious as smoking, which they strongly associated with threatening consequences such as cancer, could be so lighthearted and happy. Furthermore, the style of the material clashed with their expectations of what health education in general, and especially health education on this topic, should be like. In their experience, anti-smoking material was always solemn and portentous.

As a result of this conflict between their expectations and the material, the respondents' immediate inclination was to reject it as inappropriate. Only after detailed discussion in the groups did some see it in a different light, and distinguish it from anti-smoking

material they had seen in the past. As one respondent expressed it:

> "the others (traditional anti-smoking material) are telling you what smoking does to you. This one is telling you what not smoking does - how it helps you."

In other words, the material came to be seen, gradually, as providing a positive non-smoking message. This change in understanding of the material led to a change in attitude towards it. It was now felt to be appropriate to the message and was appealing to respondents. It promoted suitably lively and happy images for an advert stressing the benefits of not smoking.

These findings left SHEG in a predicament. They suggested that while the material had considerable potential, this would be difficult to realise because of the need to overcome consumer perceptions that predefined anti-smoking material as negative and solemn. In the research, overcoming these expectations had taken an hour of detailed discussion. In the real world, this would be much more difficult to achieve. Thus it seemed that at best the material might have long-term potential, but in the short term it was of doubtful value. In broader terms, SHEG's whole anti-smoking strategy had encountered a Catch 22 situation. On the one hand, there was a clear need to move away from a purely negative approach in this area, but on the other, consumer perceptions were such that any move in this direction was likely to be judged as inappropriate - if it wasn't negative, it wasn't anti-smoking publicity. The only way forward seemed to be for SHEG to try and change consumer expectations about anti-smoking publicity.

In considering this rather daunting possibility, SHEG took comfort from the example set by the tobacco companies. These organisations promote products that are injurious to health, potentially deadly, anti-social, unhygienic and expensive. That is, products that are, in almost every sense, negative. And yet they advertise these items using campaigns that are steeped in positive imagery (50). If this

could be done with a product as intrinsically negative as tobacco, surely SHEG could achieve similar success when, in broad terms, they were promoting an intrinsically positive product - good health. Perhaps predictably, therefore, it was this broader approach which provided SHEG with the means to make further progress with their anti-smoking material.

3 POSITIVE HEALTH

As mentioned in the introduction, SHEG's association with the ARU has meant that their mass media material on a wide range of topics has been consistently researched. The studies have covered basic problem definition, developmental research, and post-campaign evaluation. The resulting array of data has made it possible to isolate a number of recurrent problems in SHEG's mass media work. As well as the previously discussed problems of material being excessively negative, these included its often being seen as:

- middle rather than working class oriented. This was often a matter of style, for example, the use of middle class language such as 'lunch' or 'having a drink with your other half,' as well as more fundamental content.

- authoritarian rather than empathetic. Material seemed to be telling people what to do and how to run their lives, rather than enabling and encouraging them to make their own informed health decisions. Indeed, one teenage family planning campaign which went some way towards doing the latter was stopped because 'it didn't tell people to say no to sex.'

- promoting long-term rather than short-term messages. For example, anti-smoking material emphasised the health risks of cigarettes, many of which are very long-term and probabilistic.

- fragmented. Campaigns tended not to have integrated strategic objectives, operating in isolation rather than providing the focus for an interactive strategy involving other health professionals, parents, teachers, etc.

- topic based rather than whole person oriented. Thus, for example, separate campaigns were run on drinking, smoking and contraception. This seemed to ignore the fact that these activities can overlap and often reflect the individual's overall lifestyle rather than isolated problems within it.

In some instances these weaknesses could be overcome during the pre-testing of individual campaigns. Thus, SHEG's alcohol material was carefully designed to depict ordinary working class drinking (eg. showing appropriate bars, social settings, language, etc). It also attempted to avoid being didactic, and not to overemphasise long-term messages.

As has been demonstrated, however, this individual campaign approach was not always successful. Attempts to make anti-smoking publicity more positive had largely failed. Furthermore, other weaknesses such as fragmented strategic approaches and the advertising's tendency to be topic based, could never be overcome within individual campaigns. These problems suggested that there was a need for an overview or 'umbrella' campaign pulling together and promoting the basic themes underlying modern health education - in short, a campaign promoting 'good health' in much the same way as a marketing company would promote its 'corporate identity.'

This campaign would have several key requirements. First, and most important, the concept presented had to emphasise the positive advantages of healthy lifestyles, such as in enhancing self-esteem, self-fulfilment and mental well-being. Second, although the overall umbrella concept was intended to promote common themes, it also had to be capable of being applied to specific health topics as and when required. Third, it had to create a modern, empathetic impression

suggesting an understanding of real people in the real world, thus avoiding at all costs 'Establishment' images of condescension and indifference. Fourth, it had to appeal to all age groups and to all sectors of society, including all social class groups. Finally, it had to be capable of being promoted with long-lasting impact in the media, a particular problem bearing in mind that, as always, resources were limited.

The umbrella concept chosen to fulfil these requirements was 'Be All You Can Be,' selected from 40 or so alternatives suggested by the advertising agency responsible for developing the campaign, Woolward Royds Limited of Edinburgh. Initial research (51) carried out by the ARU showed that this concept was wide-ranging and diverse, potentially capable of covering several health dimensions, such as positive health, health and fitness, and mental well-being. In the strength of this diversity, however, paradoxically lay its weakness: by being wide-ranging and covering many dimensions, it potentially ran the risk of not communicating specifically enough about any single component of health. Its effect was therefore maximised if used with a subsidiary statement to clarify its precise meaning, depending on objectives. It could, for example, be combined with the line 'Go for Good Health,' if good health was the objective, or 'Make the Most of Yourself' if mental well-being or self-fulfilment was the objective. It could also be developed sequentially over time, if desired, by incorporating other subsidiary statements, for example, starting with 'Good health' and through time extending the meaning to include 'Make the Most of Yourself.' In addition, 'Be All You Can Be' had considerable flexibility in situations which required different emphasis. It could thus be the main component to which subsidiary, topic specific information was appended, or itself act as a subsidiary 'by-line' in more problem oriented campaigns. Finally, and somewhat unusually in health education, it appealed to all age groups and sectors of society; despite initial professional reservations, it was <u>not</u> perceived as middle class or pejorative.

The campaign was launched in the Scottish media in September, 1984, with secondary advertising in early 1985. The prime components were a sixty-second and a thirty-second television commercial. Figure 2 shows the final frame from the first of these.

Figure 2: Final frame of 60-second television commercial launching the "Be All You Can Be" campaign

Initial response to the campaign was assessed by placing questions in an omnibus survey (an 'omnibus' is a regularly repeated survey conducted by some commercial agencies on a range of topics. Questionnaire space and data processing facilities are offered to interested clients on a cost per question basis) (52). This covered a representative sample of over 1,000 Scottish adults. It involved multistage sampling. First, 40 parliamentary constituencies were selected at random using stratified sampling to ensure representativeness in terms of geographical location and political affiliation. Second one sampling point within each chosen constituency was selected randomly using the electoral roll. Finally, individual respondents were approached following a random

route procedure. The results were encouraging, awareness being high (66%) and appeal broad (72% of those who had seen 'Be All You Can Be' felt it was targeting everyone), although slightly skewed towards the young. The campaign was also seen as intending to promote messages about health being enjoyable, taking an interest in health, and leading a full life (see Table 1), and as being successful in this.

TABLE 1:

Omnibus Survey Results Concerning the Be All You Can Be Campaign Message: Percentage of those who saw the campaign agreeing that prestated message are a) intended to be communicated, and b) are actually being communicated by the campaign

Prestated Objectives	Agreeing that this is the intended message	Agreeing that this message is actually communicated
	N = 701	N = 701
	%	%
Suggest that healthy activities can be fun	98	97
Encourage people to take a greater interest in their own health	97	95
Encourage people to live fuller lives	94	92

Attitudinal data showed that furthermore, 90% of those aware of the material agreed that "it is a warm and friendly way of talking to people about their health," with 81% agreeing that this "made a nice change from health messages that tell you not to do things all the time."

4 POSITIVE NON-SMOKING REVISITED

These findings provided considerable encouragement to SHEG's anti-smoking campaign team, confirming the appeal of a positive approach and indicating that 'Be All You Can Be' had potential as a vehicle for this kind of message. Their next step was therefore to produce a new positive non-smoking commercial incorporating 'Be All You Can Be.'

The first attempt to do this chose adolescents as the target, basing the message on a popular teenage music programme called 'The Tube.' The message was largely concerned with reasons for not smoking, but ended with the caption "Let Your Body Breathe, Be All You Can Be."

Response to the commercial amongst the target audience was mixed (53). The Tube was a very popular, almost cult, programme that provided a strong and very positive setting for the commercial. The final slogan was also well received, in much the same way as "no smokers breathe easy" had been, but in this instance the interlocking with "Be All You Can Be" introduced a crucial element of credibility. These two aspects suggested that the commercial had the potential to become a powerful positive non-smoking commercial. However, the rest of the commercial's message, with its emphasis on reasons for not smoking, was too negative and directive for this potential to be realised.

SHEG learned three important lessons from this project. First, Be All You Can Be can be attached to a specific smoking message, and has the potential to lend much needed credibility to positive approaches in this area. Second, to do this successfully the approach must be positive in terms of message as well as style. Third, an otherwise negative message cannot be converted into a positive one simply by adding Be All You Can Be.

Work on SHEG's latest smoking commercial, which again targets adolescents, is based on this experience. It builds on two of the

positive elements of the Tube commercial, namely, the slogan 'Let Your Body Breathe' and the connection with Be All You Can Be. Both are presented in relation to another positive concept, that of individuality and strength of mind in the area of smoking. Thus the complete message runs along the lines of: "Know your own mind about smoking and make the decision to let your body breathe; this will help you to 'be all you can be'."

Concept boards based on this theme have been developed and tested with target group members, and initial response has been encouraging. The material appears to have the potential to be a relevant and credible positive non-smoking commercial. It is relevant because it concerns an important issue for potential recruits to smoking, namely the problems of resisting pressure to take up cigarettes. It is positive because it emphasises the decision to 'let your body breathe' rather than to reject smoking. Finally, it is credible because of Be All You Can Be. The only apparent weakness is that, because it centres on a reason for adopting smoking, and is of little relevance to established smokers, its appeal is limited to new recruits to the habit. These initial results suggest that SHEG's elusive goal of an effective positive non-smoking message may at last be in sight.

4 CONCLUSION

The evolution of antismoking publicity in Scotland has been characterised by a deliberate move away from hardhitting negative approaches and in recent years has largely consisted of a search for an effective means of promoting positive messages about not smoking.

This process of change has been mirrored by developments in health education as a whole. Increased interest is now being shown in positive health promotions and in the idea of self empowerment (54). The Be All You Can Be concept clearly fits this approach. We will leave it to the reader to decide whether Scotland has led or followed the world in this area.

2.2 Techniques

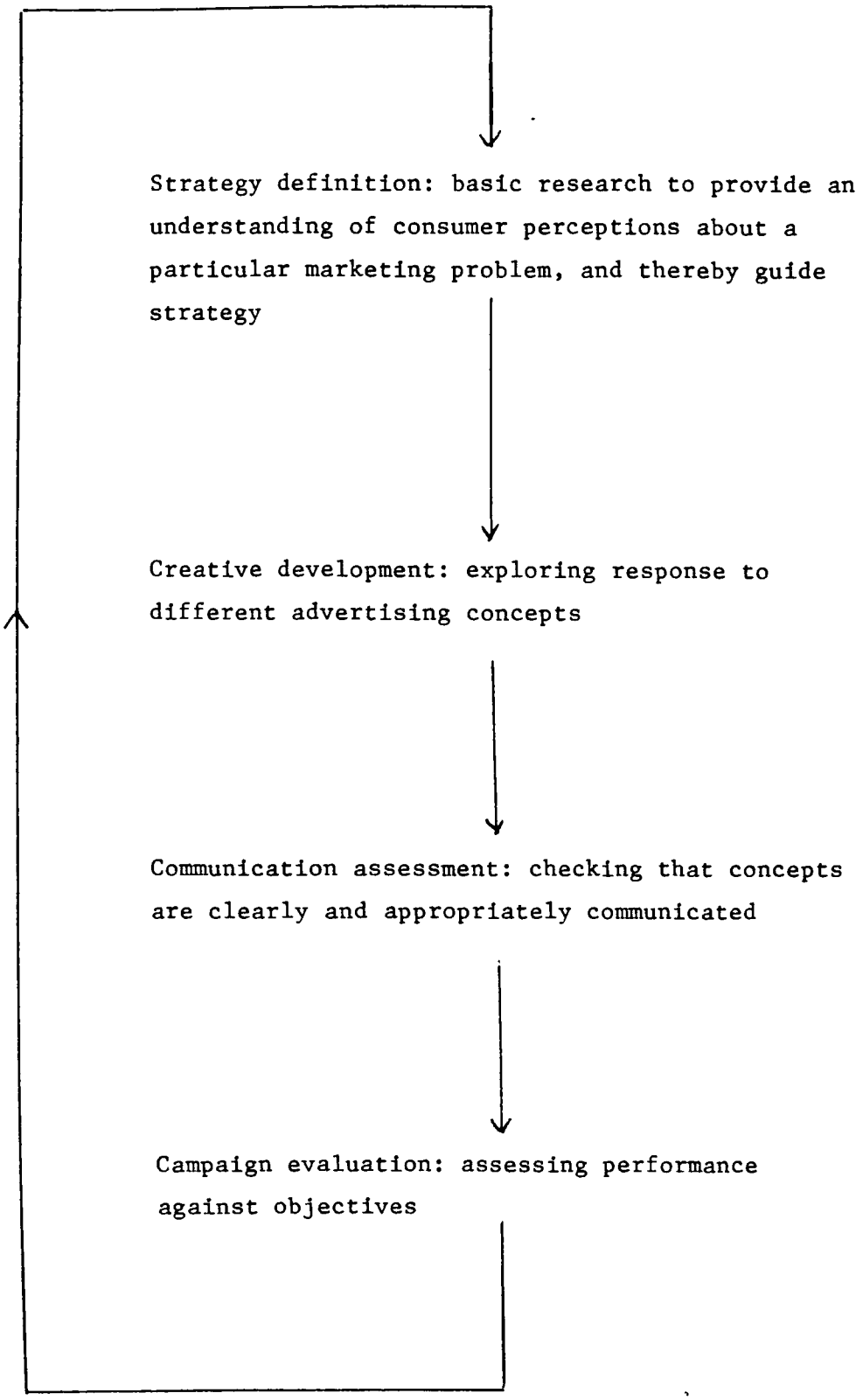

Figure 1 The advertising research process

2.2 Techniques

The previous section showed that marketing does offer health education a new philosophical approach that can have a fundamental influence on how particular interventions are developed. However, in addition to theory, can marketing offer more practical guidance? Does it provide any techniques that are new to health education? The advertising research process may be such a technique.

This process and its theoretical origins are described in detail in Section 3.2. It is also depicted in Figure 1. In essence it is a system of research conducted with the target audience to ensure that the right message gets across in the right way to the right people.

Papers 4, 5, 6 and 7 illustrate the four major stages of the process. Paper 4 describes some problem definition research for a proposed immunisation campaign. As stated on page 59 "the main aim of the research was to explore perceptions of infant immunisation ... among the parents of young babies ... (providing) feedback on what role if any the mass media might perform." The project confirmed that there was a role for the media in this area and provided guidance on how a campaign should be developed.

Paper 5 describes part[1] of a concept test conducted for the Family Planning Association to guide the redevelopment of their contraception leaflets. The research revealed favourable attitudes to the idea of the leaflets but suggested a number of important changes were necessary. In particular, the new leaflets would need

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(1) The full findings are provided in G B Hastings and R E J McNeill. Family Planning Information Services Leaflet Concept Test, Advertising Research Unit, April 1986.

to overcome some of the barriers to disseminating family planning information described in the article.

Paper 6 examines a pretest exercise on a series of anti-smoking videos aimed at adolescents. Although animatic films were used, a format often associated with concept rather than pretesting, the main concern of the research was execution and style. A number of problems emerged with these aspects of material and these are described in the paper.

Paper 7 describes the post campaign evaluation of environmental health publicity. A communication and awareness monitor was conducted with the campaign target - Scottish fresh food outlets. The paper also shows how such an evaluation exercise fits in with the pretesting research stages.

The idea of audience research is not new to health education. However, two aspects of the advertising research process are novel:

- it is a cyclical and sequential process of research that gradually builds up an understanding of consumer response. Each research step builds on the previous one and leads into the next in a continuous process of validation. Paper 7 began to illustrate these characteristics.

- it puts great emphasis on formative research. Three of the four research steps take place before any material is released, thereby helping to develop the optimum campaign. Post campaign evaluation - an exercise often conducted in isolation by health educators - is seen by marketeers as no more than one step in the process. As a result, it usually confirms expectations rather than springs surprises.

The greatest benefit that comes from these twin characteristics of constructive continuity is that properly conducted advertising research keeps the marketeer in regular contact with his customer.

As a result, it puts him in an unique position to understand the world as seen by his target audience. This process, which is discussed in greater detail in Section 3.2, is illustrated by the case history in Paper 8 which concerns research on an anti-smoking campaign aimed at 10-14 year-olds. The campaign was intended to be humorous and promoted a range of bogus products such as 'Kof' sweets and 'Stub' aftershave, which supposedly exemplified the drawbacks of smoking. Thus Kof sweets made you cough and gave you a sore throat, and Stub made you smell. The children completely misinterpreted these advertisements, assuming that the products would really be available - and indeed, in some instances, expressing an interest in buying them. However, this misunderstanding did not spring from obtuseness or stupidity. The children saw genuine product benefits in Stub and Kof, benefits that only make sense when one considers a child's view of smoking. The products would for example be ideal for surreptitious smoking and would be easier to smoke than real cigarettes. These points are explored in more detail in the paper. The case shows how research can go beyond simple testing of response to advertising and begin to explain response in terms of the target's view of the world. In this instance SHEG were able not just to understand how they were going wrong but why. As a result, they could fully appreciate the deficiency of a supposedly anti-smoking campaign that actually promoted the concept of smoking.

In conclusion, Papers 4-8 have shown that advertising research can contribute on an ad-hoc basis to the development of health advertising, improving such aspects as the appropriateness, clarity and presentation of messages. The papers have also demonstrated that the greatest benefits of advertising research come from its characteristics of constructive continuity, which enable the marketeer to understand his customer's view of the world. This latter aspect is certainly new to health education and provides a practical way to implement the marketing philosophy of consumer orientation. Its importance is discussed further in Section 3.2.

Paper 4

INFANT IMMUNISATION: DO WE NEED A MEDIA CAMPAIGN?

Gerard B Hastings

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ABSTRACT

Research by the Advertising Research Unit at the University of Strathclyde on behalf of the Scottish Health Education Group suggests that mass media campaigns have a valuable role to play in tackling the problem of low infant immunisation levels. However, if the media is to be used effectively, campaigns must be based on relevant consumer perceptions and decision making in this area. This paper discusses how and why perceptions of the relevant vaccines and diseases are important.

INTRODUCTION

Towards the end of 1984 levels of infant immunisation in Scotland began to cause considerable concern to the Scottish Health Education Group (SHEG). Particularly worrying were the low numbers vaccinating against whooping cough and measles. This led to calls for a revitalisation of the relevant media campaigns. SHEG decided that, as a first step in doing this, they needed to find out more about consumer perceptions in this area. They therefore asked the Advertising Research Unit (ARU) to carry out some exploratory research. This paper discusses the method and findings of the resulting study. It concludes by suggesting some guidelines for anyone thinking of producing publicity on this topic.

The main aim of the research was to explore perceptions of infant immunisation among those directly involved in making use of it - that is, parents of young babies. In particular, feedback was wanted on the existence and nature of the relevant decision-making processes, and the role, if any, that the mass media might perform in expediting these.

METHOD

The research was exploratory, and qualitative procedures using small group discussions were therefore adopted rather than quantified approaches using standardised questionnaires. This method originally derived from market research, but is now being more widely adopted within the social sciences to overcome many of the disadvantages of questionnaire methods, especially non-sampling error such as lack of depth in probing. It involves bringing together, in an informal setting, groups of six to eight respondents, carefully selected in social demographic terms, and asking them to discuss in depth areas of interest, under the direction of a psychologist or group moderator.

This procedure has many advantages. Rather than encouraging (perhaps standard) answers to be given to specific questions, discussion and exploration of the problem under review is stimulated. Respondents determine their own priorities in exploring the topic, thereby ensuring that the areas covered do not simply reflect the biases of the researchers. Particular topics can be explored by a variety of questioning techniques and can be repeated, if necessary, to assess consistency of opinion. Complex attitudes, such as those involving imagery, can be examined, since complicated questioning procedures are feasible. The method is well suited to indirect, projective interviewing techniques, and can overcome the dangers of more direct questioning methods that may be superficial or inappropriate to complex attitude research.

The main disadvantage of group discussion is that statistical estimates of population prevalence are not possible, as the research sample is usually smaller than and selected differently from one for quantification procedures. Sometimes, if numerical population estimates are required, hypotheses derived from the qualitative data are quantified at a subsequent research stage. However, questionnaire research is not necessary if the qualitative data are judged adequate in reducing the uncertainty surrounding any practical action to be taken.

In the present study the sample consisted of mothers of young children. A total of four groups, each of seven respondents, were conducted. Those in three of the groups were required to have at least one child in the 1-2 year-old age group. Within these groups controls were also applied to ensure the inclusion of some respondents who had had their child immunised against measles and some who had not. The fourth group consisted of mothers of babies in the first year of life. Thus the sample included those directly involved in decisions about both whooping cough and measles immunisation. One further sampling control was applied to ensure the inclusion in the research of a range of social class types.

THE FINDINGS

The research suggested that decision-making about infant immunisation could be influenced by at least four factors:-

- The parent. Respondents varied in their inclination to and confidence in considering and discussing immunisation before making a decision. There was some evidence that this was related to social class with, for example, middle class respondents being more confident in this area than working class ones.

- The doctor/health professional. Respondents claimed that some doctors are prepared to discuss with and explain to patients the relevant issues. Others, meanwhile, are much less forthcoming, with at the extreme, some who did not appear to present immunisation as a patient decision at all.

- 'Consumer' perceptions of immunisation and the particular diseases and vaccines involved.

- The timing of the injections, that is, the stage in the child's life when vaccination is required.

All these factors are potentially important and can influence the success of an immunisation campaign. Furthermore, they often operate in conjunction with one another rather than in isolation. Some individuals, for example, found it very difficult to approach doctors for guidance, seeing them as being there purely to cure illness in times of necessity rather than for giving advice. This situation would obviously be exacerbated if the doctor was in turn reluctant to discuss matters with the patient.

However, the last two variables - consumer perceptions and the timing of immunisations - have particular relevance for the use of mass media in this area. The remainder of this paper will therefore

concentrate on these. It will begin by describing them in greater detail, go on to discuss their influence on decision-making, and finally draw some conclusions as to the implications for future media campaigns in this area.

Consumer Perceptions of the Diseases

Five diseases were of interest to the research: tetanus; polio; diphtheria; whooping cough; and measles. Respondents had heard of all of these, but the extent of their knowledge varied considerably between the different illnesses. Knowledge was usually related to familiarity, and of the five diseases, whooping cough and measles were by far the most familiar. Many respondents had had direct experience of one or both of these, either through their own or friends' or families' illness. Furthermore, in the case of whooping cough, harrowing television pictures of sick children had often supplemented more direct experiences. Thus, respondents usually felt that they knew the basic symptoms and effects of both these illnesses.

Knowledge of tetanus, diphtheria, and, to some extent, polio, was much more limited. Tetanus was vaguely equated by a few respondents with 'lock jaw,' and diphtheria with choking. Polio was better known, but knowledge was still only vague. A general connection was made with disability, but otherwise the symptoms were unknown. Direct experience of these diseases was non-existent for tetanus and diphtheria, and very rare for polio. All three diseases were seen as belonging to a previous generation - a feeling typified in one respondent's description of them as "old fashioned."

Respondents' familiarity with the diseases had some influence on their perceptions of their relative seriousness. This perceived

seriousness depended on two concepts:-

- the perceived risk of contracting the illness;
- the perceived consequences of contracting the illness.

For polio, tetanus and diphtheria, the consequences, at least at an objective level, were felt to be very serious. Many felt, for example, that they were potentially fatal and, in the case of polio, distressingly crippling. In this sense, then, the diseases were felt to be serious. Lack of familiarity with the consequences - and often a complete absence of any direct experience of them - made them less striking, however. In addition, the perceived risk of contracting these diseases was felt to be very low, and this further distanced them from the consequences. At a subjective level, therefore, the diseases tended to appear less serious.

The responses differed for whooping cough and measles. In both cases, the risk of catching them was felt to be quite high, and certainly much greater than for the other three diseases. This gave a degree of immediacy to the perceived consequences. However, these consequences varied considerably for the two illnesses. For whooping cough, they were felt to be serious, and in some cases respondents thought the disease could be fatal. In addition, these perceptions were often backed up by direct experience of the illness and of how distressing it could be for the child. Thus, whooping cough had both an objective and a subjective seriousness which was augmented by the high risk of contraction.

Measles, on the other hand, was not felt to be very serious. Although a few respondents had heard of it causing damage to sight and hearing, at an objective level, it was not generally felt to cause any serious problems, and would certainly not be fatal in normal circumstances. Respondents were inclined to view it as being more unpleasant than damaging. These impressions were supported by a large amount of subjective experience which seemed to confirm that the disease could cause considerable temporary discomfort to the

child but that its effects passed off without any permanent harm being done. In terms of seriousness, therefore, measles was usually equated with chicken pox and mumps. It was seen as just another of the childhood ailments - common but not dangerous.

In summary, perceptions of the five diseases can be seen as follows:-

polio, diphtheria, tetanus	objectively very serious, but experientially unfamiliar, and now very rare
whooping cough	objectively and subjectively serious and fairly common
measles	for the most part objectively mild, always subjectively mild, and fairly common

Consumer Perceptions of Infant Immunisation

Immunisation was referred to in a number of ways by respondents, as inoculation, vaccination, or just simply 'jags.' All respondents were aware of the existence of a baby immunisation scheme. Indeed, this was taken for granted by the experienced mothers, most having found out about immunisation during their first pregnancy or confinement, usually from health professionals of some kind. However, as is discussed below, more detailed knowledge about individual vaccinations was more variable.

Attitudinally, it was generally accepted that immunisation was desirable. The most obvious and readily mentioned benefit was the protection it gave to the individual child. All respondents were aware of this benefit and it was seen as the strongest motivator for taking up immunisation. The only uncertainty in this area related to the nature of protection that immunisation provided, respondents frequently being unsure as to whether it gave immunity or merely decreased the virulence of any future illness.

Many of the respondents, although not all, were also aware of the concept of herd immunity (although they did not use this expression). They saw immunisation as having a role in protecting others and in preventing the spread of contagious diseases. In this respect there was felt to be an element of 'public duty' in getting your children immunised. Interestingly, this was also seen as a primary concern of official campaigns in this area. However, herd immunity was not felt to be a strong personal motivator in comparison with the protection of one's own child.

Looking more specifically at the individual vaccinations, knowledge and attitudes varied for different types:-

- The triple vaccine (polio/tetanus/diphtheria). Most respondents were unable to name all the diseases against which this offered protection, and were uncertain about the exact timetable of injections involved.

  This lack of knowledge partly reflected an absence of concern about a vaccine which was not controversial and was not associated with any side effects beyond minor discomfort and illness. Problems of serious vaccine damage were unknown.

- The measles vaccine. As with the triple vaccine, precise knowledge about this was often lacking. Many respondents were vague about both the timing and even the existence of the jag. It was not uncommon, for example, for people to assume that it took place at school. Other respondents had been told about it (and recalled the details on prompting), but had either forgotten all about it, or had neglected to do anything about it. Like the triple vaccine, the measles injection did not elicit any strong negative feelings, being associated by some with slight side effects of minor illness, but by no-one with serious or permanent damage.

- The whooping cough vaccine. This was the best known of all the vaccines. It was the only one of the five infant injections that raised significant worries about serious side effects. Most, although not all, respondents were aware of the risks of brain damage from the vaccine, and not surprisingly took this very seriously. There was also some feeling that the 'authorities' had not been completely honest about these risks. Again they were seen as being mainly concerned with the benefits of mass immunisation, rather than with individual issues such as the problems of side effects.

The Timing of the Injections

The timing of the injection, or age at which it is given, is important because it influences the amount of initiative required of parents in getting their child immunised. Thus, immunisations that take place in the first year of life typically involve parents in little effort, since at this stage visits to the baby clinic are common and regular official monitoring of the baby's progress normal. Immunisation can take place as part of this process, without the need for special appointments or for the process to be initiated by the parent.

Immunisations that take place after this first year are more problematic. By this time visits to the baby clinic are sporadic or have ceased altogether except when the baby is ill. Consequently direct information and reminders are rare, as are opportunities for actually obtaining vaccination.

Decision Making

These three variables - the disease, the vaccine, and timing - can influence both the amount and the process of decision-making involved in taking up immunisation. The form of this influence varies for the particular immunisation involved.

The triple vaccine. No serious problems were associated with this vaccine and respondents had therefore no major reason for deliberately avoiding it. On the other hand, the diseases it offered protection against, whilst serious, were not immediately threatening, and so motivation to take up the vaccine was not particularly strong. In these circumstances the timing of the injection becomes critical. For the 'triple' it takes place in the first year of life as an accepted part of the baby's development. Thus uptake is likely to happen, but as a matter of course rather than as a result of deliberate decision-making.

Measles. In many instances, measles immunisation was also characterised by a lack of decision-making. The disease was seen as trivial and the vaccine uncontroversial, so the third factor, timing, again became important. However in this case, because it happens in the second year of life, there is a tendency for non-uptake rather than uptake of the vaccine to occur, with many parents remaining unaware of or overlooking the injection.

Among those who had their children immunised against measles, active decision making had taken place. This took the form of weighing up the pros and cons of a particular injection. The perceived advantages and disadvantages of infant immunisation in general are outlined in Figure 1.

For measles, the major disadvantage of vaccine damage was not present. However the value of its major advantage (protection of the child) was much reduced by the perceived lack of seriousness of the disease. Consequently, comparatively trivial factors, such as inconvenience and minor side effects, could begin to affect the balance of pros and cons and hence the decision for or against vaccination.

Figure 1: Respondent Perceptions of the Advantages and Disadvantages of Infant Immunisation

Advantages	Disadvantages
Individual protection of your own child. This is by far the more important of the two advantages. Its value is directly related to the perceived seriousness of the relevant disease.	Side effects These divide into major and minor ones. Major side effects mean any permanent damage (notably to the brain) caused by a vaccine. These constitute the most notorious and worrying drawbacks to infant immunisation. Minor side effects consist of transient and mild ills and discomfort caused by a vaccine.
Protection of society in general and the control of contagious diseases. Much less important but still a recognised benefit of immunisation.	Intervention Immunisation requires a definite act on behalf of the parent, and any resulting side effects could, however unreasonably, be seen as of their own doing. Non-immunisation, however, does not involve parental action and any resulting illness could be rationalised as "nature taking its course."
	Inconvenience There is a degree of inconvenience and effort involved in getting a child immunised, particularly if special and otherwise unnecessary appointments have to be made.

Whooping cough. In some instances this injection, like the 'triple,' happened as a matter of course. Most respondents, however, had made a deliberate decision for or against uptake. This decision-making again took the form of balancing pros and cons (see Figure 1). Predictably the major concern with the whooping cough immunisation was the perceived danger of permanent vaccine damage. This was aggravated by the concept of 'intervention' which some felt made any damage caused by the vaccine almost self-inflicted. By comparison with these problems, the more trivial disadvantages of minor side effects and inconvenience, important for measles immunisation, were largely irrelevant here. However the benefits of whooping cough immunisation were also felt to be considerable. The disease was perceived as being serious and protection against it was thus highly valued.

In this situation, where the major drawbacks of vaccination are matched by major benefits, it is perhaps not surprising that people find it difficult to opt for or against uptake. Decision-making becomes a difficult and even painful process.

Future Implications

The research suggested various reasons for the relatively low rates of measles and whooping cough immunisation. These include deliberate rejection as well as simple oversight. The media can be used to help overcome these problems. However, if it is to be used effectively the following issues must be considered.

- Individual protection versus herd immunity. The former is the much more important benefit of immunisation. Media material concentrating on this aspect is likely to be more powerful; an appeal to parents to protect their child has, for example, greater potential than one emphasising low immunisation rates.

- Balancing pros and cons. Media material must be based on the premise that where decision making about immunisation takes place it involves balancing the perceived advantages and disadvantages of uptake. This means that at the very least the existence of this process should be recognised, and that at best immunisation should be recommended in terms of the balance of pros over cons for the individual. Problems in this respect are most obvious for whooping cough vaccination. Material that simply extols the virtues of vaccination or exhorts uptake without acknowledging the existence of, or giving appropriate credence to, legitimate concerns is likely to be treated with suspicion at least by some people, particularly as the authorities' motives in this area are not always seen as pure.

  The full implications of this open approach, however, should be appreciated. It may cause problems as well as solving them. For example, not all respondents were aware of the dangers of the whooping cough vaccine. A campaign that mentioned them, even in a balanced way, may increase anxieties among these people, and, conceivably, could actually discourage them from taking up immunisation. Two factors are important here. First, even if it does discourage uptake among some people, an informed and balanced campaign is preferable to the biased publicity that will probably fill the vacuum in its absence. Second, the health educator must decide whether his or her main concern is with improving immunisation rates or with encouraging well informed decision-making about health.

- Consumer perceptions of both the diseases and the vaccines are critical. They determine both the occurrence and the outcome of decision-making. The implications of faulty perceptions for the uptake of immunisation can be profound. Measles provides a notable example of this. Because it is

seen as a trivial disease, immunisation is not treated as a matter of urgency and may well be overlooked altogether. Media material on this topic should therefore stress the serious nature of measles. Interestingly the current HEC leaflet on this, entitled 'Measles is Misery,' serves merely to confirm the idea that measles is an unpleasant but not dangerous complaint.

- Timing can have an important influence on uptake. Immunisations that take place after the first 12 months of life when visits to the clinic become less frequent are heavily dependent on parental initiative. The media has a potential role to play in simply reminding people of the need to obtain such immunisations.

CONCLUSION

The research suggested that the mass media could have a role to play in combating low levels of immunisation for whooping cough and measles. However, certain basic ground rules need to be followed if it is going to be used effectively, otherwise campaigns are likely to be ineffective or even counterproductive. For example, publicity that confirms perceptions that measles is an unpleasant but essentially trivial illness is as likely to reduce, as to increase, people's inclination to take up immunisation.

Finally it should be noted that this article has presented general guidelines for mass media immunisation campaigns. This does not preclude the need to research individual campaigns. With any material it is vital to check that the message sent, however well informed the sender, is the message received.

PROBLEMS IN DISSEMINATING FAMILY PLANNING INFORMATION

G B Hastings
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H Martins

Published in the British Journal of Family Planning
1987, 13, 4-9

SUMMARY

The Family Planning Information Service has undertaken a project to revise and update its range of leaflets on family planning methods. It was decided that feedback from the intended audience should be obtained to provide guidance on the proposed changes. The Advertising Research Unit at the University of Strathclyde was commissioned to conduct the appropriate research (55).

This article looks at one aspect of the research findings: respondent perceptions of the need for family planning information. The results suggest that such information is seen as desireable in general terms but the individual's inclination to make use of it is inhibited by a number of factors. These factors are described and the implications for family planning information dissemination are discussed.

INTRODUCTION

The Family Planning Information Service (FPIS) has for some years been producing a range of leaflets about family planning methods. These aim to provide information and guidance about contraception for the general public, and hence enable the reader to make informed family planning decisions. The FPIS recently decided that the leaflets needed updating and revising.

It was felt that this process should be based on a clear understanding of consumer perceptions in this area. The FPIS therefore commissioned the Advertising Research Unit (ARU) at the University of Strathclyde to conduct the appropriate research. The resulting study aimed to provide feedback on the proposed revisions, and also to investigate some of the underlying assumptions of the leaflet campaign. At the most fundamental level these assumptions concerned people's need for information about family planning. This article concentrates on the latter issue. It looks at the perceived importance of family planning information to the public, and also at the factors that can inhibit its uptake.

METHOD

The research involved qualitative procedures using small group discussions, rather than quantified approaches using standard questionnaires. This method originally derived from market research but is now being more widely adopted within the social sciences to overcome many of the disadvantages of questionnaire methods, and especially non-sampling error such as lack of depth in probing. It involves bringing together, in an informal setting, a group of six to eight respondents carefully selected in social demographic terms, and asking them to discuss in depth areas of interest, under the direction of a psychologist or group moderator.

This procedure has many advantages. Rather than encouraging (perhaps standard) answers to be given to specific questions, discussion and

exploration of the problem under review is stimulated. Respondents determine their own priorities in exploring the topic, thereby ensuring that the areas covered do not simply reflect the biases of the researchers. Particular topics can be explored by a variety of questioning techniques and can be repeated, if necessary, to assess consistency of opinion. Complex attitudes, such as those involving imagery, can be examined, since complicated questioning procedures are feasible. The method is well suited to indirect, exploratory interviewing techniques, and can overcome the dangers of more rigid questioning methods that may be superficial or inappropriate to complex attitude research. Thus, it is also particularly appropriate for the investigation of potentially sensitive or embarrassing topics such as family planning.

The main disadvantage of group discussions is that they do not provide statistical estimates of population prevalence, as the research sample is usually smaller than and selected differently from one used for quantification procedures. Sometimes, if numerical population estimates are required, hypotheses derived from the qualitative data are quantified at a subsequent research stage. However, quantitative methods in the form of questionnaire research, are not necessary if the qualitative data is judged adequate in reducing the uncertainty surrounding any practical action to be taken.

In the present study a total of 12 group discussions, each comprising seven respondents, were conducted, giving a total sample of approximately 85 people. This sample consisted of 18-45 year-old single and married men and women of varying social class backgrounds. Different age groups (18-30 and 30-45 year-olds), sexes, and social classes (middle and working class) were interviewed in separate groups. Fieldwork was conducted in Glasgow, Edinburgh and London during October and November 1985.

The interviews were deliberately loosely structured, following the priorities and concerns of respondents rather than a predetermined schedule. The only restriction on this free-flowing format was that

each respondent was given a copy of the draft FPIS leaflets to read before attending their group discussion and response to these was covered in detail at some point in the interview.

RESULTS

There was a general feeling in all the groups that birth control was an important indeed fundamental issue. It was seen as providing several benefits, the most obvious and significant being the avoidance of unwanted pregnancy. The women in particular, but the men also, readily emphasised the major problems that could be caused by an unplanned child.

These drawbacks were most graphically illustrated by reference to the plight of young unmarried mothers or to teenage pregnancies. However they were not restricted to the young. For example, the older women, who had completed their families, readily expressed their desire to avoid additional pregnancies that would cause great upheaval.

This straightforward 'avoidance of pregnancy' benefit was related to an additional advantage of contraception - the planning or spacing of children. Many respondents (typically young married women) although keen to start or expand their families, felt that it was a great advantage to be able to plan the timing to suit their personal circumstances.

Thus the concept of family planning was readily and consistently welcomed by respondents. Perhaps predictably, these positive feelings about contraception itself were matched by a consensus in the groups that information in this area was desirable, if not essential, and should be extensively disseminated. Only marginal dissension to this view emerged, with a few respondents concerned that the provision of information, particularly to the young, would encourage sexual activity.

In general terms, therefore, the wide dissemination of family planning information was seen as being very desirable to all groups - as one respondent said "you can never really be given enough information". However, further discussion revealed that these were ideal sentiments, as in practice a number of factors could intervene to restrict people's interest in, and desire to seek out, information concerning family planning.

Four such factors seemed to be particularly important:-

- the individual's perceived need for information;
- gender: male versus female responsibility;
- the process of choosing a method of family planning;
- embarrassment/anxiety about family planning.

These will now be discussed individually.

The Individual's Perceived Need for Information

As stated above, in general terms respondents saw contraceptive information as desirable. However the most common response at a personal level was that they, as individuals, already knew all that they needed to know in this area. They knew what the main alternatives were, and were able to make suitably informed decisions. The only significant exception to this response was in the areas of female sterilisation and vasectomy. Here, older respondents frequently expressed a spontaneous desire for more information.

The tendency for respondents to claim that they already had sufficient knowledge was undoubtedly encouraged by the embarrassment that surrounds this topic, and the corresponding reluctance to admit ignorance (see below). Nonetheless, many respondents were clearly convinced that they already knew enough about contraception.

Two events during the research suggested that this stance was overconfident, that people's knowledge was in fact less complete than they claimed or supposed. Firstly, a minority found that reading the draft FPIS leaflets exposed significant gaps in their knowledge.

Secondly, a much larger proportion of respondents found that the actual group discussion revealed weaknesses in their knowledge. For many people, the discussions represented a rare opportunity to talk about family planning in a systematic way with 'people like themselves,' who faced similar situations and decisions.

Gaps in respondents' knowledge emerged in a number of ways:-

- there was sometimes a lack of confidence in discussing certain aspects of methods of contraception;

- questions were readily asked of respondents who appeared to have more extensive knowledge or experience;

- conflicting views and experiences were expressed.

Thus respondents appeared to have incomplete knowledge. In some instances the gaps in understanding were not felt to be important, and could be overlooked. Thus, for example, information in the draft FPIS leaflets about disposing of used condoms was new to many of the men, but most considered this to be a very trivial issue. In other instances, however, the gaps in knowledge <u>were</u> felt to be more significant and could cause uncertainty. Respondents occasionally found, for example, that they had apparently been misusing a method. One means of resolving this uncertainty would be to seek clarification from an objective source such as a health professional or some form of literature.

To summarise, despite a general feeling that family planning information is desirable, the need on an individual level for such information was often not recognised. In many instances only the

stimulus of the current research revealed gaps in respondents' knowledge, and hence a need for more information. It seems, therefore, that if any family planning information programme is to stimulate widespread interest it will need to recognise and tackle this tendency for people to assume that they already 'know it all'.

Gender: Male Versus Female Responsibility

Almost all respondents of both sexes felt that, at least in a 'steady' relationship, the responsibility for family planning should be shared jointly by the man and the woman. Hence any decisions should be made together.

In practice, however, this was often not the case. In many instances women took the responsibility not only for taking precautions but also choosing the method to be used. The man's role was often marginal, despite his positive sentiments.

Two factors seem to be important in explaining this:-

- biological characteristics;
- the predominance of female methods of contraception.

- Biological characteristics The obvious fact that women have to bear children is crucial. If mistakes happen it is they who get pregnant, they who must have the child. These consequences are most graphically illustrated outside a stable relationship - where a pregnant woman may be left to cope on her own. However, they also seem to be important within stable relationships. Even though the long-term repercussions of an unplanned pregnancy are likely to affect both partners, the immediate consequences are for the woman.

These biological facts of life meant that women frequently, and almost inevitably, assumed responsibility for contraception. Furthermore, in some instances at least, they would not be happy with any arrangement which might involve trusting the man to take effective precautions.

- The predominance of female rather than male forms of contraception Female methods of contraception were thought to predominate in two ways. First, there is a greater variety of methods available to women. Most respondents could mention three or four. Second, the methods available to women included the pill and, as discussed in the next section, this was seen as a particularly popular and strong option.

  By contrast men had only two alternatives available: the sheath and vasectomy. Both were felt to have very limited applicability. The former was useful at the outset of sexual activity when casual relationships were more frequent. The latter represented a final step and was only appropriate once families were complete or when people were certain they never wanted children.

Thus gender can have a strong influence on people's willingness to seek out family planning information, with women much more likely to do so than men. This presents a predicament to health educationists. Pragmatically, where resources are limited, best 'value for money' is likely to result from targeting only women. Idealistically, contraception should be a dual responsibility involving joint decisions and therefore efforts should be made to approach both sexes. If men are to be targeted, it is important that specific attempts are made to overcome their lower level of interest in contraception.

The Process of Choosing

As mentioned earlier, the selection of a method of contraception should ideally be based on 'informed choice'. That is, the individual should know about all the alternatives, consider the pros and cons of each and only then opt for the most suitable method. In reality, the decision process frequently seems to be much less rational than this.

Among respondents, the process seemed in many instances to be largely a matter of trial and error. One method would be tried and alternatives would be considered only if this proved unsatisfactory. For the vast majority of female respondents the first method to be tried was the pill - partly because it was the option they knew best, and partly because health professionals were most likely to suggest it. Thus the pill was often the 'automatic' selection, and for many respondents was almost synonymous with contraception. Furthermore, even if it proved unsatisfactory, the next option was more likely to be another brand of pill than an alternative contraceptive method.

This is not to suggest that objective factors are unimportant in influencing contraceptive choice. On the contrary, respondents were quick to list the considerable advantages of the pill. These are outlined below. These objective factors seemed, however, to be much more important in discouraging the established pill user from changing her method of family planning, than in influencing the initial choice.

The main benefits of the pill were felt to be that:-

- it is effective.

- it is easy to take. Once the habit is formed it becomes a simple and almost automatic procedure. By contrast, other methods were often felt to be awkward and messy.

- it does not involve the insertion of mechanical devices into the body, as does the IUD, for example. The latter was the cause of considerable concern - particularly among those who were uncertain about the precise nature of the IUD.

- it does not interfere with love making. Unlike with other methods, there was no perceived need either to plan intercourse in advance (eg. with the diaphragm or cap) or to interrupt intercourse to fit the contraceptive (eg. with the sheath).

- it minimises the need for internal examinations. After the first visit to the GP or clinic, these examinations could be largely avoided. With methods such as the IUD or cap, professional help is needed in fitting the device and hence very personal internal examinations are inevitable.

The only significant disadvantage to taking the pill that was mentioned was the possibility of side-effects. Respondents felt that these could take two forms. Firstly there were immediate side-effects such as putting on weight or headaches. These problems could be sufficiently severe to lead people to try different forms of contraception. More typically however, if problems occurred at all, they simply caused a change of pill brand. Several changes could be necessary before a 'suitable' one was found.

Secondly, respondents also mentioned long-term side-effects of the pill - often the specific risk of thrombosis. Most respondents were aware of these, and wanted more information about them. The fact that they were intangible seemed to make them more mysterious and hence increase uncertainty. As one woman said, "the only time you find out what the pill does to you is when it starts going wrong".

However, among the younger women particularly, the long-term side-effects of the pill were not usually a cause of great concern. This seemed to reflect a number of factors. First, although their

intangibility made them more mysterious, it also made them less dramatic than the perceived side-effects of other methods. For example, there was a far more emotive response to what was seen as a risk of using the IUD - that it would 'dig into you'. Second, it was felt that the GP or clinic could reduce the risks of the pill by checking the user's medical history. Finally, the long-term nature of the side-effects seemed to reduce their perceived importance. It was usually at a later stage of life that respondents might start to weigh up the potential risks. Thus for younger women, at least, the benefits of the pill greatly outweighed the drawbacks.

In summary, this section has suggested that in many instances the process of selecting a method of contraception does not appear to be based on informed choice. A system of trial and error frequently operates, with the pill being the first and often automatic option. The apparently obvious advantages of this method then cause inertia, discouraging trial of or interest in, other methods. As a result, the pill tends to dominate as a method of contraception.

This choosing process has a strong tendency to limit the use of and conscious demand for detailed family planning information. Broadly speaking, extrapolating from the present study, such information is only likely to be of significant interest to three types of people amongst contraceptive users:-

- the minority who find the pill unsuitable because they experience side-effects;

- those who use the pill but want to know more about it - typically concerning its long-term effects on health and fertility;

- those who are getting older or have been on the pill for a long time and feel that they ought to change their method.

Clearly the potential for using information is much greater than this. As respondents themselves said, ideally everyone should be fully informed (and therefore using information) when they first choose a method of contraception. As long as the current choosing procedure continues, however, this is unlikely to happen.

Embarrassment

Respondents often felt that double standards were applied to the subject of sex and contraception. Thus it was said to concern 'natural' processes that affect and involve everyone, and that as such it was open for free and adult discussion. Furthermore, the 'permissive society' was supposed to have removed the mystery and embarrassment that traditionally made this a taboo subject. However, the reality was very different. Some of the mystery and a great deal of the embarrassment clearly remained - as respondents readily acknowledged.

Such embarrassment could mean that this subject was not openly discussed, and hence that people remained ignorant - with predictable consequences.

This problem was compounded by a feeling that "one is expected to know about such things", and that, because sex is a 'natural' function and perhaps because society is more permissive, admitting ignorance is difficult. Indeed, in many instances the admission itself could cause considerable embarrassment. The men in particular were reluctant to confess ignorance.

Embarrassment about contraception was evident for both male and female respondents. However, the greater involvement of women in contraceptive decision making, as discussed above, means that they have to confront their embarrassment much more frequently.

In extreme cases, embarrassment about contraception could be the cause of anxiety, which could arise in at least two ways. First, the ignorance it generated could lead to the formation of worrying half truths and myths. Some women, for example, were upset at the thought of the 'coil', which they imagined to be a large metal helix.

Second, anxiety could arise when a lack of knowledge was confronted by the need to use a particular method. The older men's attitudes to vasectomy illustrate this point. In several instances these men were keen to find out more with a view perhaps to having the operation, but found this procedure difficult and embarrassing. The resulting conflict could generate anxiety.

The embarrassment experienced has implications for family planning at three different levels:-

- obtaining contraception;
- using contraception;
- getting advice/information on contraception.

Obtaining Contraception

Both men and women gave examples of occasions when embarrassment inhibited them from obtaining contraceptives. Thus, for example, some of the men admitted having had difficulty in buying sheaths. Similarly some of the women admitted that they had avoided or at least delayed getting contraceptive protection because of embarrassment.

Embarrassment among the women was often closely related to uncertainty and even anxiety about personal and internal examinations. This problem was often exacerbated when male doctors were involved. Thus, even when women did not allow their embarrassment to stop them obtaining protection, this would cause them to take steps to avoid examinations. Indeed, as mentioned above, the ease of doing this when taking the pill was seen as one of the benefits of this method.

Using Contraception

The degree of embarrassment caused by actually using contraception varied greatly between the different methods. The problem was most evident where usage involved interrupting love making. The sheath was frequently criticised in this respect.

Getting Information

For adults, there exist two potential sources of objective and expert information: health professionals and the media.

Embarrassment seems to cause particular problems in approaching the former, especially as the admission of ignorance that is implicit in asking face-to-face questions is in itself a source of embarrassment. By contrast, the media, provided the right channels are used, avoids the need for any such admissions, and indeed can provide information for the individual without anyone else knowing.

To summarise, this section has shown that contraception continues to be a source of considerable embarrassment and even anxiety for both men and women, and that this has implications for its uptake and usage.

Perhaps more importantly for the FPIS, it has also shown that embarrassment can have an inhibiting effect on people's willingness to seek information and advice from professionals, but that the media may offer the potential to remove this problem. Furthermore, it would appear that the dissemination of knowledge and the removal of ignorance is an important step in helping people to overcome their embarrassment.

CONCLUSION

The research showed that, in general terms, the concept of disseminating family planning information was received enthusiastically by all the respondents. However, the individual's inclination to use such information is limited by at least four factors:

(1) The individual's perceptions of their own information needs. Many were unaware of important gaps in their own knowledge and hence felt that they did not need information.

(2) Gender. Women, because they tend to take much more responsibility for making decisions about, and using family planning, are much more likely to seek information.

(3) The form that family planning choices take. These often seem to be based on a combination of trial and error and inertia once a reasonably satisfactory method is found, rather than on informed decision making.

(4) Embarrassment.

Any programme of information provision, whether through health professionals or the media, must recognise and attempt to overcome these inhibitions if a widespread response is to be obtained.

Paper 6

THE MASS MEDIA IN HEALTH EDUCATION
THE NEED FOR AUDIENCE INVOLVEMENT

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In recent years health education has made considerable use of the mass media. However, spiralling costs and an apparent lack of effectiveness in some cases have given rise to uncertainty and some disillusionment with the media. As a result, there has been a tendency towards a polarisation of thinking, with 'pro' and 'anti' media lobbies forming. This encourages a view of the media and other health education activities as alternatives or even rivals. A more constructive view, however, is to see the mass media as one of many approaches that can be adopted in health education, each of which has a function to perform. These can operate in an integrated way, in conjunction with one another rather than as alternatives.

This viewpoint accords with thinking in the commercial world where the use of the mass media in the form of advertising is seen as only one of several elements that can contribute to the whole marketing effort or 'mix'. From this perspective the mass media should at least be given consideration in any health education campaign. Its strengths and weaknesses should be analysed dispassionately with a view to determining whether it can make a suitable contribution to the overall effort.

The most obvious and fundamental strength of the mass media is that it provides, at least potentially, the opportunity of communicating with a large audience. Counterbalancing this are two major weaknesses. The first is the unidirectional flow of mass communications. Communication is increasingly being seen as an exchange process involving audience feedback rather than a simple one way transference of information. Media such as television obviously do not provide any potential for this two way process. As a result, there is considerable risk of miscommunication and miscomprehension of mass communicated messages.

The second major weakness of the mass media is that messages transmitted through them often lack individual or personal relevance. Because they are aimed at large audiences they lack the subtlety to make allowances for individual variations in requirements. In essence, using the mass media in a bid to reach everyone, runs the risk of effectively reaching no-one. These weaknesses have two major implications for the use of the mass media in health education. The first concerns the attribution of appropriate objectives and the second concerns strategies to help minimise their effect.

APPROPRIATE OBJECTIVES

The appropriateness of objectives will obviously be influenced by the nature of the individual campaign, but nonetheless it is possible to draw some general conclusions by looking more closely at the nature of advertising. Many models have been posited as to how advertising works. The most popular of these are subsumed under the title 'hierarchy of effects' models (56). As the name suggests these assume the existence of a series of sequential and related steps in the operation of advertising, starting with awareness, leading to learning, attitude change and eventually to the desired action. The number and precise nature of the steps vary between models but the basic assumption remains the same.

Many criticisms of this genre of model have been made (57), and the hierarchy of effects remains empirically unproven. However, most of the criticisms concern the relationship between the stages and their direction of flow, rather than the stages themselves. A closer examination of these stages reveals at least four levels at which advertising might operate:

Awareness:	making people aware of, for example, the product;
Communication:	the transmission of factual messages about the product
Empathy:	the transmission of emotional messages about the product
Persuasion/ conviction:	the generation of appropriate action.

This list is not intended to be exhaustive; it could, for example, be greatly extended by using a more complex model. However, even in this perhaps over-simplified form, it demonstrates two points. First, that a variety of possible objectives exist for advertising, and second, that advertising may be better suited to fulfilling some of these objectives than others. It may, for example, have more potential at the first three levels mentioned above (equivalent to the agenda setting role sometimes attributed to the mass media by health educationists) and be less suited to persuasion, which may require a more individual input.

These points about advertising in general also apply to the use of the mass media in health education. Thus, in deciding whether it can contribute to a particular campaign all these potential objectives should be considered. Furthermore, if the mass media is to be used, care should be taken to select those health education objectives that best suit its characteristics.

MINIMISING THE EFFECT OF WEAKNESSES

Two techniques can be used to help minimise the weaknesses of the mass media - consumer research and targeting. Consumer research can help overcome some of the problems that result from the lack of feedback in the mass media, by providing what is almost an artificial level of feedback. Mass media material can be developed in conjunction with its intended audience and as a result problems of communication and comprehension can be overcome.

Targeting involves the grouping of the total population according to relevant criteria, and the subsequent selection of a 'target group' for particular attention. The criteria may be demographic (eg. people of a certain age) or more closely related to the subject concerned (eg. heavy smokers). In this way targeting represents a compromise between the acceptance that each individual is unique and hence requires a different approach, and the indiscriminate assumption that one message will do for everyone. Consumer research makes it possible not only to determine relevant target groups, but also to design material that will specifically cater for their needs. Therefore, targeting and consumer research can, between them, offer a means of increasing the personal relevance of mass media material.

This process of increasing the personal relevance of material will now be looked at in greater detail using a case history to illustrate the points made.

At the most fundamental level personal relevance must be present in the core message presented. This implies that the message contained in the material should match the perceptions of the target group. For example, research done by the ARU[1] among working class groups has

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1 The ARU (Advertising Research Unit) is based in the Marketing Department of Strathclyde University and is sponsored by the Scottish Health Education Group (SHEG), the Government body responsible for health education in Scotland.

revealed a tendency for their lives to be much more influenced by short-term than long-term considerations (58). For these groups, therefore, messages about the long-term ill effects of smoking are less powerful than might be expected and messages about the short-term drawbacks are more readily accepted.

In using the mass media, this acceptance of the message is of vital importance, and therefore considerable attention needs to be paid to getting the message right. In this sense 'right' means a clearly communicated and comprehensible message that is relevant to campaign objectives and has a degree of personal relevance.

However, with the mass media the acceptance of any message is generally dependent on at least two preliminary steps: getting the audience's attention, and then generating and maintaining their involvement with the material. Without these, the message is unlikely to be communicated, and therefore no matter how relevant and clear, will not gain acceptance.

Attention and involvement can be influenced by the content of the message. However, they can be generated more directly by manipulating the style in which the message is presented. The style can be used to increase impact and hence gain the audience's attention. It can also be used to make the material more interesting and thereby encourage audience involvement. Both these aspects will be enhanced if the style matches the preferences and perceptions of the target audience. In other words, as with the core message of the material, the optimum style, at least in terms of impact and involvement, is the one with greatest personal relevance for the audience.

The manipulation of style in this way can, however, cause problems. It can interfere with that other essential requirement of all mass media material - the clear communication of a comprehensible message. These aspects of style, both positive and negative, are illustrated by SHEG's recent experiences in the field of anti-smoking.

CASE HISTORY

Introduction

During 1982 the SHEG considered developing a health education film, or films, suitable for adolescents. Neither the exact format of the finished film(s) nor the channels through which it would be promoted were finalised. However, initial scripts were produced for about 20-30 minutes of film.

The material was developed in conjunction with a highly popular group of British comedians, members of the 'Monty Python' and 'Not The Nine O'Clock News' teams. They are well known for their satirical and zany style of humour and were particularly popular among young people. It was thus felt that health education material based on their style of humour would have increased relevance for this group.

The ARU was asked to assess response to the material among the target audience. For the purposes of this research four sections of the scripts were made into animatic films, which, although thematically related, also made sense individually and could be shown in isolation. Three of these 'sketches' were concerned with anti-smoking.

Method

The research took the form of qualitative group discussions with members of the target audience. This technique [which is discussed in more detail elsewhere - eg. (59)] was chosen because it gave respondents the freedom to establish their own priorities for discussion, using their own language. As a result, there was full opportunity to explore spontaneous response to the material as well as to analyse specific issues.

The interviewing of respondents in groups had two advantages. First, it provided an efficient means of interviewing a number of respondents in depth. Second, the group setting made it possible for respondents not only to express their own thoughts, but also to react to each other's ideas.

A total of 56 target group members were selected for interview by means of a quota sample, which applied demographic controls to ensure the inclusion of both sexes, and a range of ages (from 10 to 18 years) and socio-economic groups in the research.

Findings

The research revealed that overall response to the material depended on the sophistication of the respondent and this in turn related, at least approximately, to their age. The findings can therefore be divided into two sections according to age:

(i) The Younger Respondents (up to 14 years old)

Among this group, immediate reaction to the material was usually of one of two kinds: amusement or confusion.

Amusement resulted from both the cast and the content of the film. The cast were amusing because respondents recognised them as some of their favourite comedians, whom they had often enjoyed watching on television. However, this does not mean that they understood the satirical components in their humour - on the contrary its appeal seemed to stem mainly from its zany quality. This is reflected in respondents' enjoyment of the content of the test material, which related to less sophisticated aspects such as the silliness of certain expressions and events rather than the satire. This often led to their accepting the material at face value, and missing any serious message.

The confusion caused by the material was most in evidence among the minority of respondents who were not followers of the comedians. For these respondents, the bizarre happenings were not seen as silly things being done or said for comic effect by people who would be expected to behave in such a manner, but simply as senseless. The resulting uncertainty did provide the necessary stimulation to try and make sense of the films, but, as with the other young respondents, they usually lacked the sophistication to manage this successfully.

Thus among all the younger respondents, attempts to extract a serious message from the material, either as a means of resolving uncertainty or as a result of prompting, were usually unsuccessful.

Their attempts could lead to their extracting a message on the wrong subject, or the wrong message on the right subject, but most typically they just remained uncertain.

When the true nature of the message was explained to them, the response was generally unfavourable. Because they did not appreciate the more sophisticated elements of humour in the material, they could not understand why the messages were being promoted in what they saw as excessively indirect ways. They would have been much happier if the anti-smoking messages had been spelt out simply and directly.

(ii) The Older Respondents (16 to 18 years old)

The response to the test material was more positive and confident among this group. They usually recognised not only the actors portrayed in the films, but also their style of humour. As mentioned above this style had two important elements: it was amusingly bizarre and it usually included a degree of satire. This latter aspect led them to expect and look for a serious component within the humour, and, because of their greater maturity when compared with the younger respondents, they were usually successful in extracting the message.

For this group then, the material seemed to have greater potential (although there were still problems with it, as will be discussed below). Furthermore, the style of the material, with its satirical humour, did seem to invest it with a number of strengths, especially when compared with more traditional anti-smoking material.

It gave the films impact in that it provided a stark contrast with what respondents felt was the usual depressing anti-smoking material. It made the films interesting, stimulating and enjoyable to watch, in that the indirect approach adopted required some mental effort on the part of the audience. Most important of all, however, two aspects of the films' style were felt by the respondents to be particularly relevant to their age group. First, both the actors and humour had strong associations with the younger generation. Second, the films were non-directive - they did not order the audience how to behave. Therefore, the style of the films were successfully used to produce material that had impact, interest and, above all, personal relevance.

Despite these strengths, however, there was evidence that the material would need to be used with caution because, even with this age group, there were problems in understanding some of the specific content. Most of these problems were attributable to the style. The fact that this made the films enjoyable to watch increased the risk of their being seen as purely entertainment, and the need for mental effort to understand the message could lead to misinterpretation, especially if that mental effort were not forthcoming. Furthermore, the humour could be appreciated but misinterpreted, in that it could be seen as making fun of anti-smoking rather than smoking publicity. Finally, the possibility of putting more than one interpretation on the serious health education message in at least one of the films (for example, seeing it as about drug addiction in general rather than smoking addiction in particular) led to some confusion. This problem was confirmed by respondents expressing reservations about their own ability to understand the correct message, particularly when viewing the films in less controlled circumstances than existed during the interviews.

For the older respondents, therefore, the unusual style of the material had a beneficial effect in terms of impact, interest and relevance. At the same time, however, it caused some problems in terms of communication and comprehension. Respondents felt that these could be overcome by using the material in 'controlled circumstances', where the serious message could be given suitable prominence and clarity. This control might be achieved on television by careful introduction and detailed discussion, but most respondents felt that more control than this was required and suggested using the material in a more personal setting, such as in schools. Paradoxically therefore, success in minimising one of the major weaknesses of the mass media - lack of personal relevance - seemed to undermine its great strength - the facility to reach a mass audience.

CONCLUSION

This paper has argued that the mass media should be seen by health educationists as operating in conjunction with rather than as an alternative to other health education activities. In this context the mass media's strengths and weaknesses should be recognised in order to ensure firstly, that appropriate objectives have been set for it, and secondly, that steps are taken to maximise its potential. This latter process depends on the use of consumer research and targeting.

More specifically, the paper examined one attempt to use these two techniques of consumer research and targeting to develop an innovative style which would overcome one of the potential weaknesses of the mass media: lack of relevance to the individual. This attempt met with some success but it also proved problematic as the novel style undermined basic communication objectives.

ENVIRONMENTAL HEALTH AND THE MEDIA - A SCOTTISH CAMPAIGN

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Introduction

In recent years the Scottish Health Education Group (SHEG) has devoted increased attention to the area of environmental health. Although budget constraints have prevented this from becoming one of SHEG's major campaign topics, statistics revealing an upward trend in the occurrence of food poisoning suggested that some action was needed. However, before any decisions could be made about what this might comprise, it was felt that more needed to be understood about the general public's attitudes to food poisoning. The SHEG therefore commissioned an exploratory research study on this topic, which was carried out by the Advertising Research Unit in the Department of Marketing at the University of Strathclyde.

The format and findings of this initial study are reported more fully elsewhere (60) but in brief the project revealed that food hygiene was an area of considerable interest and familiarity to respondents. Most of those interviewed seemed to be well aware of the need to take care in handling fresh food, especially meat. They took suitable precautions, for example, when defrosting meat and poultry, storing food, and keeping work surfaces and kitchens clean. Indeed the

research revealed a tendency towards an excess of caution rather than the reverse.

These findings have to be interpreted with care because of the risk of getting a distorted response when discussing a subject that might be seen to reflect on respondents' personal standards. People may, for example, have been reluctant to admit that their kitchen was dirty, whatever the truth of the matter. Notwithstanding this, the research did reveal that respondents were at least well aware of and very concerned about the risk of inadequate food hygiene in the home. However, this concern did not extend into worry or anxiety because people generally felt that, despite the risks, they were in control of the situation in their own homes.

In view of these findings it was felt that a campaign by SHEG concerning food hygiene in the home would be inappropriate, if not counter-productive. It could generate an excess of concern which might undermine the feelings of being 'in control,' thereby causing anxiety. It could also prompt people to become overcautious with possible deleterious results.

One finding from the research did, however, suggest that action of a different kind might be beneficial. As stated above, respondents had expressed concern about food hygiene in the home, but worry about this was kept to a minimum by the feeling that they were in control of the situation, and could do something positive about it. However, respondents were also concerned about the dangers of inadequate food hygiene in places outside the home, especially food outlets like shops and restaurants. In this case the worry generated was much greater as people felt that there was little they could do to counteract the problem. Even when they were aware of transgressions (in restaurants, for example, food hygiene is usually hidden from public gaze) their sanctions were felt to be, at best, inadequate.

A Publicity Campaign

With this problem in mind, the SHEG decided to develop a publicity campaign consisting of two display stickers for use in Scottish food outlets. The stickers were promoted through appropriate trade journals, and distributed through trade associations, Area Health Education Officers and Environmental Health Officers. Although the campaign was ostensibly aimed at the trade, it was also hoped that it would offer some reassurance to customers. Thus one of the stickers was aimed mainly at the staff of food outlets, and the other mainly at customers.

Both stickers had the same principal slogan: 'food hygiene is all part of our service.' In addition to this, the staff sticker had a checklist of guidelines for correct food hygiene procedure, and the customer sticker had an invitation for the customer to criticize food hygiene if they felt it was necessary to do so.

Further research among consumers suggested that the form of these stickers was acceptable. They would help people choose outlets that at least purported to care about food hygiene and give them greater confidence to complain if they were dissatisfied. Thus the stickers were felt to go some way towards overcoming the public's perceived lack of control of food hygiene outside the home that was revealed in the original research.

There were, however, two significant reservations expressed about the stickers. First, respondents felt that some people may (incorrectly) interpret their presence as indicating that the establishment in question had been checked and passed as hygienic. Second, respondents expressed doubts about the willingness of outlets to display a sticker that actually encouraged customer criticism.

As well as this check on consumer response to the stickers prior to their use, the SHEG also commissioned a formal assessment of the actual campaign. This was carried out by the Advertising Research

Unit (ARU) and took the form of fully structured personal interviews, using a carefully designed questionnaire, with a sample of Scottish food outlets. The main points covered in the interviews were levels of awareness and use of the stickers, the intended and actual messages the stickers were felt to convey, and the overall strengths and weaknesses of the campaign.

Three important groups were included in the sample: butchers, grocers and hotels and restaurants. Grocers were further subdivided into multiples and independents, and hotels/restaurants into licensed restaurants, hotels (licensed and unlicensed) and unlicensed restaurants.

The availability of reliable information about the total numbers of butchers and grocers (both multiple and independent) in Scotland made in possible to draw a representative sample on a quota basis for these two subgroups. This information was not available for hotels and restaurants and, as a result, accurate quota sampling was not possible for these outlets. Therefore, the data for hotels and restaurants had to be analysed and interpreted separately from the rest of the sample, and are treated independently below.

The total number of outlets included in the research was 300, and the interviews took place in the Strathclyde region soon after the launch of the campaign in early 1982.

The evaluation revealed both strengths and weaknesses in the campaign. The main findings are reproduced in full detail elsewhere (61) but can be divided into three main sections:

- Awareness and usage of the stickers
- Likes and dislikes about the stickers
- The perceived objectives of the stickers.

Awareness and Usage of the Stickers

Both aided awareness (that is, awareness on being shown the stickers) and unaided awareness (that is, awareness without any prompting) were measured. At the unaided level respondents were simply asked if they had seen stickers about food hygiene and cleanliness. Overall, approximately one-third claimed to have seen such stickers, indicating relatively high spontaneous awareness, although it may also reflect the more general popularity of stickers as a medium for environmental health material.

Among the three subgroups, spontaneous awareness was highest among butchers. This reflected a general trend of greater awareness among this group, at both the spontaneous and the prompted level, of both the campaign as a whole and each individual sticker. There was a similar tendency for higher awareness among multiple grocers within the grocer subgroup. This perhaps reflects a more formalized approach to food hygiene in larger organizations.

For all groups the most important source of awareness was seeing the stickers in situ - either in shops or restaurants. The media promotion of the campaign which preceded its launch appeared to be relatively unimportant in developing awareness. Among butchers and grocers, for example, ordinary newspapers were the next most important source of awareness but were mentioned by less than half the number of respondents who had seen the stickers in use.

The levels of actual usage tended to reflect the levels of awareness, with butchers using them most overall and multiple grocers using the stickers most within the grocer subgroup.

Those respondents who had used the material were asked why they had done so. The main reasons varied with the type of sticker. Thus the customer one was used mostly because it helped to inform customers and improve customer relations, and the staff one because it acted as a reminder for staff.

The second most frequently mentioned reason for usage was that the decision had been made by head office. This confirms a point made earlier with reference to multiple grocers, that the existence of a formal company policy on food hygiene may have had a positive effect on awareness and usage in larger organizations.

About a tenth of butchers and grocers also said they had used the customer sticker because they did welcome customer criticism. This suggests that for these respondents the encouragement of criticism was an acceptable, if not desirable, feature of this sticker.

By far the most commonly mentioned reasons for non-use were, firstly, lack of awareness of their existence, and secondly, difficulty in obtaining them. Only a tiny proportion of reasons for non-use related to their design. The positive response was also reflected in two other major findings:

- Interest in using the material among those who had not already done so was very high: over 80 per cent of butchers and grocers, and over 70 per cent of hotels and restaurants.

- The number of spontaneous likes about the stickers was very much greater than the number of dislikes.

Likes and Dislikes about the Stickers

Both stickers were liked for their appearance, and because they promoted a relevant message to the appropriate people. Only two criticisms were made by all the subgroups, but they were minor. First, that they were too small in size, and second, that the customer sticker would encourage criticism.

The only other problematic area arising from the spontaneous likes and dislikes was that, among hotels in the hotels and restaurants group, there was a tendency to feel that the customer sticker would

be unsuitable for their establishment. This concern recurred when prompted opinions were sought (ie. inviting agreement or disagreement with specified statements), with about one-third of hotels and restaurants agreeing that the customer sticker in particular 'would not look right' in their establishment. There was also some indication that a number of respondents felt that the stickers were not really necessary. However, there were less agreement with the stronger statement that 'customers/staff won't take any notice of it (the sticker) - they're not interested,' which suggests that a large majority could see some value in having them.

Other positive opinions were also expressed about the stickers. There was strong agreement with statements concerned with their beneficial effect in reassuring customers and reminding staff. They were also felt to be, if not beneficial, then certainly not detrimental, to custom. Finally, there was considerable agreement that they both 'were good because they looked official' and 'would give a good impression to the Environmental Health Officer,' although these last two points might perhaps suggest somewhat ulterior motives for viewing them positively.

The Perceived Objectives of the Stickers

The final part of the evaluation tried to determine what respondents thought the stickers were trying to achieve, and the extent to which they were thought to be successful. The vast majority in each group felt that they were trying to promote a serious food hygiene message, and that they were succeeding in doing this. This message took two forms: helping to indicate establishments that took particular care with food hygiene, and increasing awareness of the need for food hygiene among customers. The customer sticker was also felt by equally large numbers of people to be trying to, and succeeding in, encouraging customer complaint.

The only major point of concern in the research as a whole was that nearly three-quarters of all interviewed also felt that the stickers were intended to indicate that 'the places which displayed them had been checked regularly and were hygienic.' Similar proportions agreed that this objective was actually being achieved. Furthermore, these figures were even higher among the two groups who demonstrated greatest awareness of and made most use of the stickers: butchers and multiple grocers.

In conclusion, therefore, response to the campaign was generally positive. Awareness and usage levels were acceptably high, and were only prevented from being much higher by difficulties in obtaining both information about the stickers, and the stickers themselves. The stickers were well liked for their appearance and relevance, and were felt to communicate successfully their intended serious food hygiene message.

Thus, one of the two fears initially expressed by consumers - that the stickers would be unpopular with food outlets - proved unfounded. However, their only other major reservation - that the material would be incorrectly interpreted as indicating that the establishments had been checked and passed as hygienic - did receive some substantiation from the research. Many of the outlets clearly saw the stickers as being intended to communicate such a message, and indeed saw this as one of the main strengths of the campaign.

In the light of this finding, the campaign should in the future be adapted to overcome the concern of consumers about the misuse of the stickers, and also capitalize on the apparent willingness of establishments to display 'marks of approval' regarding food hygiene. In this respect, it may be appropriate to expand the positive role of the Environmental Health Officer by giving recognition to those who maintain high standards rather than simply upbraiding and seeking punishments for establishments that transgress food hygiene regulations.

Paper 8

TARGETING IN ANTI-SMOKING ADVERTISING

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ABSTRACT

This paper will discuss the increasing importance that the Scottish Health Education Group is giving to targeting in the production of its health education mass media publicity. It uses the case history of the production of two anti-smoking commercials to illustrate this, and discusses the implications for future development strategy.

INTRODUCTION

The Scottish Health Education Group (SHEG) is the Government body responsible for health education in Scotland. One of its major concerns is with the hazards of smoking. In the past, SHEG has adopted a straightforward educational approach in this area, with a predominant theme being the long-term and serious ill effects of smoking on health. It produced campaigns, for example, that emphasised the carcinogenic properties of tobacco. In terms of style, such campaigns were usually made deliberately hard hitting, with a heavily negative and threatening approach.

Recent evidence (62) suggests that many of the SHEG's educational objectives have now been achieved in this field. Ninety-six percent of the Scottish population accept, at least to some degree, that smoking will have a harmful effect on health. Furthermore, although there is a reluctance to apply this information on a personal level, as well as doubts about smoking being any more harmful than any other excessive behaviour, such as alcohol abuse, 70% have attempted to give up smoking at least once.

The achievement of these educational objectives can be at least partly put down to the SHEG's hard hitting anti-smoking campaigns. However, there is little evidence to suggest that this approach will go on being effective in changing behaviour. Indeed, the continual repetition of a heavily threatening but familiar message can be counterproductive. It can cause anxiety, and in the absence of any means of resolving this anxiety, there is a danger that it will turn into defensiveness and a reaction against the message. This negative reaction can be manifested by respondents in many ways, such as selective perception and rationalisation. The occurrence of this type of response to the SHEG's material, and the problems that result, have been discussed more fully elsewhere (see Paper 3).

A further problem with the SHEG's traditional anti-smoking material has been the varying effect it seems to have on different audience types. This has become particularly evident with different social classes: compared with 1961, middle class men are now only half as likely to smoke, whereas their working class counterparts have remained consistent in their smoking behaviour. It can be argued that this reflects the degree of appropriateness of the traditional anti-smoking message for these two groups.

This traditional message, as mentioned earlier, has emphasised the long-term ill effects of smoking. Long-term ill effects that are heavily negative, probabilistic and relatively intangible. In contrast, the perceived benefits of smoking are the immediate, tangible and definite pleasures it gives.

Such a message can be seen to be more appropriate to middle class than working class philosophy. In Scotland at least, middle class philosophy is based on ideas of deferred gratification and long-term planning. Putting off the pleasures of today for the benefits of tomorrow, typified in a tendency to invest in life insurance and mortgages. Working class philosophy, on the other hand, tends to be dominated by idea of immediacy and short-term gain. Certainly, the differences between the traditional anti-smoking message and the perceived benefits of smoking have not gone unnoticed by the tobacco advertisers, who spend much time and effort promoting the short-term pleasures and positive associations of smoking.

A combination of these factors has led the SHEG to try new approaches in their anti-smoking material. These approaches are new both in their use of targeting and in the concepts they promote.

The 'use of targeting' involves the development of material that is appropriate for a specified target audience. In the anti-smoking area, the statistical evidence has led the SHEG to try and produce material aimed at working class groups. Within the working class, at least two important sub-groups were distinguishable - older people

who were already established smokers, and younger people (aged from 10-14 years) who had not yet taken up the habit but were increasingly coming into contact with tobacco. It was decided to concentrate on the latter of these two sub-groups.

In terms of concept, the desire to target its message has led the SHEG to attempt to make two sets of changes. First, it has tried to replace the traditionally heavily negative anti-smoking message with a positive non-smoking message. That is, to concentrate on the positive benefits of not smoking rather than the negative drawbacks of smoking. Second, it has tried to replace the usual long-term, probabilistic and intangible message with one that is more immediate, tangible and definite.

It was felt that these changes would not only make the resulting material more appropriate to working class groups in general, but also make it particularly suitable for the younger age group. The promotion of positive images of 'toughness' and 'trendiness' with which this age group are inclined to invest smoking.

With these aims in mind, the SHEG commissioned the production of material that would fulfil two basic requirements. It would:

- communicate to working class, 10-14 year-olds;
- promote a positive image of non-smoking, rather than a negative message about smoking.

The resulting material consisted of four animatic test films, each promoting a mythical anti-smoking product:

- 'Kof,' a sweet that gave the eater a sore throat, a fuzzy head, smelly breath and ulcers;

- 'Ashtre,' a hairspray that gave the user smelly hair;

- 'Nicotene,' a toothpaste that gave the user smelly breath and stained teeth;

- 'Stub,' an aftershave that made the user smell of stale cigarettes.

THE COMMERCIALS WILL BE SHOWN AT THIS POINT

The Advertising Research Unit (ARU) was asked to assess audience response to this material, and the remainder of the paper will discuss the ensuing research.

METHOD

The research was carried out in two stages. Stage I was an initial concept test, designed to assess response to the concepts promoted in the four films. In order to reduce expense, this stage of the research used animatic versions of the film, and as a result, care had to be taken to ensure that response, and particularly comprehension, were not coulded by executional factors. This was done by explaining to respondents that the films were at an early stage of development which used a cartoon format, but it was intended to use real actors in real settings if finished films were to be produced. Respondents were encouraged to point out any difficulty they had in understanding or following the films as a result of the cartoon format. The results, therefore, do reflect response to the concept of the advertisements and the underlying concepts rather than the animatic execution.

Stage II was a pre-testing exercise on two of the films: Stub and Ashtre. This was designed to check response to the final versions of these films. The findings of Stage I suggested that they were broadly acceptable, and that if any alterations were needed they would be relatively minor. Stage II of the research can, therefore, be seen as a fine tuning and checking operation.

At both Stage I and Stage II the research took the form of a series of qualitative, in-depth discussions. The freedom of this technique provided maximum opportunity for the general exploration of the concepts involved as well as the analysis of specific issues. It was also felt to be a particularly appropriate technique for research in the smoking area which, as stated above, is characterised by a complex mixture of psychological reasons, rationalisations and defensiveness.

The respondents were interviewed in groups. This had two advantages. First, it presented an efficient means of interviewing a number of respondents in-depth. Second, the group setting provided an opportunity not only for respondents to express their own thoughts but also to react to each other's ideas.

At Stage I a total of 56 respondents were interviewed in groups of seven. These were quota'd by age, sex and social class, to ensure that the sample included members of the target audience - working class, 10-14 year-olds of both sexes. In addition, older (16-24 year-olds) and middle class respondents were included, in order to check for any obvious cut-off points or strong negative reactions to the material from outwith the prime target group. Care was also taken to ensure that, among the older respondents at least, the sample included both smokers and non-smokers.

Because of the results of this earlier stage of the research, the sample at Stage II was restricted to the older, 16-24 year-old age group. The total sample was therefore proportionally smaller, with 28 people being interviewed. In all other respects, however, the Stage II quota controls were the same as those used at Stage I.

At both stages, all respondents were recruited by professional market research interviewers, and discussions were held in the recruiters' homes. Respondents were paid the standard £3 each for participation and all discussions lasted approximately 1- 1½ hours. The interviews took place in Glasgow and Edinburgh during July/August 1980 and December 1981.

FINDINGS

At Stage I of the research, it was found that the material presented problems for many of the younger respondents (14 years and younger). The style of the films was too sophisticated and the use of sarcastic humour to communicate the message was too subtle. This resulted in confusion and misinterpretation of the intended message.

This confusion was most clearly and frequently expressed in the belief that the films were promoting real products. That is, a belief that the items featured in the films would appear on the market and could actually be purchased.

Such misinterpretation was no isolated, with many of the younger respondents involved, and it should be remembered that this occurred in a situation where respondents were, on the whole, paying more attention to the material than they might in ordinary circumstances. It is difficult to estimate how common such misinterpretations might be in the general population, as the qualitative nature of the research makes it impossible to draw statistically valid conclusions about a wider population than the sample. However, a closer look at response to the material among this age group suggests that this misinterpretation was neither unlikely nor contrived.

These respondents had their own logical, and to them perfectly valid, reasons for thinking as they did. They could easily explain why such products (which were intended to appear totally ridiculous) would be produced and why they might be interested in buying them. These explanations were based on perceived product qualities, of which respondents felt there were several:

- The products would be ideal for surreptitious or secret smoking. One of the major perceived hazards of smoking for this age group is getting caught and punished by adults - usually parents or teachers. These products would make it possible to smoke whilst minimising the risk of getting

caught in the act. For example, it would take a matter of seconds to unobtrusively swallow a 'Kof' sweet, whereas actually smoking cigarettes is a comparatively lengthy and noticeable activity.

- They would make it possible to be seen as a 'real smoker,' and thereby gain the associated benefits of appearing 'tough' and 'cool' etc without actually having to smoke. This can be seen as a real benefit in that respondents of all ages said that, initially at least, smoking was unpleasant, and that it required a certain amount of perseverance to overcome this unpleasantness and become a smoker. The products would offer the chance to become a smoker without the need for any such perseverance. As one copyline says "All the fun of cigarettes, without the drag of smoking."

- The products would offer a means of smoking that would not have the unhealthy side effects of cigarettes.

- Finally, they would enable the uninitiated to experience what it is really like to smoke, or as another copyline says "What it is like to be a 'real smoker'."

In some cases, however, none of these explanations were needed to underpin a belief in the reality of these products. The younger respondents were used to unusual and novel items, which they did not fully understand, being introduced to them through television advertisements.

In conclusion, therefore, there was a tendency among the younger respondents to believe that the mythical products promoted in these films would actually be produced. As a result, the anti-smoking message was lost. Furthermore, as the above points suggest, the films were often taken to be promoting - not necessarily the smoking of cigarettes as such - but the idea of smoking. Clearly, one of the two basic requirements of the material - to communicate with 10-14 year-olds - was not being met.

Among older respondents these problems of misinterpretation were much less common. The vast majority understood the films to be promoting an anti-smoking message. However, the message was seen to be exactly that - anti-smoking. It was underlining the dangers and drawbacks of smoking, not promoting a positive attitude to non-smoking.

The negative nature of the material is confirmed by the presence of two problems which have emerged in previous research in this area. First, because it only presents what is wrong with smoking, and not what is good about non-smoking, it does not provide any positive inducement or motivation for established smokers to give up and become non-smokers. It is offering nothing positive in non-smoking to replace the enjoyment of smoking.

Second, although, as will be seen, the actual negative attributes of smoking that are outlined in the films were felt to have strengths by these respondents, they could, when necessary (ie. when they became too threatening) all too easily by rationalised away. Thus, cigarettes did not cause bad breath but smokey breath, stained teeth could be cleaned with special toothpaste, smelly hair could result from sitting in a smokey atmosphere as much as from smoking, and you might even date a girl who liked you to smell of smoke!

Therefore, it can be seen that the films were not fulfilling either of their two basic requirements. They were not communicating successfully with 10-14 year-olds. They were not promoting a positive non-smoking message. However, the research findings were not wholly negative. The older respondents felt that the films did have certain strengths, particularly when compared with other anti-smoking material they had experienced. These strengths related to three aspects of the films:

- the non-authoritarian presentation of the message;
- the drawbacks to smoking which were presented;
- the modern approach adopted.

The non-authoritarian presentation. The films promote drawbacks to smoking, but avoid the dangers of preaching about behaviour. They present the evidence, but leave the audience to draw (albeit obvious) conclusions, and to make their own decisions about what action should be taken. They mock and worry smokers, but they do not order them about. As a result, respondents did not feel they were being talked down to and were more prepared to accept the truth of the message. This strength is of particular importance for the older teenagers (16 - 20) who are usually very quick to reject any material which they think is trying to tell them what to do or how to behave.

The drawbacks of smoking. These formed the most significant strength of the material, and included such aspects of smoking as smelly breath, stained teeth and smokey hair. For a number of reasons they were felt to be particularly appropriate, especially by working class respondents:

- They are familiar and tangible aspects of smoking. Respondents had come across them themselves. They recalled, for example, unpleasant experiences of smokers having smelly breath.

- They are a fairly definite result of smoking. Respondents accepted that smokers do have smelly breath and, therefore, if someone smokers, they will suffer from it.

- They are short-term or immediate side effects of smoking.

In other words, most of the drawbacks to smoking stressed in the films are tangible, definite and immediate ones. The appeal of these to working class respondents is understandable. They match their general outlook, which, as discussed in the introduction, is based on similar values of immediate and tangible gratification. In this respect the films contrast with more traditional anti-smoking material - such as those stressing the carcinogenic properties of

tobacco - which are probabilistic, long-term and less familiar. That is, if a person smokers for a long time they might eventually contract a relatively unfamiliar disease called cancer.

A further strength of the drawbacks to smoking used in the material is that they include social as well as health problems. Although respondents did not see this as an innovation in anti-smoking publicity - some were, for example, familiar with publicity which stressed the unpleasantness of kissing a smoker - it did increase the relevance of the material for them. In addition, the specific approach adopted here - where attraction, or the lack of it, to the opposite sex was stressed - was felt to be particularly appropriate by the 16-20 year-olds.

The modern approach. The third and final strength of the material lay in the novelty of its approach: it was seen as being humorous, colourful, lively and young. Again, this contrasted with respondents' experience of previous anti-smoking publicity which was felt, by comparison, to be dull and monotonous. Also, this again increased the relevance of the material to the traditionally elusive 16-20 year-old age group.

However, there are two important caveats concerning the use of humour in material of this kind. First, if the films become too funny in their own right, the message is lost. They are enjoyed as amusing little sketches - but no more.

Second, there is always the danger that the introduction of humour will lead to its use as a defence mechanism by the audience. In other words, if a message becomes too unpleasant, people will laugh it off. This was not a serious problem with this material.

Therefore, despite their failure to meet the requirements set, the research had revealed certain strengths in the films. The importance of this lay not in the individual strengths but in the fact that they

were all shown by the research to be of particular value to a cohesive and significant target group (working class 16-24 year-olds). This increased the power of the commercials for this group. The increase in power is demonstrated by the frequent and complimentary comparisons that were made with other anti-smoking material, much of which had not been designed with a specific audience in mind.

In other words, the real strength of the material was that it made it possible to target a message accurately at an important and cohesive sub-group in the population. The research had confirmed the value of such tactics. Because of this it was decided to go ahead with the full production of the two most promising films: Stub and Nicotene. These two combined the strengths of emphasising the social rather than health drawbacks to smoking, in a realistic setting and without too much humour.

However, the Independent Broadcasting Association objected to the Nicotene commercial, and as a result it was replaced by the next best of the four commercials: Ashtre. This also stressed the appropriate social drawbacks to smoking, but the setting was criticised as being unrealistic and the humour was felt to be excessive. Changes were therefore made in the final version, including the use of a different setting.

These two films, Stub and Ashtre, were tested in Stage II of the research.

The findings from Stage II for the most part confirmed the conclusions of Stage I that have been outlined above. The 16-24 year-olds had no difficulty in understanding that an anti-smoking message was being promoted by the two finished commercials. The two problems caused by the essentially negative nature of this message - rationalisation and the absence of any positive inducement to stop smoking - recurred. In addition, the presence of the advertisements' strengths in terms of presentation, approach and the drawbacks to smoking they emphasise, which were discussed in detail above, was also confirmed.

CONCLUSION

This case history has presented one example of the importance that the SHEG is putting on the need to target its mass media material. Although the original objectives were not met, two valuable commercials were developed. Their value lay, not in their intrinsic qualities, but in the fact that they were felt to be particularly appropriate by an important target group. These qualities could only be established with the active involvement of that target audience.

Thus, the increased importance being given to targeting must also commit the SHEG to a continuous process of advertising research with its intended audience(s). In health education, a field traditionally dominated by medicine, this active involvement of the layman constitutes an important change.

ACKNOWLEDGEMENT

The author would like to thank the Scottish Health Education Group for giving their permission to reproduce this case history. The SHEG sponsors the Advertising Research Unit at the University of Strathclyde to develop and assess its mass media communication.

2.3 Conclusion

This section has used my research to examine whether marketing has made a genuine contribution to the furtherance of social causes - in this instance health education. A genuine contribution was defined as one providing new theory, new practice and thereby original solutions to health education problems.

Section 2.1 showed how the marketing concept of consumer orientation has clarified conceptualisation in health education, demonstrating flaws in the medical model, and providing support for the concept of self-empowerment. Section 2.2 indicated that marketing can also offer practical help. A technique unique to marketing - advertising research - when applied to health education campaigns led to substantial improvements.

Furthermore, the combination of theoretical and practical help has led to innovative health education solutions. The positive non-smoking concept discussed in Paper 3 is one example of this. However, a more far reaching example is SHEG's positive health promotion campaign - Be All You Can Be - discussed in the same paper and also in Paper 12.

In conclusion, therefore, marketing has met my criteria of making a genuine contribution to health education. The next section will now reverse the discussion and examine what, if any, contribution health education can be said to have made to marketing.

3.0 THE CONTRIBUTION OF HEALTH EDUCATION TO MARKETING

3.0 THE CONTRIBUTION OF HEALTH EDUCATION TO MARKETING

The previous section illustrated some contributions that marketing can make to the theory and practice of health education, providing support for the idea of a social marketing discipline. As my research progressed, however, it became apparent that the reverse may also be true, that is that social marketing, as exemplified in health education, may be able to contribute to mainstream marketing theory and practice.

A number of these contributions have emerged from my work. They stem partly from the similarities it bears to that carried out in a commercial setting and partly from the differences. The similarities are that, as discussed above, the same research techniques are applied in the same way to the same variables for the same reasons. In short, the advertising research process is used in both instances. This has made it possible to obtain insights into specific marketing issues that progress understanding for social and commercial practitioners alike. Section 3.3 looks at an example of this: sports sponsorship.

Two major differences have been important. First, my research has been long-term, covering issues in the same field over a number of years. Such circumstances do not normally pertain in commercial settings. The benefits they bring and the resulting insights into the nature and function of advertising research are discussed in Section 3.2.

The second difference in my work reflects the characteristics of health education, namely that it is not profit oriented, increasingly concerned with the self-empowerment of the whole person (see Section 2.1) and has traditionally made wide use of fear based advertising appeals. These characteristics have provided a number of insights into marketing theory. These are discussed in the first section (3.1) below.

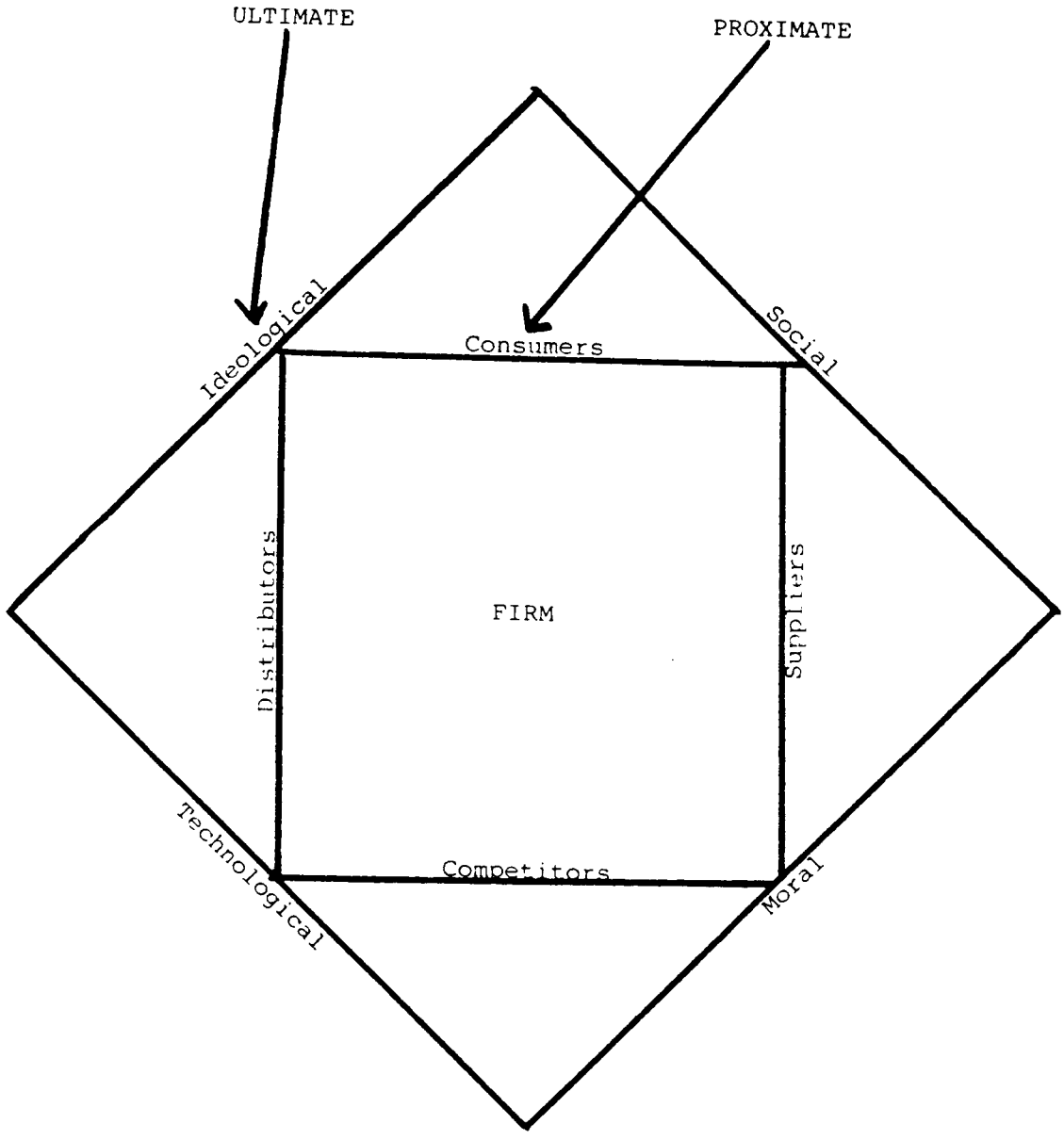

Figure 1

(Source: reference 63)

In summary, therefore, this chapter discusses the potential for health education to contribute to marketing in three sections:-

3.1 Marketing theory
3.2 The nature of advertising research
3.3 Specific marketing issues: sports sponsorship

3.1 Marketing Theory

The contribution of social marketing to four aspects of marketing theory are discussed below. The first concerns multidimensional marketing - the idea that marketing should not be restricted to an overly narrow definition of consumer needs. The second concerns the use of fear appeals. The third and fourth deal with more ethically based issues: the tendency of marketing to concentrate on those groups in society with resources, and the dangers of marketing being associated only with infinite economic expansion and materialism. Each of these issues will now be discussed separately.

Multidimensional Marketing

In the marketing literature, concern is expressed about what could be termed the unidimensionality of the marketing concept. That is, the tendency for it to be dominated by a desire to satisfy narrowly defined consumer needs - for a specific product or service - without regard for wider issues. Dawson (63), for example, wrote about 'the market for human fulfilment when he argued for the 'human concept' to replace the 'marketing concept.' He illustrated the issues in a model similar to that presented in Figure 1. In this model, the marketing concept is shown to emphasise the firm's relationship with its proximal environment (namely its immediate customers and their needs for its products) rather than its ultimate environment (namely society as a whole and the wider needs of its customers). Similarly, Lazer argued for marketing that deals with full human development and is based on human concern (64).

An example helps illustrate this debate. From a conventional perspective, the British tobacco industry is undoubtedly marketing oriented. It produces a wide range of products that are carefully designed, positioned and presented to meet systematically researched customer needs. However, can an industry whose products, when used according to the manufacturer's instructions, kill the consumer, be said to be truly marketing oriented? Unlike Dawson, I would not argue for the replacement of the marketing concept, but like Kotler (65) simply for a broader remit that avoids this kind of anomaly.

It is suggested that the narrow focus of marketing is closely related to the profit motive (66). This is not to say that marketing should be replaced by philanthropy. Clearly, in a competitive economy this would be unrealistic. Rather it refers to the tendency for short-term, narrowly defined profit motives to dominate marketing, at the expense of more long-term considerations.

More recently, Beaver and Silvester (67) expressed the point as follows:-

> "A company needs to listen and respond to those demands which are well founded. It needs constantly to reaffirm that profit and market share is not the only motivation in the determination of its policies."

In their terminology the company should be concerned with "wholesome policies."

Health education can contribute to thinking in this area for two main reasons. Firstly, as discussed in Papers 9 and 10, there is no profit motive to distort the picture. Here, analysis can concentrate on the true nature of the exchange between marketer and consumer. As a result, the full complexities of the situation emerge, and the inadequacies of treating the customer in isolation from his environment and other needs become apparent. Thus, smokers are not just smokers, but people who live in a constraining environment.

Secondly, as discussed in Section 2.1, the most recent models of health education emphasise the wider environment and the whole person approach. This latter concept is encapsulated in the idea of self-empowerment. My own research adds empirical evidence in this area. The development of the Scottish Health Education Group's innovative positive health campaign, 'Be All You Can Be,' discussed in Paper 3 and 12 was born out of research showing increasing consumer disenchantment with previous, more fragmented approaches. Similarly, the research on the Scottish Sports Council's poster discussed in Paper 2 highlights the need to set the product (health and fitness information) into a broader context of the target audience's lifestyles and needs.

I am not arguing that such lifestyle campaigns are unique to health education but that the absence of a short term profit motive, and the complexity of exchanges, makes such approaches particularly relevant and important here. Furthermore, the implications are fundamental. The self-empowerment concept they support, as discussed in Section 2.1, is concerned with promoting the ability of people to make informed decisions about their health. These decisions could legitimately include one to <u>continue</u> smoking - a fact acknowledged by at least one leading health educator (68).

Fear Inducing Advertising

The evidence concerning the efficacy of fear inducing communication is inconclusive. Studies in the 1950's, starting with Janis and Feshback (69) suggested that fear did not increase the persuasiveness of advertising, with strong fear appeals working less well than mild ones. Then in the 1960's and early 1970's these findings were reversed (70). More recently still the effectiveness of fear appeals has again been questioned (71).

This confusion may be linked to methodology. For example, definitions of high/low fear content may well vary between studies. They may also reflect factors such as source credibility (72) and

audience characteristics (73). Whatever the explanation, it is generally agreed that conclusions are uncertain and further research is required (74, 75).

One of the explanations for the apparent ineffectiveness of fear appeals emerges from the concept of cognitive dissonance (76, 77). This suggests that if an individual receives information that contradicts or does not match currently held views, then he will seek to reduce or remove the resulting imbalance. If the new information concerns a behaviour that is dear to the receiver or is very difficult to change - such as cigarette smoking - then the new information and the fear appeal are likely to be rejected or rationalised. Stuteville (78) suggests several ways in which the receiver might do this, such as questioning the truth of information or claiming that it does not apply to them.

My own research has also revealed this type of psychological defensiveness. Thus all too often smokers seem to have a granny who has smoked forty a day all her life and never had a moments ill-health or will displace the threat from cigarettes on the grounds that they may "get run over by a bus tomorrow." Similarly, early work done in the Advertising Research Unit on threatening anti-smoking advertisements (Paper 3) showed that smokers tend to perceive the material differently from non-smokers, thereby deflecting the message.

More recently our research has linked fear appeals to concepts of positive and negative messages. Gronhaug and Rostviq (79) defined the former as messages stating "what can be gained by acting as suggested" and the latter ones as stressing "what is lost by not acting in accordance with the message." Their research suggested that the former was more effective. Similarly, the development of SHEG's current smoking campaign (Paper 3) was based partly on reservations about using fear appeals and partly upon an increasing consumer disenchantment with the negativity of health education material that seemed to be continually setting restrictions and posing problems.

This led to the development of a 'positive non-smoking' concept, which aimed to promote good things about not smoking rather than bad things about smoking. Paradoxically, early attempts to be more positive met with consumer resistance simply because anti-smoking advertising was expected to be negative. However, the development of Be All You Can Be helped to overcome these problems and recent SHEG smoking advertisements have successfully emphasised the benefits of not smoking with the slogan 'Let Your Body Breathe.'

Our work on anti-AIDS advertising (Papers 13, 14, 15) extended these findings. Thus initial interventions had to communicate the basic risks from AIDS to the general population. In this sense they adopted fear appeals. However, beyond this basic communication exercise their role was limited. Once people appreciated the existence of a risk from AIDS their concern was how to resolve the resulting threat. As with smoking, two alternatives were available. Either they could distance the threat by, for example, denying its existence or relevance to them or they could change behaviours to reduce the risk. For most people this behaviour change involved the adoption of safer sexual practices such as using condoms or vetting new sexual partners, strategies that are often very difficult to put into practice. It became apparent, therefore, that reiteration of the fear appeals and threats was unlikely to achieve a great deal. Material produced by the DHSS in London adopted this strategy and pretesting with the campaign's target (80) showed that, whilst popular, the commercials generated no personal identification. From the consumers perspective they represented an impactful way of reaching <u>other</u> people but the implications of the message for the respondents themselves was nil.

By contrast, the SHEG adopted a very different strategy. As noted above the limitations of fear appeals stem from their generation of dissonance. They put the consumer between "a rock and a hard place," with in this instance, the rock being AIDS and the hard place being safe sex. Consequently, the consumer is most likely to resolve this dilemma by rationalising the threat. Reiterating the threat simply

increases the size and weight of the rock and thereby redoubles the tendency to rationalise. Instead, using our research, SHEG's approach was to "soften the hard place" by producing prototype press advertisements that gave constructive and positive advice about how to adopt safe sexual practices. The test material covered such issues as condom use (suggesting solutions to both the practical and emotional problems involved), advice on how to discuss sex with your partner, and details of safe sexual practices. Consumer response was very favourable. In contrast to the simple fear inducing messages, they were seen to present solutions and opportunities, not just unwanted restrictions.

These findings support one of the conclusions drawn in Sternthal and Craig's (op cit) review that the clarity with which recommended behaviour is explained and the extent to which it is felt to be effective, will have a marked influence on the power of the message. Karlins and Abelson (81) made a similar point when they argued that appeals are more likely to be effective when:

> "(1) Immediate action can be taken on recommendations included in the appeal;
>
> (2) Specific instructions are provided to carry out recommendations included in the appeal."

In conclusion, three important points emerge from our work in the area of fear appeals. First, it confirms the tendency for audiences to rationalise threatening messages.

Second, the problems with fear appeals at least partly relate to the fact that they are negative and restrictive. Our research suggests that positive approaches, offering opportunities and solutions rather than threats and problems are likely to be more effective.

Third, if fear appeals are to work at all (and they may be a useful device for generating impact) then they must be coupled with appropriate means of resolving the resulting threat.

Under-Resourced Segments

Standard marketing texts (eg. 82, 83) generally isolate three criteria for determining the viability of a market segment: identification, it must be possible to identify a suitably homogeneous group in the market, accessibility, it must be possible to reach these people efficiently through specific media, and sufficiency, there must be enough people with the necessary resources to make the segment profitable. This last requirement underlines the fact that commercial marketing is mainly concerned with those in society who have the resources to participate in the market. It tends to ignore those who have not.

This tendency is confirmed when practical applications of market segmentation are considered. For example, Young and Rubicon (84) currently use a classification system that divides the population into four groups:

- Young aspirants: go-getters who like the 'good things' in life such as Porsches and Rolex watches.

- Controllers: older, successful people who have reached powerful positions in society. They like to ensure that they control all aspects of their lives.

- Housewives: middle-aged, security conscious individuals who favour branded goods and safe choices.

- Guardian Readers/Sainsbury Shoppers: typically young married couples with children, 'socially responsible' and involved in community groups such as the local parent teachers association. Typically they prefer own label goods.

This classification system no doubt provides Young and Rubicon with a useful basis for designing campaigns. However, it seems to be solely concerned with people who have resources. There is no obvious

category for the unemployed or the poor who frequently lack the resources to participate in the market.

There are several dangers for marketing in ignoring these groups. First, today's have nots may become tomorrow's haves, so although currently of limited value they may represent important future customers. Second, evidence is mounting of increasing divisions in the UK between rich and poor (eg. 85, 86). In such circumstances it would seem to be undesirable for marketing to become associated with only one half of this divide. Third, if the marketing concept is to expand to encompass the sort of human concept envisaged by Dawson (87), then marketers need to develop the skills to approach deprived sections of society.

Health educationists can help in this respect. In many ways their targeting strategies are the opposite of commercial marketers'. They deliberately seek to reach deprived groups because their health problems are generally more marked. Thus SHEG's recent anti-drug abuse campaign deliberately targeted unemployed adolescents - and was evaluated accordingly (88). Similarly, work with the Scottish Sports Council (89) revealed the existence of multiple deprived groups that needed multi-faceted interventions. Perhaps most fundamentally of all, health education offers the concept of self-empowerment (see Section 2.1). This emphasises the importance of promoting informed decision making, even when such decisions have to be made within the confines of a harsh and restrictive environment.

Materialism

One of the criticisms levelled at commercial marketing is that it is based on the principle of continuous and increasing consumption. Recent studies (90), for example, have shown that television advertising encourages materialism among children. Similarly, multi-national corporations have been criticised (eg. 91) for exploiting third world economies in a desire to satisfy spiralling

western wants. Indeed, the whole green political movement is based on this sort of analysis (92). Furthermore, this criticism does not only emanate from those outwith marketing. Witness, for example, the recent debate between Pollay and Holbrook in the Journal of Marketing (93, 94, 95).

As noted above, a multidimensional marketing approach should ultimately bear fruit in this respect. It is also possible to argue about the cause and effect relationship of marketing techniques and consumption (96). However, regardless of the veracity of the arguments, there is no doubting the existence of antipathy to advertising in particular (97) and to marketing in general. As Beaver and Silvester (98) said, in discussing the aftermath of the Nestle's baby milk scandal, "a broad spectrum of well-meaning people are ready to assume that advertising serves a malevolent purpose and do not ask for evidence." The extent of the antipathy is illustrated by the Nestle's incident.

Social marketing cannot be criticised in any of these ways. None of the papers presented in this thesis, for example, concern campaigns that were designed to encourage consumption. Indeed, some concern ones designed to do the reverse. Thus, a final way in which social marketing could be said to contribute to commercial marketing is in distancing marketing concepts and principles from some of the less savoury practices of business. In short, it can provide it with ideological respectability.

At the moment this benefit may appear trivial. After all, the criticisms are voiced by a minority group and as noted in the Introduction to this thesis, the benefits of marketing are widely accepted. However, in the long term, in a world of finite resources and increasing environmental concern, such issues are likely to increase in importance.

Paper 9

SOCIAL MARKETING: PROGRESS OR JARGON?

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ABSTRACT

The paper discusses the nature of social marketing and argues that before this can be said to take place two criteria must be met. First, organisations that claim to use social marketing must demonstrate an involvement with marketing that goes beyond the borrowing of isolated tools and concepts; the application of marketing principles to their work must be consistent and integrated. Second, their involvement with marketing must contribute original ideas, practices or perspectives to the furtherance of the organisation's goals. If these criteria are not met, social marketing's validity as a discipline must be questioned. In discussing these issues the paper draws extensively on case history material from the work of the Scottish Health Education Group - the Government body responsible for health education in Scotland.

INTRODUCTION

The Scottish Health Education Group (SHEG) is the Government body responsible for health education in Scotland. Part of its work involves generating awareness of health issues and of the actions people can take to improve their own health. In health education jargon SHEG must 'put health on the agenda'. Thus it has considerable interest in any vehicle for generating publicity - including advertising.

However, SHEG has severe budget restrictions - for example, in 1983 its total budget was £2 million for a Scottish population of approximately five million people. The budget had to cover everything from salaries and accommodation to coffee and stationery. This meant that no more than £1 million was available for all promotional and advertising output.

The inadequacy of this budget becomes obvious when comparative data from industry are considered. In the same year, 1983, the Advertising Association estimated that the total expenditure on advertising in the UK was £3.6 billion, an average expenditure of approximately £400,000 every hour of every day, the entire year long. In comparative terms, therefore, SHEG's total annual publicity budget is equivalent to only 2½ hours of national UK advertising. Furthermore, if SHEG can be said to have competitors in the field of health promotion, it is the tobacco and alcohol industries, whose estimated joint expenditure on advertising was £247 million for the same year - approximately £24.7 million in Scotland on a proportional to population basis. In total, therefore, SHEG has to compete with massive general advertising expenditure across Scotland as a whole, together with directly competitive cigarette/alcohol advertising which has 25 times the resources. These severe financial constraints mean that SHEG must continually seek ways to maximise the cost effectiveness of its resources.

In doing this it has had learn from other disciplines. In its awareness generation activity, marketing has been the obvious source of such help. Thus over the years SHEG has become involved in the use of a number of marketing techniques, and has been seen as engaging in social marketing. However, these actions and intentions are not in themselves sufficient to indicate that this is happening, or indeed that social marketing actually exists at all. For the latter to be the case, at least two criteria must be satisfied.

First, SHEG's involvement with marketing must amount to more than simply borrowing isolated marketing tools and concepts, such as advertising, when and where they might be useful. Instead, it must lead them to adopt a wide range of marketing techniques and principles and to apply these in an integrated and consistent way. In other words, it must not be a process of grafting onto health education appealing but isolated components of marketing, but one of developing an integrated marketing perspective.

Second, and possibly more important, marketing must be shown to contribute original ideas and perspectives to the theory and practice of furthering social causes - in this case to the discipline of health education. Unless this is the case, so called social marketing becomes no more than relabelling. Thus when Fox and Kotler (99), for example, outline social marketing as the application of the four 'P's to a social cause such as non-smoking, and invite health educators to consider product, price, place and promotion in their campaigns, they are not necessarily saying anything new if it does not result in action that health educators have not already considered. For example, health educators have long been aware of 'place' variables (eg. the desirability of making cigarettes more difficult to obtain), 'price' variables (eg. the fact that increasing prices influences consumption) and 'product' variables (eg. products such as nicotene chewing gum can be an aid to cessation.) Only if Fox and Kotler's analysis predicted new possibilities which resulted in unique approaches, or led to management thinking about the issues in different ways, could social marketing be said to be operating.

Otherwise the process becomes no more than one of applying different labels to existing principles - that is, an exercise in generating jargon. If this is the case, the choice between two conflicting sets of theoretical descriptions becomes subjective and a matter of semantics.

Social marketing must therefore do more than merely describe the concepts of another discipline in marketing language. However, many social marketing cases cited in the literature tend not to do this. For example, when Fox and Kotler (100) report the Stanford Heart Disease Prevention Programme (traditionally regarded by health educationists as a classic example of effective health education) as an example of social marketing because its components can be described in terms of the 4 P's, they are in effect doing no more than relabelling the concepts of health education with marketing terms, and asking the reader to choose between two conflicting sets of descriptions. As health educationists developed their concepts and applied their labels first, they might well feel justified in claiming that the programme was an example of health education rather than social marketing.

This paper examines SHEG's recent work and discusses two issues. First, to what extent has SHEG used marketing theory and/or practice - has it merely tinkered with marketing or is its involvement more central? Second, has this involvement contributed anything original to the theory and practice of health education? In other words, this paper will try to determine whether social marketing actually occurred, and by implication, whether social marketing exists as a valid perspective in its own right.

As indicated above, SHEG is involved in producing a range of health education programmes and in doing this its activities can be said to concern all four 'P's of the marketing mix. However, a central aspect of SHEG's work is the promotion of positive health. It is this promotional activity that will be examined here.

Five aspects of this work will be considered:

- mainline advertising: development and assessment
- mainline advertising: media selection
- the use of free publicity
- co-operation with other organisations
- political activity

SHEG'S PROMOTIONAL ACTIVITY

Mainline Advertising: Development and Assessment

Resource limitations have meant that the main mass media such as television and press have had to be used with particular care. Every precaution has been necessary both to justify the relatively high expenditure involved and to ensure that when they are used, their efficacy is maximised. This has led to considerable innovations in the way SHEG produces its mass media material. Over the past six years it has consistently applied advertising research techniques to each stage of the development of its material.

Among commercial marketers such processes are familiar and perhaps taken for granted. However, in non-profit making organisations their use is much less common, and in the area of health, the implications of advertising research are almost revolutionary. In the UK at least, health care has traditionally been dominated by the medical model, which sees the doctor or health professional as paramount with a monopoly on expertise and knowledge. From this perspective health education becomes a matter of dispensing knowledge like drugs, with the audience being seen as a passive recipient rather than an active participant in the process. The use of advertising research in developing health publicity radically undermines this perspective. It suggests that the patient or audience should have a say in what is included in health publicity, and the relevance of what they say should be judged in terms of its contribution towards fulfilling

stated objectives. More contentiously, it implies that where a conflict arises between the health professional's opinion and the audience's opinion, effective communication will be achieved by giving the latter precedence.

Furthermore, SHEG's use of advertising research has involved more than the piecemeal application of these techniques to isolated aspects of the communication process. It has involved the consistent application of an integrated and cyclical research process, starting with basic research and problem definition, through concept development and pre-testing to evaluation. As marketers would expect, this has led to the accumulation of a body of knowledge that amounts to more than the sum of its parts. SHEG has not only been able to maximise the potential of individual campaigns but has also been able to develop and expand its overall strategies in health education. For example, in recent years two new strategies have been developed:

- First, where appropriate, SHEG has attempted to replace heavily threatening, negative approaches with more positive ones. Thus instead of continually re-emphasising the dire health consequences of smoking, the benefits of <u>not</u> smoking are stressed.

- Second, SHEG has moved away from a topic based approach (eg treating smoking, drinking and dental health as isolated problems) towards one emphasising the whole person approach. Thus, a new campaign entitled "Be All You Can Be" is intended to draw a wide range of SHEG material together under a single 'umbrella' - in other words, bringing a form of corporate branding to health education for the first time.

Both these moves have come as a direct result of insights gained into consumer preferences and perceptions using advertising research. More importantly, they have not derived from isolated research projects using the concepts from other disciplines in the social

sciences, but from the unique perspective that marketing has brought to such research - the need for it to be integrated, cyclical, and problem solving oriented relative to stated objectives. To that extent, we think that this represents a unique perspective that does not derive from any other discipline in the social sciences, and can genuinely be described as 'social marketing' rather than, for example, 'applied social science'.

SHEG's involvement with advertising research has also had more specific implications for two aspects of its mass media work:

- the use of targeting
- the creative content of its advertising.

- Targeting. To some extent the targeting of messages at specific groups has long been an accepted aspect of health education. Smokers, the overweight, the elderly are all examples of traditional health education targets. However, SHEG's continuous involvement in advertising research has expanded its thinking in this area, with the introduction of more sophisticated segmentation studies at the problem definition stage.

  In the past, segmentation criteria tended to be based on fairly obvious health related variables such as age; more recently, they have included marketing concepts such as life-cycle and lifestyle. Such studies have also highlighted more significant consequences of identifying segments than was realised in the past. They have, for example, pointed out that there may be different communication implications for different segments in a health market, with some amenable to traditional mass media approaches and others more sensitive to interpersonal counselling; that integration of mass media approaches with back up from health professions may vary from sector to sector; and that resource implications vary widely from sector to sector. A

particularly interesting example of the application of marketing segmentation principles to a social topic, blood donation, is given in MacAskill et al (101).

- Creativity. SHEG's limited resources mean that it must maximise the creativity and originality of its messages if these are to be heard amidst the ever increasing volume of advertising. SHEG can never 'buy' attention by simply increasing the exposure of its material. This has meant that it has been under more pressure than most organisations to solve one of the perennial problems of advertising - the need to maximise creativity within limited resources. SHEG has come to appreciate that research is an invaluable tool in this respect, and that rather than running counter to creativity, research can work in unison with it to develop effective campaigns. This appreciation is witnessed by its award-winning campaigns and by tightly controlled evaluations that show significant achievement of pre-stated objectives.

  Creative strategies have included the use of humour in anti-smoking material (102) and lifestyle approaches in anti-alcohol advertising (103), both of which represented considerable innovations in health promotion. SHEG has also increasingly adopted sophisticated approaches involving the use of imagery. This latter approach in particular owes much to product advertising, which in the UK at least, has long distinguished between the promotion of factual product information and the emotional tone or impression associated with the brand that such promotion leaves behind. The application of this principle, especially to anti-smoking publicity, has led to one of the most innovative approaches to health education seen in the last decade or so. It has suggested that rather than continue to promote to smokers factual, negative information about the dangers of smoking (which they already know and which increases defensiveness), it might be more

appropriate to leave behind positive images about non-smoking. In the late 1970's, SHEG was the first national health education body to apply this perspective to its non-smoking publicity, and the 1980's has seen the adoption of this principle on a significant scale worldwide.

In summary, therefore, it can been seen that in its mainline advertising campaigns, and particularly in its use of advertising research, SHEG has become deeply involved in an important marketing approach, and had to cope with some of the more fundamental problems associated with it. In addition, it is also clear that, in this case at least, marketing has provided perspectives that are new to health education. It has also, to a more limited extent, led to the application of novel concepts, such as the positive image of non-smoking. Further, these approaches have led to considerable advances not just in isolated elements of SHEG's work, but in their underlying strategy. Marketing has therefore introduced new ideas and practices as well as extended existing ones. As such, we would argue that the concept of 'social marketing' has legitimate status in this particular case.

The Choice of Media Channel

Again SHEG's financial limitations have led them to innovations in this area. These divide into two groups:

- increased sophistication in media buying decisions in using mainline mass media.

- consideration of alternatives to these mass media

Media Buying Decisions - SHEG's increasing use of segmentation and targeting has obvious implications for its choice of media. As with any advertiser it selects the media that can reach its audience with

greatest cost effectiveness. The only difference in SHEG's case is that its limited resources makes this process all the more necessary. Thus it has opted for cinema rather than television when targeting adolescents and young adults, has used the popular press to communicate with working class men, and has used regional inserts in women's magazines when aiming at women.

However, in addition to this fairly obvious consideration, SHEG's media buying has increased in sophistication for a number of other reasons. Firstly, the advertising restrictions, both statutory and voluntary, placed on their alcohol and especially tobacco industry 'competitors' have provided opportunities that SHEG cannot afford to miss. These opportunities exist most obviously where whole media are forbidden to SHEG's competitors - as television is to the tobacco industry. Despite the problems of cost this provides SHEG with 'virgin territory' for its anti-smoking campaigns. This advantage is particularly important in view of the discrepancies in the resources available to the two groups. If SHEG uses a mass media channel for its anti-smoking campaigns that is also available to the tobacco industry it runs a considerable risk of being swamped by the sheer volume of competitive material.

However, opportunities for SHEG are not restricted to making choices between media. Restrictions on SHEG's competitors also influence decisions with individual media. For example, the tobacco industry is unable to use poster sites near to schools. As a result, SHEG was able to take advantage of this in its 1982 'Go For Goals' children's anti-smoking campaign by using large poster sites near to schools, without risk of its being overwhelmed or even contaminated by pro-smoking material.

These opportunities and the related advantages they bring are counterbalanced, however, by at least three disadvantages:

- The balance of power in media buying is heavily in favour of SHEG's competitors, as discussed above. This can put

restrictions on SHEG, at least unofficially. For example, the tobacco industries' massive involvement in poster advertising can make it difficult for SHEG to obtain prime poster sites. SHEG's competitors are also in a position to discourage certain media from taking advertising that may be damaging to them. Numerous other examples of such pressures have been described recently by Taylor (104).

- In addition to these hidden restrictions, SHEG also has to allow for certain, more open limitations to their advertising. These involve restrictions on both the media they use and how they use them. As an example of the former, SHEG would have difficulties running a family planning campaign on television. In terms of how media are used, anti-alcohol and pro-alcohol advertising are bound by the same rules. This means that, like alcohol advertisers, SHEG must also use actors over the age of 25, presenting particular problems when communicating with adolescents.

- Finally, the nature of much of SHEG's advertising can influence its suitability for certain media. Regardless of how they are presented, many of the messages that SHEG promotes have serious and negative implications. Thus even a humorous anti-smoking advertisement is suggesting that people should give up something pleasurable for intangible, and often probabilistic, long-term advantages. These characteristics raise questions as to the suitability of media such as cinema, where audiences have come purely for entertainment and hence may resent the intrusion of this type of material.

All these factors complicate SHEG's media buying decisions. SHEG recognises these complications, and the importance of making the right choice. Whether this represents a marketing perspective, however, is more debatable. As yet, marketing has done little in the way of offering unique insights or procedures, other than perhaps the

recent introduction in Scotland of specialised media buying shops. It has contributed little beyond the fairly obvious advice that appropriate channels of communication are needed for specialised targeted messages. Indeed, it might be argued that in this area, SHEG can contribute more to marketing knowledge than vice-versa, through its specialist knowledge of the intricacies involved. To this extent, it might be useful to extend the concept of social marketing to include advice that social organisations can offer to marketers, rather than vice-versa.

Alternative Media - In addition to the conventional above the line media of television, radio, cinema, press and posters, SHEG has used a wide range of alternative communication channels. These include unconventional mass media ranging from beer mats to hot-air balloons; promotional items such as T shirts and badges; and the direct mailing of publicity to target audiences. (For example, SHEG publicised its recent environmental health campaign by having 'fliers' inserted in local council letters to shopkeepers). In addition, SHEG has made considerable use of sports sponsorship, which is possibly the most significant and ambitious use of alternative media that it has adopted. It has mounted a number of sponsorship campaigns in recent years, starting with sponsoring the 1982 Scottish World Cup squad. It has also sponsored people's marathons, including the successful Glasgow Marathon; three international cycle races (the 'Health Race'); and is currently sponsoring the Scottish Football Association (SFA) Cup for four years. These campaigns have had a major publicity function, but have also often been used to encourage direct action. Thus, for example, the Health Race included health related events, such as 'fun runs' in which people could get directly involved.

SHEG's sponsorship activities have not been arbitrary or haphazard. Further, it is more than a simple mimicking of the activity of commercial organisations - although the heavy involvement of the tobacco and alcohol industry in sponsorship did suggest that there

was a need for some counterpropaganda. As with its conventional advertising, SHEG has based its sponsorship campaigns on clearly stated objectives, and on detailed consumer research, both pre-testing and evaluation (see, for example, 105). Evidence suggests that this is more than can be said for many commercial sponsors (eg. 106).

Again, therefore, it can be seen that SHEG is deeply involved in innovative marketing areas, and it could be argued that marketing has contributed to SHEG's work, at least by example. Many of SHEG's more innovative media - such as the hot air balloon - were based on commercial precedent. However, to argue that this exemplifies a social marketing perspective is tenuous, to say the least. In some instances, notably in use of sponsorship, SHEG seems to be in advance of its commercial rivals, rather than the reverse. There is, for example, little doubt that commercial companies would benefit greatly by imitating SHEG's approach to the sponsorship of the SFA Cup, especially with regard to its decision-making relative to targeting. Again, this reflects a two-way interpretation of social marketing, with marketing learning as much from health education as vice-versa.

The Use of Publicity

As well as seeking alternatives to the five main media discussed previously, SHEG has also attempted to maximise its impact by using free publicity. This has involved the use of the mass media in several different ways to communicate directly with the public:

- stimulating editorial comment by either holding press conferences when there is something important to announce, or creating controversy in order to generate press interest. Thus no major SHEG campaign now takes place without considerable publicity in the Scottish press and broadcast media. Many issues have also been aired as a result of controversial pronouncements by SHEG. In the latter case, for example, SHEG

was one of the first 'respectable' sources to draw a connection between ill-health and unemployment.

- contributing editorial comment through, for example, participation in educational broadcasting. Thus, in the past, SHEG has been heavily involved in sex education television programmes.

- jointly controlling editorial comment. The most innovative of SHEG's efforts in this area has been its involvement with a radio soap opera, 'Kilbreck'. This was evolved in conjunction with the BBC. The storyline was developed in much the same way as for any soap opera, except that health issues were deliberately written into the script. In this way a popular format was used to transmit what might otherwise be dull messages.

Free publicity can also be obtained indirectly by approaching intermediate 'experts'. Thus SHEG devotes considerable effort to the in-service training of professionals - the equivalent of training its sales force. Much effort is also expended in publicising health education through conferences and professional journals in a range of fields - including, of course, marketing.

Once again, therefore, it can be seen that SHEG is deeply involved in an important area of marketing. Further, it may be argued that much of SHEG's work in this area has been stimulated by commercial activity and that marketing provides considerable guidance about how to make the best use of publicity - for example, any basic textbook will at least discuss it. However, SHEG's involvement extends to innovative activity, as with the Kilbreck project, that if not unique, is certainly uncommon in commercial marketing. In addition, health education has many years of experience in using publicity, which has provided a direct understanding of its processes. It seems, therefore, that the contribution of original knowledge by marketing to health education is limited, and indeed often exists in reverse.

The Use of Other Agencies

Financial constraints have again played an important role here. SHEG has long realised the advantages of sharing the cost of campaigns with other agencies who have similar objectives. The most obvious examples of these include SHEG's co-operation with anti-smoking pressure groups, local health authorities and sports organisations. However, these more obvious associations are not particularly innovative in marketing terms, being akin to conventional commercial alliances such as those between detergent and washing machine manufacturers.

However, SHEG has also joined forces with more disparate bodies. For example, it is currently co-operating with Glasgow City Council and Strathclyde Region in attempting to make Glasgow a non-smoking city by the year 2000 ('Glasgow 2000'). The 'Health Race' and 'Kilbreck' could not have been organised without the close involvement of the International Cyclists Union and the BBC respectively. In each instance the 'other agencies' have no obvious connection with health education, and yet fruitful co-operation resulted. This sort of alliance also has equivalents in the commercial world (for example, Persil and British Rail) but these occur much less commonly than the more obvious ones discussed above.

Again, therefore, there is evidence of heavy involvement by SHEG in an important area of marketing. And again it can be argued that SHEG's involvement with other agencies owes something to commercial marketing precedents. However, as with sponsorship and to some extent publicity, SHEG seems to be overtaking rather than following commercial marketing - there is little evidence that it is following unique approaches that would justify the claim that 'social marketing' is taking place.

Political Activity

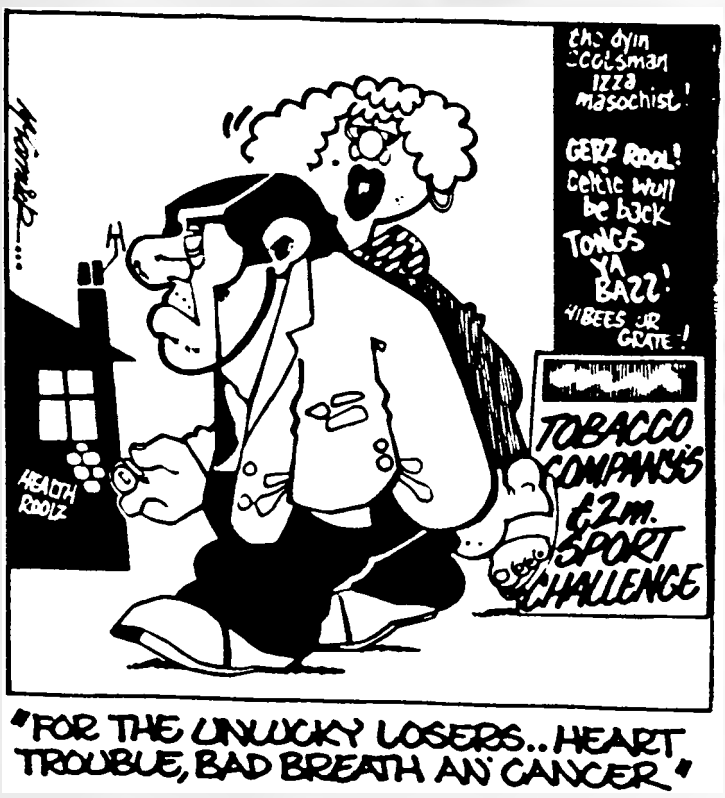
Finally, SHEG's marketing perspective is evident in what can be termed its political activity. Essentially, this is the realisation that in achieving its aims of generating publicity about health, SHEG must not only target the 'final consumer' but also consider those who have the power to influence the final consumer's lives. This philosophy has already been demonstrated in the section on publicity, where SHEG's involvement with intermediate health professionals was discussed. However, an often far more influential group in terms of health care policy is politicians. Over the years, therefore, SHEG has had a consistent strategy of stimulating political awareness and concern about health issues.

SHEG has achieved this in two main ways. Firstly, by its use of above the line advertising. As discussed above, the vast majority of this is deliberately and carefully aimed at the public. However in some instances, material has at least partially been politically motivated. The best example of this is the 'Dying Scotsman' campaign, which featured a cartoon character who was successfully used to communicate humorous health education messages to the public.

In addition, however, these cartoons provided an ideal opportunity for commenting politically. The medium was flexible and instantaneous - almost any health education topic could be covered at a moment's notice. The cartoons were irreverently humorous, making it difficult for aggrieved parties to respond effectively. As an example, Figures 1 and 2 show how SHEG was able to respond to alcohol and tobacco companies' involvement in sports sponsorship. In each case these cartoons appeared immediately after the sponsorship announcements, whilst the issues were still very topical.

Figure 1

Figure 2



The second, and probably more effective, way in which SHEG has used its political skills to generate publicity about health operates more directly. It includes lobbying Members of Parliament to encourage the generation of what SHEG sees as desirable legislation (eg restrictions on tobacco advertising), counteracting the influence of the pro tobacco and alcohol lobbies, providing advice and help to other health-related organisations who share some of SHEG's objectives, such as Action on Smoking and Health (ASH), and raising politically sensitive health issues in the media. Many of these activities are necessarily covert, but one recent example was SHEG's initiative in conjunction with ASH, of sending every Scottish MP morbidity and mortality statistics for their constituencies.

This final section, therefore, demonstrates that SHEG's marketing perspective extends to appreciating the importance of the wider environment in achieving its objectives - a concept also familiar to commercial marketers. However, it is unlikely that health educators gained this awareness from marketers. Political agitation has long been a facet of furthering social causes, and many health educationists are past (and present) masters of the art. It is thus more difficult to say whether SHEG became more sophisticated in this area by learning from marketing, if only because of the covert nature of much political activity. However, the actions of tobacco and alcohol lobbies undoubtedly played their part in stimulating SHEG to greater effort.

CONCLUSION

In conclusion, this paper has shown how SHEG's lack of resources has forced it to think innovatively in its efforts to promote health. As part of this it has taken a deep interest in marketing, and much of its work fits into traditional definitions of social marketing, ie it can be described in terms of the 4 P's and related concepts. However, as was argued in the introduction, for social marketing to be justified as a valid concept, it must achieve more than mere

relabelling, and bring to the social cause new perspectives, or lead to unique predictions.

In our view, the extent to which this has been achieved so far is debatable. In some areas, such as in advertising research, marketing has indeed brought unique perspectives to the development of social advertising material, for example the need for research to be integrated, cyclical and related to stated objectives. There have also been occasional insights whereby marketing's influence has resulted in lateral approaches to existing problems, most notably promoting positive images of non-smoking rather than emphasising negative information about smoking. In general, however, such unique insights have been limited; indeed in many cases, the insight has come from health education to marketing rather than vice-versa.

In overall terms, the occasions when social marketing can be said to be operating have been those when alternative perspectives or ways of thinking have applied to the health education topic being considered. In our view, social marketing currently operates only at this level, and to a limited extent. It has not yet reached the stage where theoretical models lead to unique predictions, nor has it produced guidance based on objective, scientific testing of models making differential predictions. Arguably, the next decade or so will see achievements in these areas; it is only when social marketing achieves this status can progress rather than jargon be said to be taking place.

Paper 10

CONSUMER FEEDBACK IN THE DEVELOPMENT OF HEALTH CAMPAIGNS

G B Hastings

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Introduction

In recent years there has been an increasing recognition that the effectiveness of health campaigns can be increased by ensuring consumer involvement in their development and implementation. This tendency is supported by academic theory and practical experience. Both these areas are examined below.

Two theoretical approaches are important: communication theory and social marketing. Early models in communication theory characterised the process as a one way phenomenon, involving an active message sender and a completely passive recipient. Analogies are often drawn between this model and a hypodermic syringe: just as the doctor injects the drug into the patient so the communicator injects the message into the audience. In both cases the effects are both predictable and recordable.

This analysis presents the communicator as powerful and directly manipulative, with dramatic effects being relatively easy to achieve. These ideas were given added credibility when commentators like Vance Packard (107) applied them to commercial advertising, the influence of which became greatly exaggerated and over-simplified.

This hypodermic model came to be questioned when researchers found the effects of communication to be much more elusive than predicted. Gradually more complex explanations were developed. These included the two, or more, step model initially proposed by Katz and Lazarsfeld (108), involving opinion leaders in the process of communication; the use and gratification approaches (109, 110) which depict the consumer deliberately using the media rather than vice versa and, most recently, cultural effects models which place the media in a cultural context and see its effects as indirect and long-term (111).

None of these alternative theories is universally accepted but they do all share the idea that the audience as well as the sender has an active role to play in effective communication. Communication can no longer be seen as the straightforward transmission of objectively defined information by an active sender to a passive recipient. It is a two way rather than a one way process.

These developments have fundamental implications for those involved in health education. They mean that the health educator must not limit his concern to the message he sends, but must also consider the audience's interpretation, acceptance and response to that message. This can cause difficulties in a face-to-face situation, where a negotiation of meaning is at least possible, but is particularly problematic when the mass media are used.

Two factors contribute to these problems. First the conventional mass media - television, radio, leaflets, and posters - tend to work in one direction and do not allow for much active involvement by the audience. Second, they distance the message sender from recipient, so that even if so inclined it is difficult for the audience to express their views to the communicator.

These problems with the mass media can at least partly he overcome by involving the audience in the development of material, and evaluating response after a campaign is complete. In short by conducting both

formative and outcome research. The precise format that this research might take is discussed below.

Similar conclusions emerge from the field of **social marketing.** This is a much abused and confused term in health education. It has become fashionable, in Britain at least, for health campaigners to see themselves as social marketeers simply because they use mass media advertising. There has been a parallel tendency for the term 'health promotion' to replace that of 'health education', and in both instances it amounts to little more than relabelling of largely unchanged professional approaches.

The contribution of social marketing can in fact be fundamental. To understand how, we must return to basics and define the term. Philip Kotler, the man frequently acknowledged as the founding father of social marketing did so as follows:

> "Social marketing is the design, implementation, and control of programs seeking to increase the acceptability of a social idea, cause, or practice in a target group(s). It utilizes market segmentation, consumer research, concept development, communication, facilitation incentives, and exchange theory to maximise target group response." (112)

The concept of exchange (113) is the crucial element of this definition. In commercial marketing it goes beyond the straightforward transaction of the marketeer offering his product or service for the customer's money and suggests that the successful company must understand and accept their customers' values and needs if they are to produce the 'right' products.

In social marketing there is also this implicit idea that the suppliers absorb the values of the customer in some way, so as to improve the effectiveness of their campaigns and programmes.

To achieve this exchange the health educator must first learn about his audience's values and perceptions on a particular health issue and then ensure that he correctly incorporates them into his message. In other words, he must conduct research with his target audience.

Thus, both communication theory and social marketing emphasise the value of audience research in effective mass media communications. The field of marketing also presents practical guidance on the form this research should take. 'Advertising Research' is now an accepted part of the production of commercial publicity material. At its most sophisticated it takes the form of a multi-stage process of interrelated research projects.

These begin with 'basic' or problem definition research which takes place before any decisions about media material are made. It aims to explore consumer perceptions of a particular issue - this might be a product field such as chocolate confectionary in commerce, or a specific health topic such as AIDS in health education. More specifically, the research examines what role, if any, the mass media might perform. Assuming the media has a role to perform, campaign objectives can now be defined and a precise brief be given to the creative team or advertising agency.

From this brief they can develop ideas or concepts for campaign material. The ideas are then researched with the target audience to see which of them has most potential.

Finished publicity material is then produced using the best of the concepts. Further research is used to 'pretest' two main aspects of this. Firstly, that the material genuinely depicts the concept and, secondly, that detailed aspects of execution are appropriate.

The material is now fully developed and the campaign can run. A final stage of research is then conducted to evaluate the extent to which the objectives of the campaign are achieved.

Three further characteristics of the advertising research process should be noted. First, it is integrated and cyclical. It is integrated in that each stage of research is dependent on the previous one and leads on to the following one. Understanding is gradually built up in a process of continual validation. It is cyclical in that the research programme is repeated for each campaign, so that lessons learnt from one can be passed on to the next. This is most apparent when several campaigns on one topic are involved. Thus experiences from your first anti-smoking campaign may well guide the development of your second. But is is also present between different topics. For example, short-term perspectives uncovered in anti-smoking research may have implications for anti-alcohol campaigns.

A second point about the advertising research process is that the above description presents a simplified and perhaps excessively tidy view of it. In practice, stages of research may be omitted or repeated several times depending on requirements. Thus previous experiences (and research) in running anti-smoking campaigns with adolescents may make basic research dispensable. Alternatively, particular problems in executing the concept may mean that several stages of pretesting take place.

Finally, it should be noted that the most fundamental benefit of the advertising research process is that it keeps the communicator in constant dialogue with his target audience. In this way it helps overcome the fundamental weakness of the mass media, discussed above - the fact that it operates in only one direction.

For the past eight years, this system of advertising research has been operating in Scottish health education. In 1979, the Scottish Health Education Group (SHEG) helped to establish the Advertising Research Unit (ARU) at Strathclyde University. Since then the ARU has conducted research on a wide range of health education campaigns. However, perhaps the biggest challenge for SHEG and the ARU has come with the spread of AIDS. The following case history looks at our work in this area.

Case History

SHEG first considered conducting a large scale public education campaign on AIDS in June 1986. They approached the ARU, which used quantitative and qualitative (114, 115) procedures to conduct basic problem definition research. This showed that people were aware of AIDS but had very narrow perceptions of it, associating it almost exclusively with homosexuals and drug addicts. Subsequent pretesting showed that this presented particular communication problems: initially people assumed any material on AIDS was only for the high risk groups, when the wider targeting was explained then they assumed that it was for the general public about the high risk groups. It was extremely difficult to communicate the idea of the leaflet was about the risks from AIDS to the general public, with particular reference to the sexual dangers. These findings had fundamental implications for the design of SHEG's leaflet.

Following the launch of the leaflet, and a great deal of other media activity on AIDS from various sources, further research was conducted in early 1987. This showed that the basic message of a broader risk from AIDS to those outwith the high risk groups had now been communicated. It also showed that people wanted future AIDS publicity to provide information that would help them cope with this risk. This publicity should be personalised and problem oriented, illustrating strategies for avoiding AIDS in 'every day' life. The exact topics people wanted to be covered in this material varied according to demographic grouping, but the clearest call was for information about safe sexual practices from young, single people.

SHEG responded to this need with draft material using prerecorded telephone messages. However, research with the target audience showed this to be conceptually inappropriate. Prerecorded messages could not provide the degree of 'customisation' needed to make the material personalised and problem oriented. Consequently the information on the tapes tended to be rejected as too general and basic.

Following this research, a series of press advertisements were developed, based on the concept of the 'agony aunt' columns that appear in popular UK newspapers. Further research showed these to have considerable potential. They have now been fully pretested and developed in a finished form.

Conclusion

In conclusion, this paper has argued that successful health campaigns are dependent on the recognition that effective communication requires the active involvement of both message sender and receiver. The process is a two-way exchange of values rather than a one-way transference of them. These characteristics make communication through the mass media particularly problematic. The case history illustrates how these problems can be reduced by systemised consumer feedback using the Advertising Research Process.

3.2 The Nature of Advertising Research

3.2 The Nature of Advertising Research

Any form of advertising research must be based on assumptions about how advertising works. The literature is replete with models purporting to explain this, but little consensus has emerged. Probably the largest body of such models, and certainly those with the longest history, are the 'hierarchy of effects' ones. These conceptualise advertising as taking the consumer through a series of steps towards product purchase. Typically, these steps fall into three categories: cognitive change (eg. product awareness and understanding), affective change (eg. product liking, identification) and conative change (eg. product purchase). The earliest hierarchical model was proposed by Strong (116) as long ago as the 1920's. He defined the steps as advertisements being seen, read, believed, remembered and acted upon.

Since then many variations on this theme have been posited. Some have increased the number of steps in the sequence (eg. 117), others have been more straightforward (118). Perhaps the most significant addition to these models was Delozier's (119) idea of advertising operating in a post purchase situation to reduce dissonance.

In their favour, these models have an attractive face validity and provide the practitioner with a clear schemata for action (120, 121). However, they have also been heavily criticised, largely because of the assumptions on which they are based. They all assume:

- a passive consumer
- being taken through a standard series of states
- in a predictable and uniform direction (that is cognitive - affective - conative).

This latter assumption has been most frequently criticised. Thus, studies have shown that cognition does not necessarily precede conation (122) nor conation affect (123, 124). Palda (125) argues in similar vein and questions the related assumption that movement through the different steps in the models increases the probability of purchase (126).

The hierarchical models have also been criticised because they assume high involvement between the customer and the product (127) and because the various steps are difficult to operationalise (128, 129). However, this latter criticism is not universally accepted. Indeed, it has been argued (130) that it is the very ease with which the models can be operationalised (eg. awareness becomes recall, comprehension communication of specific points, etc) that contributes to their remarkable longevity.

However, in my view the most serious deficiency in these models is that they assume a passivity on the part of the consumer. As Crosier (131) said "The short coming of this conceptualisation (ie. the hierarchical model) ... is that it implicitly describes audiences as passive targets, propelled inexorably up a ladder of responses by the actions of advertisers." Similarly, Lannon and Cooper (132) argued that "a major oversight in these models is that they make little allowance for the participation of the receiver of the communication in the process. There is an assumption of a more or less passive receiver, a tabula rasa on which messages are printed."

These arguments are supported by thinking in communication theory. As discussed at the outset of Paper 18:

> "Early models of communication depicted the process as unidirectional, with information being transferred by an active sender to a passive recipient. Analogies were drawn with the hypodermic syringe: information was seen as being

> injected into the audience in the same way as drugs are injected into the patient. As with the drug, the effect of any communication would be predictable and quantifiable. However, these effects proved in practice to be elusive, and gradually the hypodermic model was superseded by more complex explanations of the process of communication. These included the two, or more, step model initially proposed by Katz and Lazarsfeld (133), involving opinion leaders in the process of communication; the use and gratification approaches (134, 135) which depict the consumer deliberately using the media rather than vice versa and, most recently, cultural effects models which place the media in a cultural context and see its effects as indirect and long-term (136). Each of these theories has its supporters and dissenters, but they have in common the acceptance of an active role for the audience in the communication process. Communication can no longer be seen as the simple transference of information by an active sender to a passive recipient."

A number of models produced in response to the deficiences in the hierarchical ones have begun to address this issue of audience passivity. Joyce (137) suggests, for example, that the consumer brings preconceptions to the advertisement, uses it to decrease dissonance and that attention and perception are selective. Similarly, Baker (138) emphasises the importance of 'enabling conditions' - consumer needs and resources - at the outset of the advertising process. This contrasts with hierarchical models which see attention/awareness as the starting point. Finally, information processing theory (139) sees consumer decision making in the context of their use of information, including that from advertising.

The concept of consumers using advertising - of communication being a two way process - presents a logistical problem for advertisers in that the channels of communication they use, the mass media, are essentially unidirectional. To overcome this problem research must be used to guide the development of appropriate material, that is material that will fulfil the consumers' needs.

This process, as described in Paper 12, must begin before any creative material is produced, with basic problem definition research. As the name suggests this examines the nature of a particular problem or issue from the perspective of the consumer - how they perceive AIDS or diet for example. In advertising terms its aim is to determine whether the mass media has a role to perform and if so to set appropriate objectives. Almost certainly in health advertising the latter will concern communication rather than behaviour change.

Problem definition research is particularly important for health education because, as noted in Section 3.1, there is often consumer resistance to appeals on topics such as smoking. Early developmental research can help circumvent these feelings. Such overt resistance is rare in commercial marketing.

The research process then continues by guiding the development of material that will best meet the objectives, ie. that will best satisfy the consumers' needs. It must do this both at a conceptual and an executional level. Finally, after a campaign has run, research can be used to check objectives have been met - that consumers have been able to use the advertising as they wished. The whole research process is illustrated in Figure 1 at the beginning of Section 2.2.

As noted in Section 2.2, one of the crucial aspects of this research process is that it is continuous. That is, each research stage leads on from the previous one and onto the next one, gradually developing and refining the researcher's understanding of the consumer's

perceptions in a particular field. Furthermore, the process is repeated for subsequent campaigns, making the process cyclical and ensuring long-term improvements in our understanding.

This is the philosophy behind the research I have conducted. It contrasts with approaches most prevalent in America (140, 141) which concentrate on calibrating the effect of advertising on the consumer whether by measuring straightforward recall, more complex perception, attributable sales effects or laboratory response (142). These latter approaches owe a great deal to the hierarchical models of advertising effect discussed above and therefore suffer from the same theoretical weaknesses (143).

This basic purpose of advertising research - to develop our understanding of the consumer's view of the world - has a strong influence on methodology. The emphasis must be on in-depth exploration of real life issues. Qualitative interviewing techniques in general and group discussion procedures in particular are well suited to providing the breadth and depth of insight provided. In short, to quote Lannon (144) "Qualitative methods are most useful, simply because they allow us to see the world as consumer's experience it: from their frame of reference, with their own words, gestures and behaviour." Experimental techniques are too narrow and lacking in real life context (145). Quantitative techniques are generally too superficial. Furthermore, qualitative techniques are now generally accepted in marketing research (146) and have been shown to produce reliable findings (147).

Because of these benefits, qualitative group discussion procedures have been extensively used in my research during the first three stages of the advertising research process. Only at the evaluation stage have quantitative procedures been used - and even here the data are interpreted in the context of the qualitative insights.

My Research

In Section 2.2 the benefits of this advertising research process for health advertising campaigns were demonstrated. This section discusses how its application in a social marketing context has developed understanding of the process itself.

Paper 11 presents arguments about optimum research systems. It shows that lessons learnt from developing one campaign can guide decision making on another, even when they concern apparently unrelated topics. In this way, advertising research can be seen as a continuous process of developing our understanding of the consumer. This suggests that not only should there be continuous research input when developing advertising material, but that there will be specific benefits in having an established research capability consistently working on material. In short, there should not only be consistent research but consistent researchers.

The paper then discusses the advantages of such a system for all those involved in the production of advertising - the client, the advertising agency and the researcher. Finally, aspects of implementation are considered, and comparisons are drawn with commercial research systems.

Paper 12 expands these ideas with particular reference to creativity. The paper argues that the traditional antithesis between the researcher and the creative is unnecessary if the continuous model of advertising research is accepted and applied. More specifically, the distinction is drawn between ad-hoc advertising research that emphasises testing and criticism and the continuous model that concentrates on dialogue with and understanding of the consumer. The former tends to constrain the creative process, whereas the latter encourages and channels it.

The final three papers in this section, numbers 13, 14 and 15, illustrate how continuity in advertising research can be beneficial even with completely new topics. In 1986, SHEG decided that, for the

first time, they must develop a public education campaign concerning AIDS. I have been responsible for a number of research projects designed to guide these interventions. Papers 13 - 15 describe some of these and show clearly how we were able to warn against the dangers of fear inducing approaches in this area. The first paper, published in January 1987 did so, and the latter papers repeated the warning and stressed the need to offer ways of resolving anxiety rather than simply creating it. It is becoming apparent that these arguments are now being accepted by those responsible for the main Government campaigns on AIDS (148).

There is no doubt that our previous experience in researching health advertising generally and fear inducing messages in particular (see Section 3.1), improved our understanding of these issues with regard to AIDS. Conversely, the weaknesses in much of the Government's AIDS advertising result from the fact that it has been produced by people who lack this experience (149).

In conclusion, this section demonstrates that the use of advertising research in a social marketing context can progress our understanding of how such research operates. In particular, it has illustrated the benefits of specific research systems and questions the traditional antithesis between researcher and creative. These arguments are as relevant to commercial as they are to social marketeers, and it can be seen as further evidence that the latter can guide the former as well as vice versa.

Paper 11

ADVERTISING RESEARCH PROGRAMMES

Gerard B Hastings

Proceedings of the HEC Workshop on Smoking Control
June 1985, 84-86

SUMMARY

This paper begins by discussing the nature of advertising research and argues that this has implications for how it is applied in health education. In particular it suggests that some form of established research capability provides benefits for all those involved in producing health education publicity. It then goes on to suggest ways of implementing this and concludes by discussing the pros and cons of the various options.

The Advertising Research Unit (ARU) is sponsored by the Scottish Health Education Group (SHEG) to help them develop and assess their mass media material.

INTRODUCTION

The advertising research process is both sequential and cyclical. That is it takes the form of a series of research steps, each leading on from the last and on to the next, with the final stage ultimately leading back into the first. Thus advertising research involves consistent research inputs at every stage of the development and evaluation of mass media material. That is there is not just a need for research, but for a research programme. If this does not happen and the research process is dipped into on an ad-hoc basis with the different steps being used in isolation then there is a great risk that problems will only emerge when it is too late to do anything about them.

For example if, as is often the case, pre-testing is restricted to a stage when mass media material is already well advanced in production terms, it may reveal unrecognised conceptual weaknesses that are impossible to remove. This results in difficult decisions having to be made about whether to proceed with a campaign that is demonstrably inappropriate or whether to jettison expensive material.

Thus the complete cycle of advertising research is important. This paper will look in detail at this process and how it can be applied with greater efficacy. In discussing this, a further important characteristic of the advertising research process should be noted. That is, as well as being sequential and cyclical, it is progressive: through its application the user steadily increases their understanding. It is in fact a continuous learning process.

This learning occurs at, at least, three different levels:

- <u>within individual campaigns</u> This is the most obvious level. As a campaign develops understanding increases. At the outset of a campaign research is used to answer fundamental questions about the role, if any, of the mass media in a particular programme. Following this different conceptual

approaches are assessed, then different executions etc. Thus understanding is gradually increased and refined.

- between related campaigns, such as two consecutive anti-smoking programmes. The development and assessment of the first campaign can contribute to thinking on the second. For example research on one anti-smoking campaign may reveal that an awareness of the health risks of cigarettes has been established. The proceeding campaign can then build on this.

- between unrelated campaigns, that is between separate campaigns on different topics. This is a less obvious level at which learning can take place. Two example from past ARU experience help to illustrate how it can operate:

    - research on dental health and anti-smoking campaigns both revealed the importance of short term rather than long term messages to working class groups.

    - research on a variety of projects covering family planning, smoking, dental health and alcohol provided complementary information about the problems of adolescence and the need to recognise these in mass media material aimed at this target group.

These are isolated examples to illustrate this level of the learning process. However, it should be noted that the process itself is not isolated or separate, but continuous - a constant accumulation of knowledge. It is this that makes all research, done on a wide range of apparently disparate topics important, not just individually, but as part of the learning process. It can all contribute to overall understanding.

The existence of these learning processes suggests that, not only should there be a continuous research input when developing health education mass media material, but that there is something to be

gained by having an established research capability consistently working on material. That is a permanent group of people involved in researching material on a long term basis - in short not just consistent research but consistent researchers.

THE BENEFITS OF AN ESTABLISHED RESEARCH CAPABILITY

Such an established research capability has all the conventional advantages of long term research such as the provision of normative data and trend monitoring. It also fits in well with the cyclical/sequential nature of advertising research.

However, such a research capability also has certain additional advantages that stem from its long term, established nature and relate to the learning processes discussed above. All those involved in producing health education publicity are affected. Taking Scotland as an example, this includes:

- the advertising agency;
- the researchers themselves (in the form of the ARU);
- the health education client (the SHEG).

The following discussion will look at how each of these parties - and hence health education as a whole - can benefit from an established research capability. In doing so examples from work done by the ARU for the SHEG will be used to illustrate some of the points made. However it should be noted that the discussion concerns the benefits of an established research capability in any form, not only as an independent research unit like the ARU. Issues of implementation and the pros and cons of different forms of established research capability will be discussed separately in Section 3 below.

The Advertising Agency

The advertising agency benefits (at least potentially) in a number of different ways from an established research capability. Firstly they learn to trust research. They become familiar with the procedures involved, research findings over a period of time. The development of this trust means that the agency is much less likely to ignore or reject research findings. Indeed, on the contrary, over a period of time a second, related, benefit can emerge: they come to see research constructively. They can accept it as an asset or resource - rather than as something destructive which constrains their efforts. They can, for example, come to see evaluation exercises not as a threat but as a source of ideas for future campaigns.

A further benefit of an established research capability is that the agency develops a clear understanding of the client's work. They can use all research findings - not just those which relate directly to their own material to help them in this. For example, in Scotland the ARU recently did some basic research into womens' attitudes to smoking for SHEG (150). SHEG's advertising agency have been able to use this to guide their thinking on new campaigns in this area.

Related to this last point, the advertising agency not only has the opportunity to understand the client's current work but can also obtain a historical perspective on what they have done over the years. In this way they can avoid repeating errors and conversely avoid the dangers of reinventing the wheel.

Finally, and perhaps most importantly, the advertising agency benefits from an established research capability by having consistent contact, albeit indirectly, with the consumer. Thus they do not loose touch with their audience.

All these benefits of an established research capability contribute to the agency's work. It could be argued that at least some of these benefits would also be gained by conducting regular, but ad-hoc

research projects. However, they would never occur to the same extent as with an established research capability. The latter optimises the benefits and hence maximises innovation and originality.

The Researchers

Turning to the researchers themselves, further benefits of an established research capability emerge. Firstly, they gain a complete understanding of the client's work and requirements and hence come to know the issues that are of concern to them. For example when doing qualitative work the ARU can readily pick up apparently irrelevant comments about different campaigns that could be of value to the SHEG. Alternatively, in doing quantitative work they are much better equipped to design questionnaires and develop coding frames.

Secondly, they develop a more complete picture of consumer perceptions in the general area of health and health education - this enables them to contribute to basic strategic thinking as well as providing guidance on specific campaigns.

Thirdly, they develop their research expertise in a way that best suits the client's specific requirements. For example, the ARU applies specialised techniques that are appropriate when dealing with 'difficult' topics such as smoking or contraception.

The researchers' work also benefits from their established relationship with the advertising agency. Because they need to co-operate with them on a regular basis, they come to understand their capabilities and limitations in terms of such things as creativity.

At a more practical level consistent interaction means that the researchers can ensure that the advertising agency produces the most

effective range of material for research purposes. (It is worth nothing at this point that in the early stages of advertising research, material is produced that is never intended for general use with the final target audience, but is for research purposes only. Input by researchers on what is needed here is therefore very important.)

Thus, as with the advertising agency, the researchers' work benefits from an established research capability. Again it could be argued that some of these benefits would also result from regular ad-hoc research, but they would not occur to the same extent.

The Client

Turning finally to the client, the health educator, they too benefit in a number of ways from an established research capability. Firstly they develop a better understanding of the three major issues:

- research;
- advertising;
- the consumer.

In terms of research, as with the advertising agency, they becomes familiar with what it is and how it operates. However, more importantly, they become more expert at using research. In particular they come to see it as more than a simple 'Go/No Go' decision making process and instead as a constructive contribution to campaign development.

Similarly, with advertising they learn more of how it works and hence can make more effective use of it. For example they come to appreciate that in isolation the media cannot normally change behaviour.

Most importantly of all however, they keep in constant touch with the consumer. They learn how he-she ticks - and they retain this understanding. This seems to be particularly important in health education, where so often the thinking and objectives of health educators are at odds with the consumer. For example with smoking it is easy to forget that a large proportion of the population still smoke - and often still enjoy doing so.

All these benefits mean that the SHEG can use the media with maximum effectiveness both in conventional terms such as briefing advertising agencies adequately and in more innovative areas such as using new media like sports sponsorship.

However in addition to these there are also two more mundane advantages for the SHEG in an established research capability - political benefits and practical benefits. Politically, the SHEG is seen to be continually researching and especially evaluating its work and thereby applying a cohesive strategy which is difficult to attack however politically unpopular. On a practical level, the SHEG has a research capability at its fingertips that can respond immediately to specific, unforeseen, needs and is also ideally suited to conducting long term research projects.

In summary then, all the component agencies involved in producing mass media material can be seen to benefit from the existence of an established research capability and in each case their potential contribution to the client's goals is maximised. Thus the benefits of research are optimised and the learning process discussed earlier is expedited. As a result 'good' mass media material can be produced in the conventional sense of saying:

- the right thing;
- in the right way;
- to the right people.

However, in addition, and perhaps more importantly, the benefits discussed above maximise the opportunity for originality and innovation in using the mass media.

Perhaps the best recent example of this latter process in Scotland is the SHEG's development of a mass media campaign called "Be All You Can Be." This campaign, which is discussed in detail elsewhere (151, 152), is highly innovative in that it is positive and lifestyle oriented - contrasting with conventional negative and topic based health education material. It was developed in response to a wide range of criticisms of SHEG's advertising. These weaknesses emerged as a direct result of their use of an established research capability over a number of years.

THE IMPLEMENTATION OF AN ESTABLISHED RESEARCH CAPABILITY

Having argued the case for the general principal of an established research capability, this final section of the paper will look at the different ways in which it can be put into effect. Three obvious options exist - these are to:

- use a commercial market research agency on some form of long term or contractual basis;

- establish a centralised institute attached to the main health education or parent body;

- set up a separate, independent research unit.

All of these would produce many of the benefits mentioned above, but not equally effectively. More specifically there are weaknesses associated with the first two options. The weaknesses of a market research agency stem from its commercial basis. Because it must make a profit to survive, the agency's primary concern must be to ensure that there is sufficient work to achieve this. Hence much effort has

to be expended is seeking new business and any potential work is unlikely to be rejected whatever the resource implications. In such a climate health education 'clients' are likely to suffer in a number of ways:

- limited resources will probably make them a 'minor' concern for the agency, at least in financial terms;

- any long term contractual relationship runs the risk of increasing complacency on the part of the agency;

- despite any such long term relationship, pressure of work at the market research agency is likely to result in tasks being allocated according to staff availability rather than according to research considerations. So the benefit of 'consistent researchers' discussed earlier may be lost;

- finally there is a risk that a conflict of interests might arise. There is a risk that commercial necessity will encourage the agency to accept work from 'rival' organisations such as the tobacco industry. The health educator has little or not control over this.

The second option - the centralised institute - would overcome these weaknesses, but would introduce one of its own: a lack of objectivity. It would be an integral part of the parent organisation and as a result there is a risk that sectional interests might compromise the research activity. Furthermore, even if precautions were taken to ensure that this did not happen it may still be difficult to convince those outwith the organisation that the research was completely objective. They would, after all, be evaluating their own work. In this sense research, like justice, must not only be objective it must be seen to be objective.

The third alternative, a separate research unit, overcomes the disadvantages of both the other options. It provides a pool of

expertise that would be exclusively concerned with health education research and combines this with real and perceptual objectivity.

In addition the separate unit may introduce unique advantages by virtue of its location. Thus the ARU benefits by being attached to the Marketing Department at Strathclyde University. This is a centre of expertise not just in research and advertising but in marketing as a whole.

Conclusion

In conclusion, this paper has argued that there are unique benefits for the health educator in having established research capabilities to help them develop and assess their mass media material. In particular such a capability can maximise the opportunity for innovation. It has also been argued that this can best be implemented by means of an independent research body that is completely separate from the parent organisation. This is the direction that has been followed in Scotland and the original campaigns that have resulted seem to support this move.

THE CREATIVE POTENTIAL OF RESEARCH

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ABSTRACT

Advertising research is all too often equated simply with 'testing' - pretesting communication, comprehension, execution, etc, and post-testing effectiveness. This paper argues that a more fundamental, and, in the long term, more important role of research is that it can provide a means of communication with the customer; thereby enhancing the advertiser's understanding not just of his campaign but also of his audience. It is this aspect of research that encourages innovation and creativity. However to be successful in this way advertising research must be conducted continuously rather than on an ad hoc basis and, ideally, should use a consistent research team. The paper goes on to argue that such a system has benefits for all those involved in producing advertising - the advertising agent, the researcher and the client - and in each case the benefits relate to encouraging creativity. It concludes by using case history material to support the points made.

INTRODUCTION

The use of research to aid the production of more effective advertising is now generally accepted. Even those who are critical of research are prepared to admit that practices such as pretesting are 'the norm ... across the whole (advertising) industry' (153). However in this context, research is all too often equated with testing - pretesting communication, comprehension, execution, etc, and post-testing effectiveness. In this way the evaluative role of advertising research is greatly exaggerated (154). It is this misapprehension that underpins much of the argument for the constraining influence of research on creativity (155). Because research is seen in terms of testing it comes to be seen as a hurdle that has to be overcome by creatives, rather than a tool that can aid them. In short, it is feared as a threat or problem rather than recognised as an opportunity.

If its potential is to be realised, advertising research must be recognised as more than an ad hoc collection of evaluative measures. It must be accepted as an ongoing and cyclical process of sequential steps. Each of these steps relates closely to the ones that precede it, with each research project building on the findings of the last. In this way understanding is gradually refined and enhanced. The precise number of steps involved can vary, but four basic ones were outlined by David Stewart-Hunter (156). These are illustrated in Figure 1.

Advertising research can therefore be seen as a progressive process of contact or dialogue with target audiences. It provides the means for the advertiser to develop his understanding, not only of his campaign, but of his customers. It is the understanding of the campaign that provides the conventional benefits of advertising research - the production of relevant, appropriate and accurately targeted material. However, it is the understanding of the customer and his information needs that encourages innovation and originality.

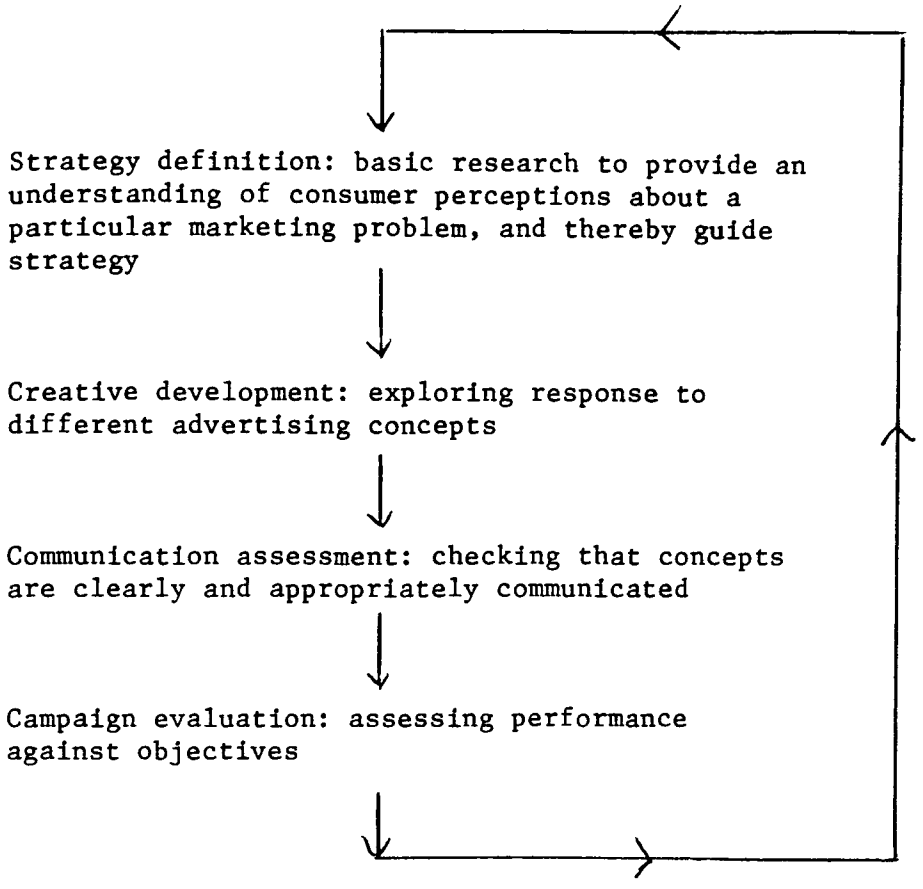

Figure 1 The advertising research process

The recognition of this broader role for advertising research has crucial implications for its application. It must be used continuously and consistently rather than on an ad hoc basis. Furthermore, this continuous research process can be executed most effectively through a long-term 'research capability.' That is, a single, permanent group of people involved in all stages of researching mass media material on a continuous basis. Such a system provides not only consistent research but also consistent researchers, and thereby maximises the opportunity for benefiting from the learning process of advertising research. As well as fitting the sequential/cyclical nature of the advertising research process, and providing the conventional benefits of long-term research, such as normative data and trend monitoring, this 'research capability' has certain benefits that stem specifically from its long-term established nature.

The advantages of an established research capability are evident for each of the three main participants typically involved in producing marketing communications. The client (ie. those who commission both advertising and research), the advertising agency (ie. the media professionals responsible for producing the material), and the researchers themselves. The benefits for each of these groups are discussed separately below. It must be noted, of course, that, as with any research system, there are drawbacks as well as benefits to an established research capability. These are also discussed below. However, it is the authors' contention that, in this instance, the benefits far outweigh the drawbacks and that these benefits lead not only to strong conventional advertising, but also to innovative and original advertising. Thus through using an established research capability, advertising research can come to be seen as the backbone rather than the bane of creativity.

The Advertising Research Unit (ARU) based at the University of Strathclyde in Scotland is an example of an established research capability. It works closely with various clients but is predominantly involved with conducting advertising research for the Scottish Health Education Group (SHEG), the Government body responsible for health education in Scotland. In discussing the pros and cons of an established research capability, case history material from the ARU's work will be used to illustrate the points made.

However, it should be noted that the benefits discussed derive from an established research capability in <u>any</u> form - not only as an independent research unit like the ARU. Thus the capability may comprise the research wing of the client organisation or could take the form of a long-term contractual arrangement with a separate research agency. The pros and cons of these alternatives and other issues of <u>implementation</u> require separate discussion and are outside the remit of this paper.

THE ADVERTISING AGENCY

The advertising agency benefits in a number of different ways from an established research capability. Firstly the agency's creative staff learn to trust research. They become familiar with the procedures involved, build up relationships with the researchers and can see a consistency in research findings over a period of time. The development of this trust means that the agency is much less likely to ignore or reject research findings. Indeed, on the contrary, over a period of time a second, related benefit can emerge: they come to see research constructively. Research is accepted as an asset or resource, rather than as something destructive imposing constraints on their creativity. They can, for example, come to see evaluation exercises not as a threat but as a source of new ideas and approaches for future campaigns.

A further benefit of an established research capability is that the agency's creative personnel develop a clear understanding of the client's work. They can use all the research findings to help in this - not just those which relate directly to their own material. For example, in Scotland the ARU in its work with SHEG recently carried out some basic research into women's attitudes to smoking (39). SHEG's advertising agency has been able to use this to guide their thinking on new campaigns in this area.

Related to this last point, the advertising agency not only has the opportunity to understand the client's current work but can also obtain a historical perspective on what has been done over the years. In this way they can avoid repeating errors and, conversely, avoid the dangers of re-inventing the wheel. In other words, research can ensure that innovations are genuinely new - and not just repetitions of bright (and sometimes inappropriate) ideas used in the past.

Finally, and perhaps most importantly, the advertising agency benefits from an established research capability by having consistent contact, albeit indirectly, with the consumer. Thus they do not lose

touch with the intended audience. For example, continuous contact with teenagers through research enables the agency to produce appropriately creative material in terms of music, style, visuals etc.

Thus it can be seen that the advertising agency benefits in a number of ways from an established research capability. Furthermore, it is evident that these benefits contribute directly to their ability to produce innovative and creative material that is relevant to the target audience. Applied in this way, research does not stifle originality, but stimulates and channels it.

It has to be added, of course, that the extent to which the agency responds to these opportunities is a function of its attitude towards and experience of research. Some agencies detest research, just as some researchers detest advertising agencies (157). Research comes to be seen as a form of testing cherished ideas in absolute terms, which leads to good/bad or acceptance/rejection decisions. Advertising research is not concerned with making absolute judgements. Its purpose instead is to offer guidance on decision-making by reducing uncertainty, thereby maximising creative approaches that fulfil stated objectives. In order for advertising research to be successful, agencies must sympathise, or more accurately, empathise, with the process to benefit from it. For creativity to be maximised, therefore, the relationship between the researcher and the agency must be an interactive one, each developing from the other, rather than one in which research is arbitrarily imposed upon a reluctant recipient. This interaction is an essential characteristic of an established research capability.

THE RESEARCHERS

Turning to the researchers themselves, further benefits of an established research capability emerge. Firstly, the fact that the researchers work on a range of different projects can improve their

understanding of each one individually. Findings from one research project can transfer to and enlighten thinking on another. For example, early ARU work in health advertising involved separate and apparently unrelated research on anti-smoking (158), dental health (159) and alcohol abuse (160). Each of these projects revealed a tendency for short rather than long-term perspectives to predominate in the lives of working class young Scots. The corroboration of this finding from several research projects highlighted its importance and extended understanding of its nature.

A second benefit, related to the above, is that the researchers' widespread and consistent work enables them to develop a more complete picture of consumer perceptions in a particular area. As a result, they can contribute to basic strategic thinking as well as provide guidance on specific campaigns. Again, this expands the opportunities for innovation.

A third benefit is that researchers can develop and apply their expertise in a way that best suits the requirements of the client. Thus they can develop techniques that are appropriate for researching difficult topics (eg. smoking or contraception) or innovative campaigns such as sports sponsorship. The latter is particularly important, as the full potential of such innovations is unlikely to be revealed by conventional research techniques (161). Furthermore, these techniques can be applied with greater efficacy. For example, when carrying out quantitative research, appropriate coding frames can be more accurately compiled. In this way an established research capability can not only uncover opportunities for innovation but can monitor and guide their development.

The researchers' work also benefits from their established relationship with the advertising agency. Because they need to co-operate with it on a regular basis, they come to understand its capabilities and limitations in areas such as creativity and timing. At a more practical level, consistent interaction means that the

researchers can ensure that the advertising agency produces the most effective range of material for research purposes. In this context, it should be noted that in the early stages of advertising research, material is produced that is never intended for general use with the final target audience, but is for research purposes only. Input by researchers on what is needed here is thus very important. This is particularly critical when innovative material is being produced, and requirements are likely to fluctuate between campaigns.

The principal disadvantage of an established research capability from the researchers' point of view is that they may be criticised for being too closely related to the sponsor to offer 'objective' advice. In practice, this is in part a function of how the capability is structured (for example, a University location offers certain safeguards in this respect), but in any case the more typical problem that arises is that, if anything, researchers tend to compensate for the criticism by being too critical of the sponsor's actions. Sometimes the positive side of research findings is forgotten and weaknesses expanded out of all proportion. For example, if 80% of the public think a campaign is excellent but 20% do not, the researchers may give disproportionate attention to the 20% while forgetting the achievement of the 80%. It is all too easy for researchers to 'play safe' in criticism, since this appears to justify doing the research, especially if the positive findings have been noted before. Experience and a balanced perspective by all those involved should help to minimise the problem.

The overall conclusion, therefore, is that the researchers' work benefits from an established research capability, especially if potential weaknesses are recognised and efforts made to eliminate them. Again the benefits contribute to innovation, both in encouraging it to happen and in sensitively guiding its development. Most importantly, the benefits derive not only from research carried out over the long term, but from the perspectives of those conducting it over this time period. In other words, there is a need not simply for consistent research but also for consistent researchers.

THE CLIENT

Turning finally to the clients, they too benefit in a number of ways from an established research capability. They develop a better understanding of three major issues: research, advertising, and the consumer. In terms of research, as with the advertising agency, they become familiar with what it is and how it operates. More importantly, however, they become more expert at using research. In particular, they come to see it as more than a simple 'go/no go' decision-making process, and see it instead as a constructive contribution to campaign development. This reverses the all-too-common tendency to use research as a means of 'playing safe' and axing innovative or controversial material.

Similarly, with advertising they learn more of how it works and hence can make more effective use of it. For example, they become more attuned to the complexities of media buying, thereby maximising the cost effectiveness of limited budgets. They also come to appreciate that in isolation the media cannot normally change behaviour. As a result, more integrated strategies are developed.

Most importantly of all, however, they keep in constant touch with the consumer. They learn how he/she ticks - and they retain this understanding.

All these benefits mean that clients can use the media with maximum effectiveness, both in conventional terms such as in the briefing of advertising agencies, and in more innovative areas such as using new media like sports sponsorship. However, in addition to these, there is a further very practical reason for clients to have an established research capability. It enables them to respond immediately to specific, unforeseen needs and also carry out long-term research projects.

It should, of course, be mentioned that there are disadvantages as well as advantages for clients in having an established research

capability - as there are for any system. The principal one is that research always raises problems in addition to solutions. The development of strategic thinking and complex media material involves isolating weaknesses; by definition, these have to be overcome if advances are to be made. A competent long-term research system always raises these issues, and it can be discouraging to have to deal with these on a constant basis. Often the context appears overwhelmingly discouraging and negative, since the problems appear so fundamental. A competent client should therefore retain a balanced perspective, always seeing the criticisms in the context of considerable advances previously made. At times this appears impossible, but experienced researchers will always understand the conflicts and help minimise them.

There are also more mundane considerations. Research always imposes timing constraints; complex research imposes complex constraints that are sometimes difficult to deal with. The 'Be All You Can Be' campaign discussed in the case history below involved a team of researchers working more or less constantly for 18 months or so - the required system of problem definition research, concept testing, repeat creative development research and pre-testing, all takes time. While theoretically the end should always justify the means, projects sometimes get bogged down in research. The client has to make difficult judgments in advance as to whether or not this will occur, and what the trade-off is likely to be in terms of increased quality and accuracy. Usually, it is a case of 'horses for courses' - fundamental strategic campaigns always get extensive research treatment; more detailed, specific projects may not.

Cost is also often quoted as a disadvantage in systematic research, but it is usually a rationalisation for not acting rather than a genuine reason. Certainly, research does cost money, but it is modest in proportional terms, especially relative to gains. A permanent research capability is, in fact, very cost effective; the ARU costs per project are vastly lower than those for research done in any other form. Creating media material solely for research

purposes also incurs costs, but again these are small relative to the total media expenditure being contemplated. It should always be possible in advertising research to tailor costs of producing research material to be a small proportion of any final expenditure, no matter how small the project.

In summary, then, all the component agencies involved in producing mass media material can be seen to benefit from the existence of an established research capability, and in each case innovation and originality are encouraged. Perhaps the best example of the results of this innovative process taking place in Scotland is SHEG's recent positive health campaign, "Be All You Can Be". This is discussed in detail below.

CASE HISTORY

The ARU was established in 1979. Since then it has been working consistently on SHEG's mass media material. This has involved the full range of advertising research activities, from basic problem definition work, through concept and pre-testing to evaluation. Its research has covered a wide range of topics, including dental health, contraception, smoking, alcohol, drugs, fitness, and immunisation.

The combination of this vast amount of research made it possible to isolate a number of recurrent problems in SHEG's mass media work. These included its often being seen to be:

- Negative rather than positive. For example, smoking campaigns emphasised the dangers of smoking, not the benefits of non-smoking; contraception material threatened people with unwanted pregnancies, rather than stressing the advantages of reliable family planning.

- Authoritarian rather than empathetic. Material seemed to be telling people what to do and how to run their lives, rather

than enabling and encouraging them to make their own informed health decisions. Indeed, one teenage family planning campaign which went some way towards doing the latter was stopped because 'it didn't tell people to say no to sex'.

- Promoting long-term rather than short-term messages. For example, anti-smoking material emphasised the health risks of cigarettes, many of which are very long-term and probabilistic.

- Middle rather than working class oriented. This was often a matter of style, for example the use of middle class language such as 'lunch' or 'having a drink with your other half', as well as more fundamental content.

- Fragmented. Campaigns tended not to have integrated strategic objectives. They operated in isolation rather than providing the focus for an interactive strategy involving other health professionals, parents, teachers, etc.

- Topic based rather than whole person oriented. Thus, for example, separate campaigns were run on drinking, smoking and contraception. This seemed to ignore the fact that these activities can overlap and often reflect the individual's overall lifestyle rather than indicate isolated problems within it.

Some of these weaknesses could be removed during pre-testing of individual campaigns. Thus, SHEG's anti-smoking material has tried to promote positive rather than authoritarian messages. Similarly, education about alcohol has been carefully placed in a lifestyle context.

However, other weaknesses, such as fragmented strategic approaches and the advertising's tendency to be topic based, could not be overcome within individual campaigns. Taken together, all the evidence suggested that there was a need for an overview or 'umbrella' campaign pulling together and promoting the basic themes underlying modern health education - in short, a campaign promoting 'good health' in much the same way as a marketing company would promote its 'corporate identity'.

The campaign had several key requirements. First, and most important, the concept presented had to emphasise the advantages of healthy lifestyles, such as in enhancing self-esteem, self-fulfilment and mental well-being. Conversely, it also had to imply that many of today's health problems are lifestyle based, and not isolated or fragmented. Second, although the overall umbrella concept was one of promoting common themes, it had to be capable of being applied in addition to specific health topics as and when required. Third, it had to create a modern, empathetic impression that suggested it understood real people in the real world. It thus had to avoid at all costs Establishment images of condescension and indifference. Fourth, it had to appeal to all age groups and all sectors of society - including all social class groups. Fifth, it had to be capable of being used with different emphases - for example, it would be central to some topic based campaigns, but peripheral to others. Finally, it had to be capable of being promoted with long-lasting impact in the media, a particular problem bearing in mind that, as always, resources were limited.

The umbrella concept chosen to fulfil these requirements was 'Be All You Can Be', selected from 40 or so alternatives suggested by the advertising agency responsible for developing the campaign, Woolward Royds Limited of Edinburgh. Initial research carried out by the ARU showed that this concept was wide-ranging and diverse, and potentially capable of covering several health dimensions, such as positive health, health and fitness, and mental well-being. Paradoxically, however, it was in the strength of this diversity that

its weakness lay: by being wide-ranging and covering many dimensions, it potentially ran the risk of not communicating specifically enough about any single component of health. Its effect was therefore maximised if used with a subsidiary statement to clarify its precise meaning, depending on objectives. It could, for example, be combined with the line 'Go for Good Health', if good health was the objective, or 'Make the Most of Yourself' if mental well-being or self-fulfilment was the objective. It could also be developed sequentially over time, if desired, by incorporating other subsidiary statements, for example, starting with 'Good Health' and through time extending the meaning to include 'Make the Most of Yourself'. In addition, 'Be All You Can Be' had considerable flexibility in situations where a different emphasis was required: it could be the main component to which subsidiary, topic specific information was appended, or could itself act as a subsidiary 'by-line' in more problem oriented campaigns. Finally, and somewhat unusually in health education, it appealed to all age groups and sectors of society; despite initial professional reservations, it was <u>not</u> perceived as middle class and pejorative.

The campaign was launched in the Scottish media in September 1984, with secondary advertising in early 1985. The prime component was a 60-second television commercial reinforced by a 30-second commercial and extensive press advertisements. It also had all the usual supporting promotional material, such as car stickers and banners at major sporting events. To maintain its impact and extend its message in detail, a booklet explaining the meaning and applications of 'Be All You Can Be' was produced for the public. It was delivered through insertion in periodicals and magazines, the first time in the UK that such a medium had been used to promote detailed health education messages. The campaign is currently being evaluated by the ARU through systematic trend monitoring, and at the time of writing, full evaluation details are not yet available. Preliminary results indicate, however, that it has created very high awareness among the public of a complex and innovative set of health education messages.

Whatever might be achieved in the future, there is certainly no doubt that this is a unique UK health education campaign that is modern, positive, innovative and very advanced in its strategic thinking. In the last decade or so, health education has come a long way in Scotland, and in terms of media campaigns is at the forefront of current developments. It is our contention that this would never have happened without a long-term consistent research capability.

CONCLUSION

This paper has argued that, if correctly applied, the sequential/cyclical advertising research process can enhance the creativity of mass media publicity. In this sense 'correctly applied' means through some form of 'established research capability' - that is, a permanent group of people involved in researching mass media material on a continuous basis. All those involved in the production of advertising - the advertising agent, the researcher and the client - have clearly been shown to derive benefits from this system. The most profound of these benefits is an improved understanding of the consumer, and it is this that encourages and strengthens creativity.

To paraphrase Richard Vaughn (162) in the Journal of Advertising Research, "an artistic creation does not spring full-blown from the dark unprepared recesses of the mind. The artist studies, plans, speculates, plays, dabbles and ... waits." Advertising research provides the perfect opportunity and context for such studying, planning, speculating, playing and dabbling. In short, research nurtures the creative process with understanding of the consumer. It should not threaten or constrain the creative, but stimulate and channel his efforts.

AIDS PUBLICITY: SOME EXPERIENCES FROM SCOTLAND

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The Government has begun spending £20 million on publicity about the acquired immune deficiency syndrome (AIDS). Newspaper, television, and radio advertising will be used together with leaflets. Our experience with producing leaflets on AIDS in Scotland shows how important it is to evaluate any type of mass media publicity before it is widely released.

Any information must be based on a clear understanding of consumer perceptions and developed in conjunction with its target audience (163, 164). This is the only way to ensure that it will say the right thing to the right people in the right way.

Towards the middle of 1986, the Scottish Health Education Group (SHEG) decided to produce a leaflet pointing out the implications of AIDS for everyone - heterosexuals as well as homosexuals and drug addicts. This was intended for all members of the public. First, a rough draft of the proposed leaflet was produced and researched with the public, partly to obtain responses to the leaflet itself but also

to help explore general knowledge and attitudes about AIDS. The document was then revised and tested a second time.

The research at both stages used qualitative small group discussions, rather than quantified approaches using standard questionnaires. Six to eight respondents, carefully selected in social demographic terms, are brought together in an informal setting under the direction of a psychologist or group moderator to discuss in depth the subject of interest. This technique derived from market research (165), but is now being more widely adopted within the social sciences (166, 167). It overcomes many of the disadvantages of questionnaire methods, especially non-sampling error such as lack of depth in probing. The method has been more fully described in a previous article published in this journal (168).

Subjects and methods

A total of six group discussions, each of seven respondents, were conducted at both research stages, giving a total sample of 84 respondents. Respondents were recruited by professional market research interviewers and invited to attend the group discussions in a private house. Each discussion lasted approximately an hour and a half. Respondents were paid a standard fee for participation and fieldwork took place in Glasgow and Edinburgh during June and July 1986.

The interviews were deliberately loosely structured, with considerable time being devoted to a general discussion of people's attitudes and perceptions about AIDS before covering response to the idea of the leaflet and its alternative drafts. There were only minor variations in background attitudes and no changes in response to the basic idea of the leaflet between the two research stages. The findings in these areas at both stages are therefore discussed simultaneously below.

Sample structure of 84 people interviewed on attitudes to AIDS and on AIDS leaflet

Group	Age	Sex	Social Class
		Research Stage 1 (June 1986)	
1	20-35	Male	ABC1
2	35-50	Female	ABC1
3	20-35	Female	C2DE
4	35-50	Male	C2DE
5	20-35	Male	C2DE
6	35-50	Female	C2DE
		Research Stage 2 (July 1986)	
1	20-35	Male	ABC1
2	35-50	Female	ABC1
3	20-35	Female	C2DE
4	35-50	Male	C2DE
5	20-35	Male	C2DE
6	35-50	Female	C2DE

Results

The extent of respondents' knowledge about AIDS varied between individuals and was generally superficial and vague. Few respondents knew precisely what the initials AIDS stood for, although some understood their basic meaning (ie. the damaging of the immune system). Detailed understanding of the effects of AIDS was generally lacking. Most respondents saw it simply as a "conventional" disease rather than a syndrome, and all thought it was inevitably and

imminently fatal. Thus only a minority of respondents recognised that AIDS is a condition that leaves the body open to attack from other diseases, and no-one understood that symptomless carriers are distinct from victims.

Respondents generally saw AIDS as a sexually transmitted disease, or one transmitted through blood. However, most also felt it could be passed on through 'social contact' either by sharing facilities (eg. toilets or crockery), or simply through social interaction (eg. kissing, shaking hands, sneezing, etc).

AIDS was universally associated with two distinct groups: homosexual men and drug addicts. Other victims were recognised (eg. the babies of AIDS sufferers, haemophiliacs and, in a few instances, promiscuous heterosexuals) but the connection between AIDS and homosexuals and drug addicts dominated people's perceptions and largely determined their feelings about the condition.

Two important attitudes to these high risk groups emerged. First, they were seen as being isolated from ordinary people, particularly in terms of sexual contact. Second, feelings about them were profoundly negative. Both homosexuals and drug addicts were seen as degenerate, strange and difficult to comprehend. Homosexuals were particularly disliked, with respondents refusing to tolerate behaviour which they described as 'dirty' and 'unnatural.' Attitudes to drug addicts were only marginally less prejudiced. They were seen as weak and foolish, but to some extent the victims of the addictive properties of drugs.

These negative feelings were transferred to AIDS which was seen as a degenerate, shameful and almost taboo condition, which had no connection with the respondents or their lifestyles.

The research looked at response to the idea of a leaflet aimed at the general public. The intention of this was to discuss the implications for everyone (heterosexuals as well as homosexuals and drug addicts) of the threat from AIDS.

The idea of a leaflet on AIDS was welcomed by respondents. However, the immediate assumption was that it would be targeted at the 'at risk' groups rather than at the general public. When this misconception was clarified and the idea of a leaflet for everyone was understood, response remained generally favourable.

For the majority of respondents, however, this did not reflect any perceived personal involvement with or threat from AIDS. Nor did it indicate any recognition of behavioural implications for 'ordinary people.' Rather, it demonstrated an almost morbid curiosity about how AIDS was affecting other people who were isolated from the respondent - namely homosexuals and drug addicts.

These attitudes only started to change when the idea of an expanded threat from AIDS, beyond the high risk groups, to heterosexuals was communicated. This information was new to many respondents, but was treated with some scepticism, at least initially. Even when this idea was accepted, respondents' perceptions about the degenerate nature of AIDS led them to assume that it would affect only particularly promiscuous and dissipated heterosexuals. Even the young respondents, some of whom freely admitted to having more than one sexual partner, did not see themselves in this category, and hence did not perceive any new threat from AIDS.

As a result, respondents could not see any need to change their sexual behaviour. The only possible implications were felt to be for social behaviour. As stated above, most respondents were under the impression that AIDS could be passed on by social contact. If the condition was beginning to move outside the high risk groups, this threat would increase.

Thus a number of problems emerged in response to the concept suggesting that careful execution would be needed to overcome the risk of the proposed leaflet being ignored, misunderstood or generating unfounded worry.

Response to the first draft of the leaflet, which was prepared before any research had been conducted, confirmed these problems. In particular, there were difficulties with the leaflet's perceived targeting and its treatment of the social transmission of AIDS.

Targeting In terms of targeting, having been given the opportunity to read the leaflet, respondents varied in their perceptions of the intended audience in the same way as they had at a conceptual level. Thus some saw it as targeting high risk groups only; others regarded it as providing general information to everyone about AIDS among at risk groups. No-one, however, saw the material as involving them personally or having any direct implications for their own sexual behaviour.

This misinterpretation of the leaflet's intention seemed to reflect weaknesses in three areas. Firstly, the introductory paragraph did not make clear the objectives of the leaflet. In particular, it did not explain who was being targeted or why. Secondly, the leaflet included too much 'background' information that, although relevant to a general understanding of AIDS, was not central to the leaflet's objectives. The inclusion of this type of information had two effects. First, it tended to confirm respondents' impression that the leaflet was meant to provide a general background understanding of AIDS for the interested, but not personally involved, observer. Second, it obscured the essential facts - especially the point that 'ordinary' heterosexuals are potentially at risk from AIDS. Thirdly, the leaflet included information that was overtly and exclusively aimed at high risk groups (eg. about preparing drugs safely). It also contained other information that was assumed to be targeted at these high risk groups. For example, information on safe sex was regarded by many as referring only to sex between homosexuals.

Most respondents felt that AIDS could be transmitted socially, and the leaflet did not dispel this conviction. Statements in this area

were guarded and somewhat uncertain. Clear and categoric language was thus needed to change people's perceptions.

The second draft of the leaflet attempted to overcome these problems. This was successful in the case of social transmission. The lack of risk from this source was clearly communicated by using more definite and categoric language than previously. However the problems with the leaflet's perceived targeting persisted. Respondents still had little or no personal involvement with the leaflet, and were generally reading it as outside observers. This problem reflected several residual weaknesses in the leaflet which included the vagueness of the introduction; the fact that, although some extraneous detail was removed, other relevant but inessential information was added and finally, and most fundamentally, the risks to "ordinary" heterosexuals were still not stated clearly or emphatically enough.

A third draft of the leaflet is now in preparation.

Discussion

SHEG's experiences with their AIDS leaflet suggest several important lessons for future media activity in this area. First, the communication problems involved are extensive and difficult. As well as generating awareness and understanding about AIDS, educators must try to change fundamental misperceptions and emotions: the risks of social transmission must be refuted; the dangers to "ordinary" heterosexuals must be clarified; and the degenerate and remote image of AIDS must be combated. These changes will not be achieved through a single leaflet, but will require a concerted and co-ordinated campaign across a range of media.

Second, the campaign must get across a complete message. Partial communication is likely to cause more problems than it solves. For example, if the risk from AIDS to the general public is emphasised in

isolation from other information, then people's inclination to dissociate themselves from the sexual side of AIDS will encourage the interpretation that the only risk is through social contact.

Third, 'shock horror' tactics are unlikely to work. They will inevitably put undue emphasis on certain (shocking) aspects of AIDS at the expense of more reassuring information and hence will suffer the problems of partial communication. In addition there is evidence from other studies to suggest that such approaches generate psychological barriers such as selective perception and rationalisation rather than behavioural change (169, 170).

Finally, the most fundamental lesson to emerge from SHEG's experiences is the importance of consumer research in developing mass media material. The third draft of SHEG's leaflet bears little resemblance to the first. The changes could not have been made without careful research, and without them the leaflet would not only have been ineffective but counterproductive.

Paper 14

AIDS PUBLICITY: POINTERS TO DEVELOPMENT

G B Hastings
A C Scott

Published in Health Education Journal, 1987, 46, 2, 58-59

Qualitative research in Scotland found that, while the mass media had succeeded in giving people basic facts about AIDS, there still existed confusion, uncertainty, and anxiety. Future publicity should address people's concerns about how to tackle AIDS in their own lives, and should adopt a practical rather than a fear-inducing approach.

In recent months AIDS has been given an unprecedented amount of coverage in the media. This has included a prominent Government television and leaflet campaign and an 'AIDS Week' when all four television channels made a co-ordinated attempt to inform the public about AIDS. The high profile of this publicity has often been achieved using fear appeals, with frightening, if sometimes obscure, imagery abounding. This approach may be justifiable in the short term as a means of raising awareness, however in the long term it presents problems of where we should go from here. Volcanoes and icebergs are difficult acts to follow.

As has been argued elsewhere (171, 172) the first step in developing an appropriate strategy must be to understand relevant consumer perceptions. The Scottish Health Education Group (SHEG) therefore commissioned the Advertising Research Unit (ARU) of Strathclyde University to conduct appropriate research among the Scottish public. This would build on previous research done by the ARU in this area (173) which explored basic consumer perceptions of AIDS. The present study updated this information and examined the public's current needs in terms of publicity about AIDS.

To help the research process, SHEG produced some pilot media material. This comprised three press advertisements which were based on the idea of developing people's understanding about AIDS, as well as targeting information at specific groups, in this case adolescents and parents. In addition, two outline television commercials were developed which would draw attention to the press campaign.

The research was carried out using qualitative small group discussions. This involves bringing together, in an informal setting, six to eight respondents carefully selected in social demographic terms, and asking them to discuss in depth the subject of interest under the direction of a psychologist or group moderator. This technique is derived from market research (174) and is now being more widely adopted within the social sciences (175, 176). It overcomes many of the drawbacks of quantified methods using

standardised questionnaires, in particular non-sampling error such as lack of depth in probing. This method has been fully described elsewhere (177).

Subjects and Methods

Six group discussions were conducted, each with seven respondents, giving a sample of 42. Respondents were recruited by professional market research interviewers (see table for composition of groups) and invited to attend the group discussion in a private house. Each discussion lasted about an hour and a half. Respondents were paid a standard fee for participation, and the discussions took place in Glasgow and Edinburgh during March 1987.

Table 1: Full Sample Breakdown

Age	Sex	Social Class	Other Requirements
16-25	Male	ABC1	Single
16-25	Female	C2DE	Single
16-25	Male	C2DE	Single
25-50	Female	C2DE	Married parents of at least one 5-10 year-old
25-50	Male	C2DE	Married parents
25-50	Female	ABC1	Married parents of at least one teenager

The interviews were deliberately loosely structured, with considerable time being devoted to a discussion of people's current perceptions and concerns about AIDS and their reactions to past media treatment of the subject. We then went on to explore their feelings about future publicity in this area. The draft material was used to probe and extend these responses.

Results

Past media coverage of AIDS seems to have been successful in communicating the basic facts about the condition. Respondents knew that AIDS is fatal, has no cure and is a syndrome rather than a conventional disease. They also understood the distinction between carriers and sufferers and that heterosexuals were at risk as well as homosexuals and drug addicts. They saw the main risks of contraction as being through sex (heterosexual as well as homosexual) and contaminated blood, with adolescents being much more concerned about the former and parents about the latter. Respondents generally attributed this knowledge to the media.

However the media activity appears also to have generated a degree of confusion, uncertainty and anxiety. Confusion among respondents seemed to result from two factors. First, respondents found the sheer volume of material being transmitted difficult to handle and organise. Second, respondents claimed to have come across contradictions in what the experts were saying. For example they had heard several conflicting figures concerning the amount of saliva that would have to be exchanged to transmit AIDS.

Uncertainty was most evident concerning the social transmissibility of AIDS. Many respondents were aware that AIDS was not supposed to be socially transmissible, but lacked confidence in this knowledge, and especially in its practical application.

Anxiety about AIDS emerged because respondents were aware that a risk existed, but were unsure about what exactly they should do to reduce or remove this risk.

Response to the test material supported these findings. Thus with the press material they tended to reject elements that they felt gave general background information in favour of items giving detailed and specific advice. The former was at worst 'old hat' and at best did nothing to improve their understanding. For example, information

about AIDS no longer being restricted to homosexuals and drug addicts was rejected, because they knew this already, and references to using "condoms correctly" were criticised because they did not explain what 'correct' use involved.

It also became clear that adolescents were interested in different parts of the content from parents. The young people were most curious about items concerning sex whereas the adults preferred information about transmission through blood and the repercussions of AIDS for children, particularly teenagers. Related to this, both groups preferred a style of presentation that enabled them to select items of interest at a glance. For example, one of the press advertisements was laid out as a serious of questions and answers. This format was much preferred to conventional paragraphs.

Finally, concerning the press material, personal approaches were liked more than impersonal ones. At the simplest level this was reflected in the writing style, with colloquialisms and personal pronouns working better than more formal language. For example, one of the press advertisements included the question "have you had casual sex, ie. one night stands, sex on the odd occasion with someone you don't really know?" This was preferable to simply stating that casual sex is risky.

More fundamentally, material that set their problems into real life scenarios was thought to bring the message home to respondents most easily. The test material did not succeed in doing this. The most obvious example of an approach that could was the problem page or 'agony aunt' well known from newspapers and magazines. Adopting this format would make it possible to describe ordinary people coping with AIDS in day-to-day situations. In other words, doing what the respondents had to do.

Response to the idea of a television commercial simply to draw attention to the press campaign was unfavourable. Respondents argued that they read newspapers anyway and that their concern about AIDS

would lead them to scan any item on this topic. More detailed reading would depend on the qualities of the material as outlined above.

Much of the dummy television material was rejected because it did no more than perform this 'flagging' role. However, two specific aspects were more promising. First, the television material stated that the press advertisements would "answer the questions you've been asking." This was liked because it acknowledged that people still had questions about AIDS and suggested that these would get personalised attention. Second, it attributed the press material to SHEG, whom respondents saw as a credible and reliable source of information.

Discussion

The research showed that the media does seem to have communicated the basic facts about AIDS. Certainly marked changes in perception have taken place since our previous research in 1986, most notably in the acceptance that heterosexuals are at risk from the syndrome. However, it is also apparent that considerable anxiety has been generated and uncertainty and confusion remain. In particular people want to know how they should tackle AIDS in their own lives.

From SHEG's point of view the research suggests that there is potential for a campaign giving detailed, targeted and approachable information about how ordinary people should cope with AIDS in everyday life. This campaign will be enhanced if it is associated with a reliable source and presented as a co-ordinated and distinct operation. That is by creating an identity for it, much as a commercial company develops brands for its products, and with the same purpose in mind: to make it stand out from the mass of activity in the market in a positive and reassuring way.

On a more general level, the research has shown that more publicity about AIDS for the general public is required, but new approaches are desirable. Certainly the existence of anxiety in this area suggests that fear inducing appeals should be discontinued and replaced by material that attempts to resolve people's concerns about AIDS. To do otherwise will not only be counterproductive but unethical.

SCOTTISH ATTITUDES TO AIDS

G B Hastings
D S Leathar
A C Scott

Published in the British Medical Journal, 1988, 296, 991-992

Over the last 12-18 months many approaches have been used to educate the public about HIV infection and AIDS. The impact of individual campaigns and interventions is difficult to measure but some indication of the cumulative effect can be monitored over time. This article reports the results of such a monitor conducted in Scotland by the Advertising Research Unit at the University of Strathclyde, in which the general public's awareness of and attitudes towards HIV and AIDS were measured in July 1986 and again one year later.

Table 1: Level of concern about AIDS

(N = 988 1986, 1001 1987)

	Total	15-24	25-34	35-44	45-54	55-64	65+
	%	%	%	%	%	%	%
AIDS is a serious problem in Scotland today							
1986	48	45	40	45	52	56	46
1987	58	64	67	60	55	59	39
AIDS will get worse in the next five years							
1986	32	32	30	39	34	36	19
1987	42	51	53	44	37	38	23

Base numbers for Tables 1 - 3

		Total	15-24	25-34	35-44	45-54	55-64	65+
1986	N =	988	165	234	209	149	119	112
1987	N =	1001	169	265	172	111	127	157

Subjects and Methods

The information was collected using a commercial market research agency's 'omnibus survey.' This is a regularly repeated survey among a representative sample of some relevant population, where questionnaire space and data processing facilities are sold to interested clients on a cost per question basis. In this case, representative samples of the Scottish adult population aged 15+, selected through multi-stage sampling, were personally interviewed by trained interviewers. Questions were asked about the seriousness of AIDS relative to other problems, general views about AIDS, and attitudes towards specific issues.

Although all conventional socio-demographic variables were recorded for each respondent, age was the most important discriminator. The results described below therefore concentrate on this variable.

Results

Table 1 shows that in 1986, 48% felt that AIDS was a serious problem and 32% thought that the situation was likely to deteriorate in the future. There was no clear age pattern. One year later both figures increased by 10% overall. However, this increase varied according to age, with younger people tending to be more concerned than older people. For example, the 1987 figures show that 64% of 16-24 year-olds saw AIDS as a serious problem compared with 45% in 1986.

Table 2: Spontaneous knowledge about AIDS

(N = 988 1986, 1001 1987)

	Total	15-24	25-34	35-44	45-54	55-64	65+
	%	%	%	%	%	%	%
1986							
Those mentioning that AIDS was associated with:							
- sexual behaviour	61	59	67	70	60	58	50
- homosexuals	46	44	51	49	44	49	43
- drugs	28	27	32	35	32	21	23
- blood	32	29	36	37	39	33	21
1987							
Those mentioning that AIDS was associated with:							
- sexual behaviour	52	56	62	59	55	51	28
- homosexuals	17	14	21	20	23	17	9
- drugs	25	35	38	27	24	18	4
- blood	20	16	26	26	21	24	7

The next question explored knowledge about AIDS using an open ended approach where respondents were asked, 'what can you tell me about AIDS?' (Table 2). In both years, AIDS was associated most often with sexual behaviour (including homosexuality) (1986 61%, 1987 52%), followed by drugs (including abuse and needle-sharing) (1986 28%, 1987 25%) and blood disease/transfusions (1986 32%, 1987 20%). In 1987, fewer people mentioned sexual behaviour (down from 61% to 52% overall) and more young people mentioned drugs (up from 26% to 35% among 15-24 year-olds). However, the most notable change from 1986 to 1987 was the large reduction in those associating AIDS with homosexuals (down from 46% to 17% overall).

Prompted knowledge and attitudes about AIDS were assessed by inviting agreement/disagreement with a predetermined series of statements (Table 3). In 1986 65% wanted more information about AIDS. This request tended to come more from young people, a trend that was even more pronounced in 1987. For example, over the two years, the request for more information rose slightly among 15-24 year-olds (from 73% to 75%) but decreased significantly among 55-64 year-olds (from 62% to 37%). Over the two years there was also an increase among both young people and the total population in those who felt that AIDS could spread easily through the general public (53% overall in 1986 v. 62% in 1987). There was a corresponding decrease in those agreeing that only certain groups get AIDS (44% in 1986 v. 35% in 1987). In both years, three quarters of the population felt that AIDS was 'very frightening.' This varied considerably according to age, with fear among young people increasing from 68% in 1986 to 80% in 1987. Finally, 96% of the population and 99% of 15-24 year-olds now understand that AIDS can be transmitted by drug misusers sharing needles.

Table 3: Prompted knowledge and attitudes about AIDS

(N = 988 1986, 1001 1987)

			Total	15-24	25-34	35-44	45-54	55-64	65+
			%	%	%	%	%	%	%
1	I would like to know more about AIDS	1986	65	73	71	67	62	62	51
		1987	54	75	66	54	51	37	31
2	AIDS could spread very easily among the general public	1986	53	57	43	59	49	51	58
		1987	62	66	61	58	66	61	60
3	Only certain groups of people get AIDS	1986	44	35	33	41	54	63	49
		1987	35	24	31	33	33	40	51
4	I find the whole idea of AIDS very frightening	1986	75	68	72	84	78	77	76
		1987	76	80	78	80	83	64	69
5	Drug misusers can spread AIDS by sharing needles	1986	N/A	-	-	-	-	-	-
		1987	96	99	98	96	96	96	89

Discussion

Three trends emerge from the surveys. First, there is evidence of increasing awareness about the broader risk from AIDS to the general public as well as to high risk groups of drug misusers and homosexuals. Thus although almost everyone knows that behaviour such as injecting drugs can spread AIDS, fewer people are associating the syndrome only with specific groups. Second, it is clear that there continues to be a high level of concern about AIDS, with increasing proportions of the population as a whole seeing it as a serious social problem. This anxiety is most evident and is increasing among young people, 80% of whom now claim to find AIDS "very frightening." Third, there is a demand for more information about AIDS, especially among young people.

Knowledge of the broader heterosexual risk from AIDS therefore seems to be getting across. However, it is also clear that there is now considerable anxiety about AIDS, particularly among young people. The next step must be to help people resolve this anxiety. This can best be done by providing them with the knowledge to reduce their own personal risk from AIDS. In particular, there is a need for information on safe sex to be targeted at young people. The fact that such people are increasingly acknowledging their need for information about AIDS suggests that there is a great opportunity to do this successfully, although, as noted elsewhere (178), such material must be carefully designed to meet their specific requirements. The Government's latest media campaign deals with the important issue of drug injection and AIDS and targets significant subgroups in the community, but does not take up this broader opportunity. However, it is reassuring to note that the Health Education Authority is intending to focus on relationships in its future AIDS publicity.

The research also suggests that any campaign that has as its objective the promotion of public awareness of the connection between drug injection and AIDS is unnecessary, as almost everyone is aware

of this relationship already. Indeed our past research in this area (179) shows that the connection between AIDS and drug addiction was one of the first things people learnt about the syndrome, and subsequently much effort was required to communicate the broader risks involved.

The research also indicates that there is little to be gained by using fear or anxiety inducing strategies to reinforce existing knowledge of the drugs/AIDS connection, in order to deter potential injectors. There is clear evidence of considerable - and increasing - anxiety about AIDS, especially among young people. Reinforcing such anxiety through fear arousing strategies is widely acknowledged within social advertising to have little long-term effect, since it merely induces defensiveness and with it rejection of the personal relevance of the message.

Finally, there is a need to address the fact that some people inject drugs <u>despite</u> their knowledge of and fear about the risk of AIDS. Media campaigns are notoriously bad at dealing with this type of knowledge/behavioural inconsistency in situations where the behaviour is so emotionally entrenched. Direct face-to-face methods are more appropriate in this context, and the opportunity now exists for work to be carried out in this area.

3.3 Specific Marketing Issues

3.3 Specific Marketing Issues: Sports Sponsorship

Over the last eight years, SHEG has used sports sponsorship as part of their marketing communications mix in the same way as would a commercial organisation. I have been responsible for a range of pretesting and evaluation research into their three major sponsorships of:

- the 1982 Scottish team for the football World Cup;
- the Scottish Football Association Cup;
- the Health Race (a cycle race around Scotland previously sponsored by the Milk Marketing Board).

The fact that these interventions were researched so extensively is in itself unusual as noted in Paper 9 - many commercial organisations are not as thorough as this. The studies, which have been published in a number of places (see appendix), have provided an insight into the nature and operation of sponsorship. Two papers are presented in full in this thesis.

First, Paper 16 describes the post campaign evaluation of SHEG's sponsorship of the Scottish Football Association Cup. The study took the form of a three year monitor of campaign communication and awareness among the target audience - Scottish football supporters. This paper is aimed at a health education audience. It explores the value of sponsorship to the health educator looking in detail at its pros and cons. In particular, the apparent value for money of sponsorship is questioned. The research data presented is used to support the arguments.

Second, Paper 17, published in the International Journal of Advertising, is aimed at commercial marketing academics and practitioners. It questions some of the assumptions that underlie the use of sponsorship, especially the tendency to equate it with mainstream advertising. The paper goes on to delineate important differences between sponsorship and advertising in the areas of

communication and targeting. These arguments are again supported by research based case history material. Finally, the implications for using sponsorship are discussed.

In summary, the papers have used unusually extensive evaluation research to progress understanding of sponsorship for both the non-profit and the commercial marketeer. The implications are both theoretical and practical. In this sense, social marketing can be seen to be offering guidance to commercial marketing.

Paper 16

SPORTS SPONSORSHIP IN HEALTH EDUCATION

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To be Published in Health Promotion (in press)

SUMMARY

In recent years sports sponsorship has become increasingly popular among health educators. In particular, it is claimed to have three strengths. First, that it is well suited to positive health promotion. Second, that it presents good targeting opportunities. Third, that it offers value for money. This paper examines these claims in the light of a three year evaluation of the Scottish Health Education Group's sponsorship of the Scottish Cup. Overall, 2050 young men were interviewed, all with an interest in watching professional football. Perceptions of the campaign as a whole and of its objectives showed that this approach was successful in promoting positive health messages. Furthermore, perceptions about targeting were also in line with the sponsor's intentions. However, more complex analysis was required to assess the third pro-sponsorship claim, that of value for money. The findings suggested that for the sponsorship to achieve its full potential, it would be necessary to spend more money on conventional advertising to support the campaign. The wider implications of these findings for health education and sponsorship are discussed.

INTRODUCTION

In recent years there has been a rapid expansion in the commercial sponsorship of recreational activities in the UK. A report by Mintel publications (180) estimated that in 1986 £191 million would be spent on sponsorship. This is a 14% increase on the 1985 figure of £167 million and represents more than a five fold increase since 1980.

The expansion in the commercial sponsorship of sport in the UK has been mirrored by an increasing interest in this area by health educators. This interest has been evident throughout Britain with both the Health Education Council (HEC) in London (before its recent demise) and the Scottish Health Education Group (SHEG) in Edinburgh, becoming involved in a number of sports sponsorship projects. For example the HEC has supported the Great British Fun Run and Ras Iechyd Da (a cycle race round Wales) and SHEG sponsored the Scottish World Cup team in 1982, a series of cycle races through Scotland, and is currently sponsoring the Scottish Cup (the Scottish equivalent of the English FA Cup).

The business man's motives for using sponsorship are varied. Straightforward benefits such as tax reduction might be an attraction, but more subtle influences may also come into play, such as the fulfilment of company directors' sporting ambitions. For example, the chairman's passion for yachting may prompt company involvement with this sport. Perhaps surprisingly there is evidence that such influences are quite common (181).

Sponsorship may also offer opportunities to entertain clients or reward staff. Complementary tickets to Lords or the centre court at Wimbledon can help 'oil the wheels' of commerce. A further potential benefit is the direct sales of company products. For example, a brewery sponsoring a darts tournament may hope to sell a large quantity of its beer to the spectators. Finally, sponsorship is felt to have potential in the area of communication/advertising.

The last three of these benefits may also be relevant to health educators. They too may see public relations benefits in sponsorship, wish to generate "product sales" in the form of increased public participation in sport, or use sponsorship as a means of communication.

It is this last area of communication/advertising that has dominated the sponsorship debate. Typically the commercial organisation sees sponsorship as providing two main communication opportunities: awareness and image (ie. positive emotional message) generation. Awareness of the sponsor's product or company name can be achieved most readily through changing the name of the sponsored event (eg. the Milk Cup and the Canon League). Perhaps the best example of this phenomenon is the involvement of Cornhill Insurance with cricket, awareness of whom went from 2% to 16% in two years during their test match sponsorship (182).

Imagery objectives are dependent on this awareness and can be achieved in two ways. First, involvement in sport or art sponsorship of any kind can make the company look philanthropic and involved with the community, and thereby generate a positive emotional response from the public. More specifically, the association of a company or brand with a particular activity can have beneficial effects in terms of imagery. For example, research has suggested that Benson & Hedges sponsor cricket because it gives them a 'clean' image (183).

Image and awareness generation are also important to health education sponsors. The increasing stress being placed by health educators on positive health promotion has emphasised the importance of imagery and led to a realisation that sponsorship may have a role to play in this area (184). David Player defined this role as "to set the agenda for health, to build up the image of healthy activities as enjoyable and fun" (185). Presumably, although not an end in itself, awareness generation of the sponsor's identity would, as with commercial sponsorship, be a prerequisite of such image manipulation.

Communicating through sponsorship has a number of major benefits for the commercial organisation. It provides the opportunity to use otherwise inaccessible media. Most notably, through sponsorship, television becomes available to tobacco companies and the BBC to all advertisers. It also presents useful targeting opportunities. For example, alcohol manufacturers can use football sponsorship to target young working class males - a crucial segment of their market. Most importantly, sponsorship is seen as offering value for money, particularly when compared with conventional advertising. Thus (186) estimated that in 1981 tobacco companies spent £25 million sponsoring motor racing, but in return received media coverage worth £200 million.

The last two benefits are also relevant to health educators. Thus they too need accurate targeting, and would for example, be just as interested in reaching young male manual workers as the alcohol industry. They are also interested in any procedure that seems to offer value for money, an interest that is frequently heightened by a chronic lack of resources.

For both commercial and health education organisations however, the benefits of sponsorship, especially its apparent cheapness, have to be carefully balanced against an important disadvantage: communications in this medium lack controllability in terms of both message and penetration (187). Firstly, conventional advertising messages can be complex and painstakingly designed down to the last detail to ensure accurate and comprehensive communication. By contrast, sponsorship images are much more limited in scope. Awareness generation is dependent on unreliable factors such as how sports journalists refer to the sponsored event, and even when this proves successful, cannot go much beyond the bald promotion of the sponsor's identity. The dangers of this latter limitation are illustrated by the experiences of Gillette, who abandonned cricket sponsorship in 1981 despite high awareness of their involvement, because people no longer associated Gillette cricket with Gillette razors. Similarly the projection of positive images is a delicate

and rather vague operation that few companies conduct using sponsorship in isolation.

Secondly, the penetration of conventional advertising at least on television can be guaranteed, with time being purchased on the basis of Television Rating (TVR) levels. This ensures that a commercial is repeated until audience research confirms that a predetermined proportion of the population claims to have seen it. No such certainty exists for sponsorship.

For these reasons sponsorship projects usually include an additional element of conventional advertising activity as a 'reinforcement'. This may take the form of using channels provided by the sponsorship such as trackside advertising at an athletics event. Alternatively, it may involve the use of unrelated media campaigns promoting the sponsorship and the sponsor. For example, John Player use hoardings to promote their motor racing sponsorship.

The cost of this additional media activity should be taken into account in judging the 'value for money' offered by sponsorship. The costs involved cannot simply be equated to the level of the agreed sponsorship fee.

In summary, therefore, those in favour of health educators getting involved in sports sponsorship argue that it offers real opportunities, in the area of positive health promotion, to communicate accurately with a well defined target much more cheaply than would be possible with conventional advertising. On the other hand, it is argued that sponsorship is much less controllable than conventional advertising and, as a result, successful sponsorship campaigns depend on a substantial element of conventional advertising which in turn has cost implications.

These arguments are as yet largely theoretical. Points can be illustrated using examples from commerce, but as noted by Player (ibid) direct research evidence is badly needed. This paper will now

discuss research evidence that has emerged from the three year monitor of a major sponsorship campaign by the Scottish Health Education Group. This evidence will then be discussed in relation to the three main points to emerge from the sponsorship debate, namely:

- the suitability of sponsorship for promoting positive health.
- its targeting potential.
- the extent to which it offers value for money.

CASE HISTORY

Introduction

The Scottish Health Education Group (SHEG) have sponsored the Scottish Cup for the last four years. Their main objective in doing so has been "to improve the image of health through the sponsorship link with football, health being defined as fitness, non-smoking and moderation in alcohol consumption."

A number of sports might have been chosen by SHEG for sponsorship but football appeared an eminently suitable choice. It is very much 'the sport of the people' in Scotland, firmly rooted in the male urban working classes but of interest to all. Involvement ranges from following professional teams, to amateur and school team membership, and enjoyment of informal kickabouts. Furthermore, the earlier sponsorship of the 1982 non-smoking Scottish World Cup Team had already been seen to be worthwhile, with its subsidiary campaigns in primary schools and encouragement of youth football.

However, football sponsorship has some potential risks. Although subsidiary parts of the Scottish Cup campaign were designed to encourage sports participation, especially in schools, the underlying strategy relied on the exemplar role of sporting heroes, to be used to create a climate of opinion favourable to healthy lifestyles. The

cult of the personality in media sports reporting raises the possibility that successful footballers could be exposed as leading a notably unhealthy life, which might be detrimental to the campaign. In the event, this was not a problem.

Another possible concern is that for some sections of the community, football is associated with hooliganism and large scale disasters. Where these factors have influenced opinion, it would seem the response is not to reject football altogether but to stay away from live matches, replacing this activity with increased following of football on television, thus still being exposed to the campaign material.

The Campaign

In order to achieve the objectives of improvement of the image of health, here defined as 'fitness, non-smoking and moderation in alcohol consumption,' the sponsorship contract itself was seen as the central part of the campaign. In addition, however, some above the line promotion was also conducted including a poster campaign and stadium advertising. The poster campaign featured a character called 'Fit Fan' and used 'Adshel' sites throughout Scotland. The main element of the stadium advertising was a range of trackside banners bearing health messages. These were displayed around the pitch in football grounds where Scottish Cup fixtures took place, culminating in exclusive SHEG advertising at the Cup Final. A variety of slogans were included on them, such as 'Health Rules OK,' 'Play the Game, Be a Fit Fan' and 'Fit Fans think Smokes are Jokes.'

In terms of targeting, preliminary research (188) indicated that the campaign was likely to have greatest appeal for boys aged 10-15 years and men aged 16-44 years who had an interest in supporting professional football. In addition, the immediate female relatives of these people were seen as a secondary potential target.

Between 1984 and 1986 response to the campaign was monitored among all three of these groups. The full results of this research are reported elsewhere (189). This paper will concentrate on the findings for part of the main target: adult male football supporters.

Method

The monitor was carried out in three stages covering the 1984, 1985, and 1986 Scottish Cup competitions. At each stage fieldwork was conducted immediately after the cup final, in Glasgow, Edinburgh, Dundee and Aberdeen. The basic research procedure, which remained the same throughout the monitor, took the form of a quota sample of target group members being interviewed face-to-face using a highly structured questionnaire.

The quota controls were designed to provide a sample that was representative of the occurrence of target groups in the Scottish population as a whole. These were based on randomly collected data from a previous study (190) and concerned three basic variables:

- Age (16-24, 25-34, 35-44 years)

- Social class (AB, C1, C2, DE)

- Interest in professional football. All the men had to demonstrate a minimum interest in professional football, this being defined as watching it on television at least three or four times a month, or, failing that, attending at least one professional football match in the previous three months. These respondents were divided into Scottish Cup Attenders, who had attended at least one Scottish Cup match in this time, and Football Followers, who had not.

Each year just under 700 men were interviewed, giving a cumulative sample of 2050 over the three year study. The same questionnaire was

Table 1: Awareness of SHEG's sponsorship and supporting publicity

Base: All men

	1984	1985	1986
Base	663	689	698
	%	%	%
Spontaneous awareness of:			
- pro-health trackside banners	53	49	41
- sponsor's identity:			
- SHEG	27	22	15
- health associated body	23	17	17
Prompted awareness of:			
- Adshel poster	39	46	46
- trackside banners	56	53	51
- sponsor's identity:			
- SHEG	34	29	25
- health associated body	27	27	32

used throughout. It covered two main areas. First it examined people's cognitive response to the campaign, that is their knowledge of and opinions about it. Second, there were a series of basic health attitude and behaviour measures. These latter questions were not intended to be directly evaluative of this particular campaign but to perform a trend monitoring exercise that would aid SHEG's long-term strategic planning on all its media activity. Because this paper is concerned purely with the sponsorship campaign, therefore, it will concentrate on the findings in the first of these areas.

Findings

Four areas of cognitive response to the campaign were covered:

- awareness
- perceptions about its intended audience
- perceptions about its intended objectives
- overall opinions

These are discussed individually.

Awareness Awareness of the sponsorship deal itself and of the accompanying publicity, such as the stadium advertising, was measured both before (spontaneous awareness) and after (prompted awareness) showing respondents copies of the campaign material. The data (see Table 1) show that, predictably, prompted awareness exceeded spontaneous awareness. At the prompted level between a quarter and a third of respondents (eg. 34% in 1984) demonstrated awareness of SHEG's involvement with the Scottish Cup and that a similar proportion made the more general connection between a health associated body and the Cup. Prompted awareness of the accompanying publicity was generally slightly higher than this, with prompted awareness peaking at 46% (1985 and 1986) and 56% (1984) for the Adshel poster and the stadium advertising.

Table 2: Perceptions of the campaign target

Base: All men with 'basic awareness' of campaign

	% seeing these targets as actually being reached by the campaign		
	1984	1985	1986
Base	636	662	678
Possible targets:	%	%	%
- men	39	43	45
- women	21	24	25
- under 16s	53	55	53
- 16-19 year-olds	46	42	47
- over 40 year-olds	14	13	16
- regular viewers of football on TV	54	59	52
- non-viewers of football on TV	24	26	22
- people who are not fit	50	54	53
- people who are fit	23	23	16

Table 1 also shows that awareness of both the sponsorship and the advertising aspects of the campaign generally fell slightly over the three years of the monitor. For example, prompted awareness of the stadium banners fell from 56% in 1984 to 51% in 1986, with equivalent figures of 34% and 25% for awareness of SHEG's involvement.

There was minimal confusion with commercial sponsorship, notably alcohol manufacturers, probably deriving from parallel sponsorship of the League Cup by a brewer. This was more apparent at the spontaneous level (around 7%), but declined after respondents were shown the promotional material (around 4%).

Campaign Target Information about the campaign's perceived target was sought by asking respondents which of a list of alternative targets they felt the campaign was reaching. The list covered a range of demographic and behavioural characteristics and is illustrated in Table 2 opposite. This shows that throughout the monitor the most popular selections closely matched SHEG's intended target, namely young, male football supporters who exhibit anti-health behaviour.

Furthermore, these findings suggest a degree of identification because the respondents themselves were in these groups.

Campaign Objectives Prompted opinions about the campaign's objectives were sought by giving respondents a list of possible aims and asking them which they felt were being achieved by the sponsor. The alternatives fell into three categories: 'health promotion' or 'positive pro health' objectives (eg. suggest that healthy activity can be fun), 'negative pro health' objectives (eg. encourage people to stop smoking), and 'anti-health' objectives (eg. persuade people to buy more cigarettes). The findings (Table 3) show that throughout the monitor, anti-health messages were largely rejected in favour of pro-health messages, and that of the latter, positive health messages

Table 3: Prompted opinions of the campaign's intended and achieved objectives

Base: All men with 'basic awareness' of campaign

	Agreeing this is intended objective			Agreeing objective is actually achieved very well/quite well		
	1984	1985	1986	1984	1985	1986
Base	636	662	678	636	662	678
	%	%	%	%	%	%
Pro-health objectives (positive)						
eg. suggest that healthy activities can be fun	87	85	85	81	80	77
educate people about the benefits of regular exercise	84	81	81	77	73	72
Pro-health objectives (negative)						
eg. encourage people to stop smoking	87	82	85	74	69	67
persuade people that drinking too much is bad for their health	82	82	80	61	64	60
Anti-health objectives						
eg. persuade people to buy more cigarettes	1	2	1	5	5	9
suggest that watching football is enough exercise for anyone	3	4	6	8	8	13

were endorsed more readily than negative health ones. For example, in 1986 9% of men saw the anti-health objective of promoting cigarettes as actually being achieved compared with 77% for the positive pro-health message 'suggest that healthy activity can be fun' and 67% for the negative pro-health message 'encourage people to stop smoking.'

However, during the course of the monitor, it became apparent that the balance between pro- and anti-health objectives, although always greatly favouring the former, was changing slightly. Anti-health messages were being endorsed a little more often and pro-health messages (whether positive or negative) a little less often as actual objectives. For example, the pro-health objective 'suggest that healthy activity can be fun,' was endorsed as an actual objective by 81% of the men in 1984, but by 77% in 1986. The equivalent figures for the anti-health objective 'watching football is enough exercise for anyone' were 8% in 1984 and 13% in 1986. It should be stressed that these changes were slight, but were also consistent.

Overall Opinions of the Campaign Attitudes to the sponsorship campaign were assessed by presenting respondents with a series of relevant statements (see Table 4) and asking them to agree or disagree with them as they wished. These statements covered two main areas: support, or the lack of it, for the idea of the campaign (statements 1, 2 and 3), and its perceived effectiveness (statements 4 and 5). The data (Table 4) show a very positive response at both these levels. Thus clear support for the idea of the campaign emerged with around 90% of respondents at each research stage agreeing both that 'the authorities should sponsor more events like this' and that 'it's a good idea for the Scottish Health Education Group to sponsor the Scottish Cup.' Similarly, over three quarters of respondents rejected the idea that 'this sponsorship is a waste of public money.'

Table 4: Overall opinions of the Scottish Cup sponsorship

Base: All men

	Agree			Uncertain			Disagree		
	1984	1985	1986	1984	1985	1986	1984	1985	1986
Base	663	689	698	663	689	698	663	689	698
	%	%	%	%	%	%	%	%	%
1 The authorities should sponsor more events like this	88	90	90	5	5	4	6	4	4
2 It's a good idea for the Scottish Health Education Group to sponsor the Scottish Cup	89	92	91	5	4	5	4	4	4
3 This sponsorship is a waste of public money	14	13	12	7	11	8	77	76	79
4 It's an effective way of educating people about health	78	80	78	9	7	8	12	13	14
5 It makes you think that healthy activity can be fun	90	91	91	6	4	4	4	4	5
6 No-one notices sponsorship at football matches	29	31	40	10	7	8	60	62	51

In terms of effectiveness, around four fifths of the sample felt it was 'an effective way of educating people about health.' Furthermore, 90% plus agreed that 'it makes you think that healthy activity can be fun,' suggesting that a positive health theme was being readily communicated.

However response to statement 6 shows that there was some doubt about the impact of this sort of campaign. Around a third of respondents agreed that 'no one notices sponsorship of football matches;' and agreement increased during the course of the monitor from 29% in 1984 to 40% in 1986.

Discussion

The evaluation of SHEG's sponsorship of the Scottish Cup provides feedback on all three areas of the debate about sponsorship outlined in the introduction.

In terms of positive health promotion, respondent perceptions suggested that SHEG's sponsorship did have considerable success. Throughout the three year monitor, the great majority of respondents saw it as communicating effectively on this theme, with positive promotion messages having more strength than negative pro-health concepts, and anti-health messages being rejected overall. However, there was a minimal but consistent increase in anti-health messages being selected with a parallel decline in pro-health messages. Counteracting this effect with back-up advertising is discussed below.

The campaign was also perceived to be successful in terms of targeting. It was consistently seen as reaching its intended target of young male football supporters more effectively than other parts of the population.

The third aspect identified in the sponsorship debate, that of value for money, is the most complex. Direct comparisons with conventional advertising suggest that the Scottish Cup sponsorship did represent excellent value. SHEG spent approximately £250,000 per annum on the campaign - enough to produce just one 60 second television commercial and show it 12-15 times in Scotland. The coverage of the Scottish Cup Final alone gave SHEG far more air time than this.

However, as mentioned earlier, the validity of these direct comparisons has been questioned, on the grounds that sponsorship lacks the controllability of conventional advertising in terms of both message and penetration. As a result it needs the support of conventional advertising to work, and the cost of this undermines its apparent cheapness.

The evaluation provides some indirect feedback on this issue. During the course of the monitor there was a tendency for levels of response to decline in three areas; awareness of the promotional material and the sponsorship; the perceived achievement of pro-health versus anti-health objectives; and the perceived impact.

In isolation these results might be seen as an indication that the campaign as a whole is gradually wearing out. However, two additional findings suggest that this explanation is unlikely. First, the absolute levels of awareness were often lower than might be expected especially for the most central aspects of the campaign. For instance, awareness of SHEG being the sponsor never increased much beyond a third of the sample. Second, there was an overwhelmingly favourable response to the idea of the campaign, and this was maintained throughout the monitor.

These results suggest that SHEG's sponsorship, rather than being worn out, has considerable potential that still needs to be fulfilled. However, to do this, campaign salience and impact will need to be increased, and this will largely depend on the supporting advertising campaign.

There was limited evidence of the sponsorship source being confused with alcohol manufacturers. Football is not yet the subject of high profile commercial sponsorship, such as observed in snooker or motor racing, but a brewing firm had sponsored the Scottish Football League Cup during the evaluation period. However, for this target audience, awareness of SHEG as the campaign source was relatively higher than for its other mass media initiatives. In 1986 a monitor of overall awareness of their campaigns showed that among adults aged 16-44 years old, SHEG was identified as the source by 14% - 17% of respondents in comparison with 25% of respondents in the sponsorship evaluation, although the general monitor showed no confusion with commercial sources (191).

Thus, the evaluation suggested that problems with the campaign lay, not in the sponsorship itself, which remained conceptually robust throughout, but in the back-up advertising. As a result, SHEG have decided to continue their sponsorship but to revitalise and extend this latter aspect of the campaign, with a consequential increase in cost. In more general terms this supports the contention that direct cost for cost comparisons between sponsorship and conventional advertising are simplistic and should be treated with considerable caution.

Conclusion

In summary, SHEG's experiences in sponsoring the Scottish Cup do provide some hard evidence regarding the pros and cons of sponsorship in health education. They offer support for two of the pro sponsorship claims: that sponsorship offers considerable potential for promoting positive health and for accurate targeting. However, they also suggest that sponsorship campaigns do need considerable support from conventional advertising to fulfil their potential. Clearly this has implications for the third pro sponsorship argument - that it offers good value for money compared with conventional advertising.

In this sense using sponsorship can perhaps be likened to joining an expensive golf club. The initial membership fee is only part of the cost involved. You also have to buy the right equipment, the right clothes, even the right car, if you are going to enjoy the benefits of the club. Unless you do these things there is little point in joining in the first place - however reasonable the membership fee.

SPONSORSHIP WORKS DIFFERENTLY FROM ADVERTISING

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Commercial sponsorship has become increasingly common in recent years. This paper discusses the nature of sponsorship and, in particular, compares it with mainstream advertising. It argues that, despite superficial similarities between the two, crucial differences also exist. The implications of these differences are discussed both in general terms and in relation to the specific problems of evaluating the effectiveness of sponsorship. In doing this, original case history material is used to illustrate the points made.

The commercial sponsorship of recreational activities has become increasingly common in recent years. Accurate figures about the level of sponsorship are difficult to find but estimates in The Times (192) suggested that in 1982 as many as 901 companies would spend approximately £60m on sponsorship prize money alone, and the total amount expended in running sponsored events would possibly exceed £100m.

However, this increase in popularity has not been matched by an adequate analysis of how sponsorship operates. In the absence of this analysis there has been a tendency to view sponsorship as a form of advertising with the same characteristics and principles. This tendency is illustrated by the fact that extent of media coverage is often used as a means of comparing sponsorship with mainstream advertising, without full realization or exploration of the potentially fundamental differences between the two.

This uncertainty about the operation of sponsorship has perhaps been overlooked for financial reasons. In direct comparison with advertising, sponsorship does seem to provide very cheap access to the media, and as a result can appear to be something of a bargain. This outlook has led one commentator, for example, to state that 'sponsors are certainly getting more than their money's worth' (see 192). In this way there is a danger that sponsorship will be seen as temptingly cheap form of advertising.

However, such a conclusion can be drawn only if the initial comparison is valid: in other words, if sponsorship does operate in the same way as mainstream advertising. In this paper I shall argue that such a case has not been proved and, indeed, that closer analysis reveals fundamental differences between sponsorship and mainstream advertising. Case history material is used to illustrate the points made.

DISCUSSION

The differences between sponsorship and mainstream advertising are most apparent when attempts are made to define the benefits of sponsorship. Most sponsorship money is spent on major spectator sports and the value of sponsorship to them is relatively obvious. It provides extra money to cover the increasing cost of organizing large sporting events and contributes to their success with such benefits as better publicity and more attractive prize money. In times of economic austerity all these contributions are likely to become increasingly important. Indeed, such is the perceived value of sports sponsorship to British sport that it promoted Dickie Jeeps (193), the chairman of the Sports Council, to describe sponsorship as 'the financial lifeblood of sport in Britain.'

However, the value of sponsorship to commercial organizations is less obvious, and this has contributed to uncertainty about it among sponsors. There is no difficulty in finding motives for becoming involved - indeed, as Hulks (194) suggested, these are probably as numerous as the companies themselves - but precise definitions of the benefits that sponsorship is supposed to bring are difficult to find. These benefits, when they are stated at all, usually fall into two rather vague categories:-

1) Increases in awareness of the companies' name and/or product, often through gaining media coverage.

2) The promotion of positive messages about the company or product, usually in terms of imagery.

These 'marketing' benefits can become further obscured by other motives for becoming involved in sponsorship, such as the potential for entertaining clients and personal interests in particular sports or events.

If the benefits of sponsorship are to be clarified, the effectiveness of specific campaigns must be evaluated. This evaluation requires the application of a systematic research process similar to that applied to advertising. The first steps in any such process must be the precise definition of appropriate testable objectives and, by extension, a clear definition of the target audience.

It is in these fundamental areas that crucial differences between sponsorship and advertising emerge, although on the surface they may appear to have much in common. They are both forms of purchased marketing communication, and do share apparently similar objectives. For example, the two rather vague benefits of sponsorship mentioned above do equate with two fundamental objectives of advertising:

1) The generation of awareness about the product or company.

2) The promotion of positive messages about the product or company.

Further, both advertising and sponsorship are, at least potentially, capable of communicating (and thereby achieving) these objectives to mass audiences or smaller, more closely defined groups.

The only differences between the two might appear to be ones of degree rather than kind:

1) The greater control over advertising makes it possible to promote much more complex messages both in terms of information and imagery.

2) Sponsorship makes up for this by its apparent financial attractiveness. It can be seen simply as an economic form of advertising.

However, a closer examination of both objectives and the audience characteristics reveals differences of kind as well as of degree.

The Generation of Awareness

In mainstream advertising, the generation of awareness can be simplified to two basic stages: the generation of awareness of an advertisement's existence; and the generation of awareness of the advertised brand or company. This is possible because awareness of an advertisement's existence usually signifies its recognition by the audience as promotional activity. Indeed, in Britain, at least, advertisers are required by the Advertising Standards Authority to resolve any doubt in this area. Hence, for example, the clear delineation of some press advertisements. Thus awareness of an advertisement leads the audience to expect, if not to seek, a promoter and/or a promoted item.

This two-step model of awareness is not intended to underestimate the difficulties that advertisers may have in achieving their objectives. It simply provides a convenient and appropriate way of defining them.

The equivalent model for sponsorship would need to be more complex. The first step of generating awareness of the advertisement's existence must be subdivided into two stages because with sponsorship awareness of a particular event is not equivalent to awareness that the event is being sponsored. A sponsored event is not necessarily perceived as promotional activity by all its audience. Therefore, it is necessary to consider awareness of the event and awareness that it is sponsored.

The second stage - the generation of awareness of the brand - also needs to be subdivided in the case of sponsorship. There is a need to generate awareness of who the sponsor of the event is, but there is also a need to ensure that the audience is aware of the commercial interests of that organization; what, for example, product field they are in.

Thus, in defining the awareness-related objectives of sponsorship, a four-step rather than a two-step model is required. These

differences in terms of awareness have important implications for one of the factors that is often quoted as an indication of the comparative value for money of sponsorship: the gaining of media coverage. Sponsorship does appear to provide much cheaper access to the media than mainstream advertising.

However 'media coverage' in the two forms of promotion are not equivalent. In mainstream advertising television seconds and column inches do provide a measure of the direct effort given to promoting the advertiser and his or her message. This is not true in sponsorship, where little or no effort may be given to this cause in media coverage. Indeed, in some instances, such as BBC coverage of sponsored events, deliberate attempts may be made to prevent the promotion of the sponsor's name and message.

The promotion of messages

Further differences between advertising and sponsorship emerge when more complex objectives involving detailed message communication are considered. Mainstream advertising is largely concerned both with the manipulation of messages and with the promotion of a link between those messages and the relevant brand or company. Indeed, the difficulties in achieving these two objectives comprise some of the most significant advertising problems. However, these problems are considerably eased by the explicit nature of mainstream advertising. The message can be explicitly stated and the link can be explicitly drawn.

This is not possible with sponsorship. Any message beyond the brand/company name itself is necessarily communicated by implication, and similarly, the link between that message and the brand name is implicit. As a result, message manipulation is, at least in theory, impossible and there is a tendency for any messages that are communicated to be imprecise, intangible and removed from the control of the sender.

Thus there do appear to be significant differences between the potential objectives of sponsorship and advertising. Furthermore, these differences become more complex when the audience characteristics of the two forms of promotion are compared.

Audience Characteristics

For advertising, the audience can be defined in terms of viewers and non-viewers (again, this is not intended to underestimate the complications of audience research in advertising), whereas for sponsorship a more complex division is necessary. The audience needs to be seen in terms of those who:

1) Are directly involved in the sponsored events as participants (active participants). In some instances this may be a small and hence unimportant group, but it can also be of significant proportions. For example, the recent (sponsored) Glasgow marathon was estimated to involve up to 10,000 runners.

2) Are directly involved as personal spectators, that is, those who actually attend the sponsored events in person (spectators).

3) Follow the events through the media (media followers). These can range from the very keen who will follow the events avidly in all available media to those who will take no more than a passing interest.

Obviously, not all the divisions will have relevance in every case, but they do at least need to be given consideration.

Thus sponsorship differs from advertising both in terms of potential objectives and audience characteristics. These differences will fundamentally influence the form of any evaluation of effectiveness. Some of these influences are illustrated in the following case history.

CASE HISTORY

It was with all these points in mind that the Scottish Health Education Group (SHEG) - the government body responsible for health education in Scotland - decided to enter the field of sponsorship. This decision resulted from two developments, the first in health education, the second in sponsorship.

Health education has traditionally tended to tackle each type of behavioural problem in isolation. Thus it has campaigned about the health risks of smoking, alcohol, lack of exercise and poor diet, among other things, but each has been dealt with separately, a separation and emphasis that has often not reflected consumer preference. As a result, there has been a tendency for its work to be both fragmented and negative.

In an attempt to counteract this, SHEG decided to develop some broader, more positive campaigns. In particular, they wished to promote the concept of positive health. The sponsorship of major sports, with all their positive associations with healthy living, seemed to offer an appropriate vehicle for this.

The development in sponsorship that helped bring about SHEG's involvement was the increasing dominance of those involved in the promotion of so-called 'anti-health' products - especially the tobacco manufacturers - in this area. This suggested a need for greater involvement by health educationists, if only in the cause of counter propaganda.

The SHEG, therefore, became involved in sponsoring a number of sporting events, including the 1982 Football World Cup (when they backed the non-smoking Scottish team) and more recently the Glasgow Marathon. However, one of their biggest projects in this area has been their sponsorship of a major international cycle race called the 'Health Race.'

The 1982 Health Race, which was the second of these annual events, followed a route between six Scottish cities, and has established the Health Race as a major event in the cycling calendar. Promotional activities included a 'Health Week' or series of health-related events and activities such as fun runs and fitness tests at each of the end-stage cities, which culminated in the arrival of the cycle race.

As mentioned above, the general objective of getting involved in this sort of sponsorship activity for the SHEG is the promotion of the concept of positive health. For Health Race '82 certain more specific objectives were set. These included:

1) The raising of awareness of the links between health and behaviour.

2) The promotion of the idea that healthy activity could be enjoyable.

3) The interaction with as many Scottish people as possible over a wide geographic area.

4) The encouragement of active participation in Health Week events.

Partly because of the uncertainty about the benefits of sponsorship and also as part of their general policy of advertising research, SHEG decided to evaluate their involvement in the Health Race. The Advertising Research Unit in the Department of Marketing at Strathclyde University was therefore asked to carry out an appropriate study of public response to the event.

The design of this study was influenced by the analysis presented in the first half of the paper. That is, special care was taken in defining both the target audience and the objectives.

Target Audience

Following the audience categorization discussed above (active participants, live spectators and media followers), two studies were proposed. One was with the Scottish public in general (the awareness monitor) and was intended to cover the media followers category. The other was with those who actually attended the end-stage locations (the participant evaluation). This covered the live spectators as well as active participants (defined in this case as those who actively participated in the health-related events rather than in the cycle race itself).

Objectives

The awareness monitor was carried out by adding several questions to an omnibus survey. The objectives of this part of the research were to monitor awareness of: (a) the race itself; (b) whether it was sponsored; (c) who was sponsoring it; (d) why it was being sponsored, that is, what, if any, message was being communicated.

The participant evaluation involved personal questionnaire-based interviews with a quota sample of those present at the end-stage locations. This part of the research was more concerned with detailed response to the event than with general awareness levels. Thus the research objectives included the assessment of: (a) levels of communication of the message concerning positive health in general, and more specifically that healthy activities can be enjoyable; (b) levels of participation in Health Week activities; (c) perceived effects of the Health Race '82 on health-related behaviour; (d) likes and dislikes about the event.

The findings of the participant evaluation were, in general, encouraging. People's perceptions of the intended objectives of the event suggested that a positive health message was being successfully promoted to the majority of respondents. About 70 per cent of those

asked felt that the race was intended to promote some kind of pro-health message.

There was also evidence of a considerable amount of participation in the various activities that were available. These varied from stage to stage but included swimming, walking, running, cycling and some health/fitness tests. Approximately half the respondents tried at least one of these activities.

Respondents' opinions of the Health Race and its associated events were very positive. Seventy-two per cent of respondents felt that it would make people more interested in their own health, and similar numbers felt that it would encourage both fit and unfit people to take more exercise. An even larger proportion of respondents (96 per cent) felt that the events suggested that 'healthy activities can be fun,' with a corresponding 88 per cent disagreeing that 'there is no enjoyable way of keeping fit.'

Finally, respondents were very favourably disposed towards the idea of the Health Race, which, after all, was being financed with public money. Approximately nine out of every ten people interviewed felt that 'the authorities should sponsor more events like this,' and there was an equally emphatic rejection of the idea that it was 'a waste of public money.'

Therefore, although there were some negative findings in this section of the research - readership of the freely distributed health education leaflet and posters, for example, was low at 28 per cent, and prior awareness of the event was less than expected - participant response to the events was very positive. The objectives of sponsoring the race, outlined above, were successfully achieved among a high proportion of respondents.

The awareness monitor, however, produced less favourable findings. Awareness was monitored on three occasions: one month before the race, at about the same time as the race and one month after the

race. At each of these stages spontaneous awareness of the Health Race was minimal. Prompted awareness of 'a cycle race' was more promising, reaching a maximum of two-fifths of the sample at the second stage of the research. However, only small numbers (less than a fifth) of these respondents associated the cycle race with the Health Race.

Although the promotion of SHEG itself was not a major objective of the sponsoring of the Health Race, the awareness monitor also recorded who was seen to be the race sponsor. This revealed a disappointingly significant tendency to attribute the sponsorship of the race to the Milk Marketing Board. Respondents were evidently confusing the Health Race with the Milk Race. There was little or no evidence for such confusion in the participant evaluation.

Only one encouraging finding emerged from the awareness monitor. This concerned the perceived objectives of the race. A substantial minority of those aware of the race saw it as promoting some sort of health and fitness message. Therefore, although the confusion with the Milk Race was disappointing, this finding suggests that it was not inconsistent with SHEG's primary objective in sponsoring the Health Race.

Health Race '82 seems to have been a considerable success at a local level. People who attended the event responded very favourably. A positive health message was successfully communicated and it was felt that this would have a positive influence on health attitudes and health behaviour. However, although the national status of the Health Race could arguably have had a positive influence at the local level, the event was, in general, much less successful at the national level. It generated little awareness of either the event itself or its positive health message.

These findings have important implications for the way SHEG should proceed in its sponsorship of the Health Race. Both elements of the evaluation - the national awareness monitor and the study of

localized response - put SHEG in a much better position to develop an appropriate strategy for their future involvement in sponsoring this event. The research would not have been able to make these contributions without the recognition of the special characteristics of sponsorship in terms of both audience and objectives.

CONCLUSION

In conclusion, this paper has argued that sponsorship does have unique characteristics that distinguish it from advertising. In making these points the emphasis has been placed on the problems of evaluation and the associated research implications as it was felt that in this area the differences were most apparent. However, this is not intended to underestimate the value of research at earlier stages of the sponsorship process. An important contribution can also be made by pre-testing. It can provide such information as appropriate events to sponsor, the form that sponsorship should take and details about the sorts of objectives that can realistically be set.

The point of this paper is that this process is dependent on the recognition of the special nature of sponsorship and the acceptance that it is not simply a cheap form of advertising.

3.4 Conclusion

In this section of the thesis I have argued that social marketing, in the form of health education, can contribute to its mother discipline on three levels. First, on a theoretical level it can clarify thinking about multi-dimensional marketing and fear inducing advertising. In addition, it can expand the potential of marketing by illustrating that its benefits are not restricted to those in society with resources and that it does not necessarily depend on a model of continually increasing consumption.

Second, it has shown that the application of a commercial marketing technique - advertising research - in a social marketing context can extend our understanding of that technique. In particular, the benefits of a long term research capability and the potential for research to enhance rather than constrain creativity have been illustrated.

Finally, this section looked at a specific issue - sports sponsorship - and showed how its use in a social marketing context clarified understanding of its operation.

In summary, therefore, it is apparent that there is at least the potential for social marketing to contribute to commercial marketing theory and practice, as well as vice versa. In my opinion this reciprocation is crucial to the future of social marketing.

4.0 CONCLUSIONS AND FUTURE RESEARCH DIRECTIONS

4.0 CONCLUSIONS AND FUTURE RESEARCH DIRECTIONS

This thesis has explored the nature of social marketing. It began by examining the contribution that marketing can make to the furtherance of social causes. My research on health education publicity showed that this contribution is important at both a theoretical and a practical level.

In terms of theory, the marketing concept of consumer orientation has helped to clarify thinking on basic models of health education, by confirming flaws in the traditional medical model and supporting the more recent idea of self-empowerment. At a practical level, advertising research provides a unique approach from marketing that has improved health education interventions.

Furthermore, the combination of this theoretical and practical help from marketing has led to original solutions to health education problems. The best example of this occurs in SHEG's anti-smoking work which has moved on from the ad-hoc production of problem specific, negative and fear inducing advertisements to strategically developed positive campaigns that treat the target audience as people rather than simply as smokers.

The second half of the thesis explored the reverse process and examined the potential for social marketing to contribute to its mother discipline. The research illustrated three ways in which this could happen. First, at a theoretical level, Section 3.1 discussed how social marketing can make a contribution in such areas as multidimensional marketing, fear inducing advertising and the ethics of marketing.

Second, the opportunity I have had to do long term research in a particular field of social marketing has revealed notable benefits intrinsic to this process. Similar benefits would probably emerge from long term research into particular fields in the commercial sector, but further investigation of this is required. This long

term research has also progressed our understanding of how advertising research operates, and this is of value to both social and commercial marketing.

Third, specific marketing issues, in this instance sponsorship, can be studied by social marketeers, just as they are by their commercial counterparts, and understanding can thereby be extended.

In conclusion, the thesis has argued that commercial marketing can contribute to the furtherance of social causes, providing initial support for the concept of social marketing. However, it is also apparent that there is the potential at least, for the reverse process to take place, and for the study of social marketing to improve our understanding of commercial marketing. Perhaps it is in this reciprocation that the future of social marketing lies. When its value to commercial marketing is more widely demonstrated and accepted then social marketing will not only be declared legitimate but will come of age.

Clearly there is a need for more research in this area. This can continue on similar lines as in the past, specialising in the field of health education. All the evidence is that this will expand our understanding of social marketing and probably also of commercial marketing.

In addition, however, three further areas of enquiry are in need of exploration:-

1) Wider media research There is the potential to expand the application of the research processes discussed in the thesis beyond advertising to cover any media based communications. To some extent this process has begun. Paper 18 discusses the benefits of research for educational materials and uses a case history of its use on an educational video to support the argument. The publication of the paper by a leading educational journal confirms that there is the opportunity for expansion in this area.

2) Other social issues There is also the possibility to expand into other social fields than health education. Again this process has begun. I have, for example, conducted research on road safety for the Scottish Office (195).

3) Commercial research The thesis has demonstrated the benefits of applying research on a longitudinal basis to a particular field of social advertising. Further research is needed to examine whether these benefits would also apply in commercial fields. This would need a commercial sponsor to make a long term commitment to an established research capability such as the ARU. Short term or ad-hoc involvement is unlikely to prove especially beneficial.

Finally, on a very specific note, although all the health education topics discussed in this thesis would benefit from further research, AIDS is of particular interest. Public education in this area represents the newest and biggest health challenge in this country, if not the world. A continuation of our research is needed to help ensure that this challenge is met.

Furthermore, this will also contribute to our understanding of marketing. For example, my most recent research in this area is providing considerable evidence about the importance of audience identification for effective advertising. In this sense, the AIDS issue demonstrates the essence of this thesis; namely that research conducted for specific objectives in the short term can improve general understanding in the long term.

ADVERTISING RESEARCH:
A NEW PERSPECTIVE FOR DEVELOPING EDUCATIONAL MATERIAL

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Problems of Communication

Early models of communication depicted the process as unidirectional, with information being transferred by an active sender to a passive recipient. Analogies were drawn with the hypodermic syringe: information was seen as being injected into the audience in the same way as drugs are injected into the patient. As with the drug, the effect of any communication would be predictable and quantifiable. However, these effects proved in practice to be elusive, and gradually the hypodermic model was superceded by more complex explanations of the process of communication. These included the two, or more, step model initially proposed by Katz and Lazarsfeld (196), involving opinion leaders in the process of communication; the use and gratification approaches (197, 198) which depict the consumer deliberately using the media rather than vice versa and, most recently, cultural effects models which place the media in a cultural context and see its effects as indirect and long-term (199). Each of these theories has its supporters and dissenters, but they have in common the acceptance of an active role for the audience in the communication process. Communication can no longer be seen as the simple transference of information by an active sender to a passive recipient.

This perspective has crucial implications for those involved in communication, especially if they intend to use the mass media. If the audience is actively involved in selecting and interpreting messages, then it is essential that communicators take cognisance not just of the message they send, but also of that which the audience receives. Two characteristics of the mass media make this particularly important. First, they are essentially unidirectional - they do not allow for an active role on the part of the message recipient. Second, they separate the communicator from his or her audience, so that even if it wants to, the audience cannot get directly involved in the process of communication. To overcome these problems, deliberate attempts must be made to ensure that the response of the audience is monitored throughout the process of developing mass media messages.

Advertising Research

In the commercial world, advertisers do this by applying a process called 'advertising research.' This is a standard sequence of inter-related research projects with target audiences, which is used to aid the development of effective communications. It begins with basic 'problem definition' research which simply explores target audience perceptions of a particular issue or problem, and determines what role, if any, the mass media can play in approaching this subject.

If the mass media is seen to have some function to perform, then possible campaign ideas are developed. The next research stage is to assess response to these ideas and see which has the most appeal. This is sometimes referred to as creative development research.

The strongest idea is then converted into finished or semi-finished material which is again researched, firstly to check that it genuinely expresses the intended concept and secondly, to ensure that the detailed execution is appropriate. The material should now be perfected and the campaign will run.

A final stage of research, evaluating the campaign, will take place after it is complete. The whole research process is illustrated in Figure 1.

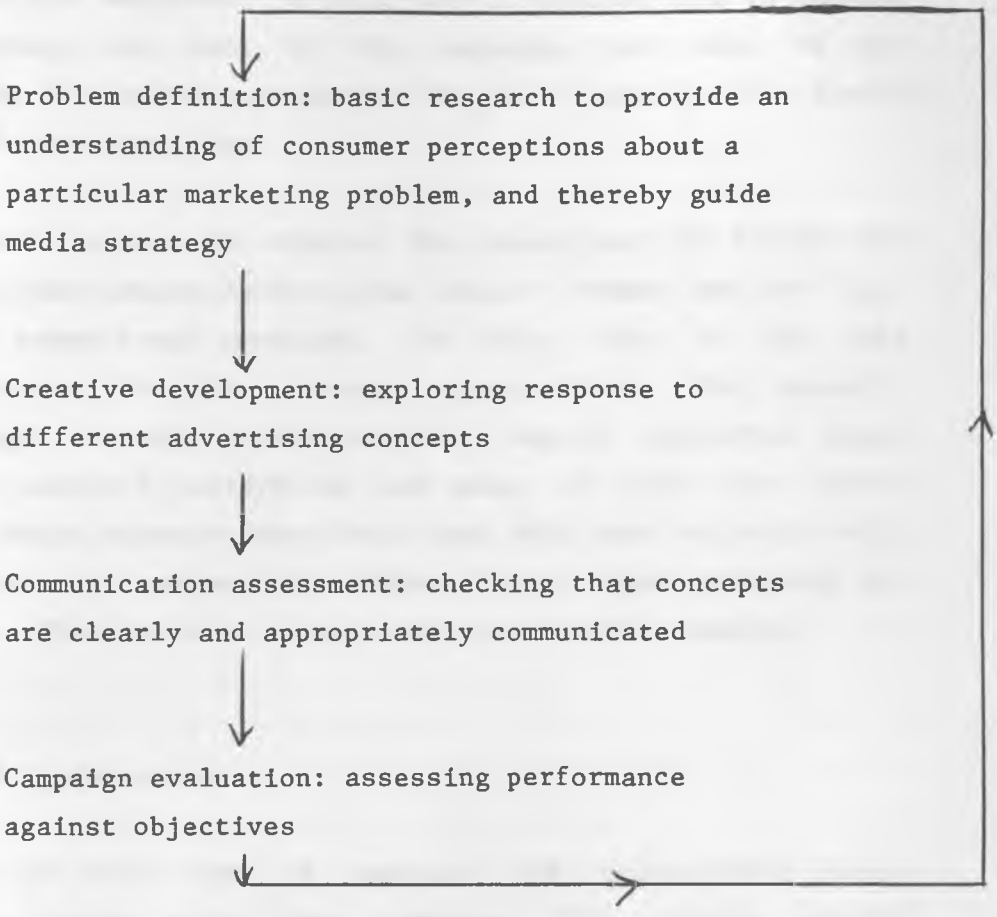

Fig 1: The Advertising Research Process

Two points should be noted about this process. First, it consists of an integrated series of research studies each one leading on from the last and onto the next. Second, it involves formative as well as summative evaluation. The first stage takes place before anything at all has been produced, and three of the four stages take place before material is finalised. In this way advertising research is as much concerned with explaining perceptions and giving guidance on how progress can be made as with testing particular items in a campaign.

To conclude, therefore, advertising research can be seen as a sequential and progressive process. Its fundamental function is to provide a means of continual contact or dialogue between the advertiser and his audience. In this way it enables him to develop an understanding, not only of his campaign, but also of his customers. The former is important in the short term but the latter is essential in the long term.

It is essential because it enables the advertiser to bridge the inevitable gap that exists between the 'expert' sender and the 'lay' recipient of promotional messages. In doing this, it not only reveals weaknesses, it also uncovers opportunities. For example, some years ago a large pharmaceutical company conducted basic research into people's perceptions and usage of their baby lotion product. To their surprise they found that this was not only being bought by mothers for use on their babies, but by women generally for their own use. Thus was born a whole new promotional campaign.

Non-Commercial Applications

The benefits of this type of research are increasingly being recognised in fields other than commerce. For example, public education bodies such as the Central Office of Information in London and the Scottish Information Office in Edinburgh have used similar approaches to help the development of public service announcements on drunk driving and crime prevention. In Scotland, however, the most striking example of advertising research being applied in a non-commercial field is in health education.

Several years ago the Scottish Health Education Group (SHEG), the Government body responsible for health education in Scotland, helped to establish the Advertising Research Unit (ARU) in the Department of Marketing at the University of Strathclyde. The remit of the ARU was to apply the advertising research process outlined above to SHEG's mass media material. The result has been over 100 separate research

projects (200). In isolation these have frequently helped to eliminate weaknesses from individual campaigns. For example, initial research on a leaflet about lead poisoning revealed that it was perceived as a flier for a plumbing firm rather than health education! In conjunction with one another, however, the research projects have done more than highlight shortcomings. They have enhanced the creativity (201) and influenced the fundamental strategy behind SHEG's mass media activity. This has been possible because the research has provided a better understanding of the audiences with whom SHEG is trying to communicate.

Implications for Education

Thus, advertising research provides an important aid to the development of effective mass media material, whether this concerns the complex marketing of a multinational company or a relatively simple health education leaflet on lead poisoning. It is important not only because it irons out weaknesses in material but also because it provides a better understanding of one's target audience. So far the arguments have been applied to the commercial world and to health education. However, the principles of advertising research are equally relevant to the field of general education, where this makes use of specifically designed media material such as educational broadcasting, films and videos as well as 'lower tech' items such as slides, posters, booklets and even text books.

At present, if such material is researched at all, an ad hoc approach is generally adopted, and the emphasis is put on post production evaluation, typically in a classroom setting. Some educationists have argued in favour of a greater emphasis being put on the formative evaluation. Steedman (202), for example, does this, quoting 'Sesame Street' to support her case. Our argument, however, is not just that formative evaluation is desirable, but that a complete cycle of research, as outlined above, is necessary. In the short term this will improve individual media items. More

importantly, in the long term it will enhance the whole process of media based teaching because it will provide a better understanding of how the consumer (ie. the pupil) perceives it. In other words, as with commercial advertising and health education publicity, the process will benefit because the communicator will develop a better understanding of his audience.

Experience in health education suggests that at least four counterarguments will be lodged against the use of research in this way. First, some will argue that it undermines the educational role of the teacher. It is the teacher, and not the pupil, who is best able to judge what messages and approaches should be used in educational material. Equivalent arguments were voiced in health education. Indeed to a discipline that was until recently dominated by doctors and medical chauvinism, the concept of consulting patients in the design of messages was almost heretical. However these attitudes failed to take into account the more active role attributed to the audience in recent communication theory. This combined with supportive research evidence (eg. 203) has led to a reduction in this initial resistance and to the benefits of advertising research for health education gaining more general acceptance (eg. 204, 205).

The second argument is that such research is only necessary in areas where the communicator does not know his audience. The good teacher does understand his pupil and hence can judge for himself what is an effective communication. This argument also runs contrary to current communication theory and is contradicted by experience. The marketing manager of the pharmaceutical firm mentioned earlier would no doubt have argued that he knew his own customers, and yet research provided fundamental revelations. SHEG's mass media material is produced by health education experts working closely with media specialists, and yet research still produces surprises, such as response to the lead poisoning leaflet mentioned above. The point is that knowing one's audience is not the same as seeing things from their perspective.

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Thirdly, it might be argued that educational media material is not analogous with advertising because it is generally used in conjunction with face to face teaching. Indeed as Hayter (206) suggests, it is essentially there to aid the latter process, not to operate on its own. This argument has some face validity but does not withstand close examination. Good teachers may be able to overcome the weaknesses of inappropriate material, but why should they need to? In any case, what happens with indifferent teachers? Furthermore, as stated above, the main benefit of advertising research is not that it improves the communicative qualities of existing material but that it provides insights into an audience's problems and needs. Even the most clear and creative material is going to be deficient if it tackles the wrong issue in the wrong way. Steedman (ibid, page 5) makes a similar point when she says "problems (with educational television) have to do not so much with the utilisation of broadcast output as with the appropriateness and significance of that output ... do the producers assumptions about the audience relate to that audience's state of thinking?"

Fourthly, if all else fails, it will be argued that the continuous research of material is too expensive. Certainly, research does cost money, and more research costs more money. However, if research is done as material is developed, then despite the costs, it can actually produce considerable savings. Weaknesses can be removed or material jettisoned before large sums have been spent on producing finished items. Furthermore, limited resources can be spent more effectively by allocating them to the areas of greatest importance - in the view of the pupil as well as the teacher.

A Case History

Introduction Practical evidence of the value of advertising research to the development of educational material emerged from a recent research project conducted by the Advertising Research Unit for SHEG. The project concerned a film about smoking called

'Potter's Patch' which was aimed at primary school children. The antismoking message was presented in a story about a community of gnomes who included the eponymous Potter, and lived at the bottom of Mr Simkins' garden. The storyline, in brief, was that Mr Simkins smoked, the gnomes discovered this and eventually managed to persuade him to stop. An initial version of the film was produced using ordinary children to act all the parts.

The Advertising Research Unit was asked to assess response to the material among children of primary age, as well as the parents and teachers of primary children.

Method As for all the Advertising Research Unit's pretesting research for SHEG, this project used qualitative group discussion procedures rather than quantified approaches using standardised questionnaires. This method originally derived from market research (described in an unpublished Advertising Research Unit report), but is now being more widely adopted within the social sciences to overcome many of the disadvantages of questionnaire methods, especially non-sampling error, such as lack of depth in probing. It involves bringing together, in an informal setting, groups of six to eight respondents who are carefully selected in social demographic terms, and asking them to discuss in depth areas of interest under the direction of a psychologist or group moderator.

The resulting procedure has many advantages. Areas are discussed and explored, rather than (perhaps standard) answers being given to specific questions. Respondents select their own priorities in exploring the topics, thereby ensuring that the areas covered do not simply reflect the biases of the researchers. Topics can be explored in a variety of questioning techniques, and can be repeated, if necessary, to assess consistency of opinion. Complex attitudes, such as imagery, can be examined since complicated questioning procedures are feasible. The method is eminently suitable for using indirect, projective interviewing techniques, rather than more direct

questioning methods that may be superficial or inappropriate for complex attitude research.

The main disadvantage of group discussion is that statistical estimates of population prevalence are not possible, as the research sample is usually smaller than and selected differently from one for quantification procedures. Sometimes, if numerical population estimates are required, hypotheses derived from the qualitative data are quantified at a subsequent research stage. While this is recommended in theory, in practice problem-definition research almost invariably produces the same information and data trend. Thus, questionnaire research is not necessarily carried out if the qualitative data are judged adequate in reducing the uncertainty surrounding any practical action to be taken.

A total of twelve groups of six respondents was conducted, two with teachers, four with parents and six with children. The children were divided into three age bands: 5-6, 7-8, and 9-10 year-olds. All groups were recruited by professional market research interviewers, using an established random route procedure. Discussions were tape recorded and lasted approximately one and a quarter hours. All respondents were paid a standard fee for participating.

Results Response to the material revealed marked differences between the different subgroups, particularly between the adults (ie. parents and teachers) and the children. These two groups are discussed separately.

> Parents and Teachers Immediate response among this group was generally unfavourable. They did not like the film for themselves and were certain that primary school children would also react against it. These feelings were based on severe criticisms of just about all aspects of the film, including its production qualities, storyline and the intended message.

The problems with the production quality included a soundtrack which was sometimes difficult to decipher and poor acting. Children, it was argued would be confused by the former and would ridicule the latter.

The storyline was felt to be far too complex and cumbersome, but at the same time, because it concerned gnomes, childish. Thus they predicted a Catch 22 situation, with those children who were old enough to understand the story rejecting the gnomes, and those who were young enough to like the gnomes missing the story.

Finally, the message was criticised at two levels. First, some of the teachers rejected the idea of teaching antismoking to primary school children, at least those below the age of nine. They felt it would either put ideas into their heads or simply be of no interest to them. Second, it was argued that the treatment of antismoking in the film was unclear. It was hidden in a story that was difficult to follow (sic) and would act as a distraction. Thus it was felt that many children would fail to grasp the antismoking message.

To summarise, the adult respondents were highly critical of Potter's Patch which they felt would either be rejected or misunderstood by primary school children depending on their age.

Children As the adults predicted, the children's response varied with age. The youngest children (5-6 year-olds) were not very interested in the film, and did not always pick up the antismoking message. The oldest children (9-10 year-olds) sometimes found the film childish and felt it must be intended for a younger audience. However the middle age group responded quite differently from the way adults predicted. They enjoyed the material and accepted the antismoking message.

Their enjoyment of the material was apparent not only from direct statements to this effect, but from their behaviour. They watched the film with obvious glee, laughing and chattering to each other throughout. In addition, even after the children had seen and discussed it for nearly an hour, they were still keen to see it again. The children said that they enjoyed the film because it had plenty of action and colour. The characters were humorous - they 'looked funny' and in some instances told jokes. Interestingly, they also claimed that they enjoyed the film because it included a serious message. This was felt to make it more worthwhile and more appealing to older children. It was notable that the production inadequacies of the acting and the soundtrack highlighted by the adults, did not undermine the children's enjoyment. The poor acting was not felt to be an issue, and although the soundtrack made parts of the script difficult to hear, this was not of any importance because to them the essential qualities of the material did not depend on a clear and logical story.

Response to the storyline confirms this. Most of the respondents were not able to follow the minutiae of the plot. But this did not concern them. They understood the basic story and beyond this they just enjoyed the action and colour of the production.

Response to the antismoking message was also encouraging. Firstly the children had no problem recognising it. Secondly they saw it as an important and interesting message that should be promoted, not least because it complemented their own strongly antismoking attitudes. Thirdly, as already noted, they felt it worked well in, and indeed enhanced their enjoyment of the film as a whole.

In summary, therefore, the seven and eight year-olds thoroughly enjoyed the film and readily understood and accepted the intended antismoking message.

Thus the research revealed fundamental differences between the 7/8 year-olds' response to the film and the teachers' and parents' predictions of how they would react. Whilst the adults argued that the children would reject or misunderstand the execution, story and message, the children actually did the reverse. As so often happens with advertising research the gap between the expert and the layman had been exposed.

Conclusion

In conclusion, this paper has argued that advertising research as applied by commercial organisations to aid the development of publicity material, can also make a contribution towards the production of media based educational material. It has suggested that the benefits of this approach are partly short-term, namely enhancing communication in specific material, but also long-term in that it improves understanding of the target audience. Some of the short-term benefits were demonstrated in the case history. This showed how research can provide insights into audience response to material, and how the views of the target audience can be quite different from what would be expected, even by those in the best possible position to judge.

However it was a one-off study, rather than forming part of an integrated programme of research. On its own it could not go beyond explaining reactions to one film. The long-term and more fundamental benefits of advertising research only emerge when it is conducted consistently and sequentially.

If this were done with educational material it would be possible to answer more basic and general questions about the topics that should be covered, who should be targeted and how they should be approached. In short, advertising research would begin to enhance understanding of the audience as well as the material.

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APPENDIX

MR G B HASTINGS

RESEARCH REPORTS, PUBLICATIONS AND CONFERENCE/SEMINAR CONTRIBUTIONS

BOOKS AND JOURNAL ARTICLES

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