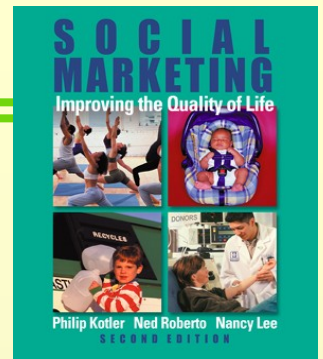

Influencing & Sustaining Social Behavior Change via Social Marketing

An Invited Lecture from:
Civil Service College
15 October 2008



By:
Ned Roberto, Ph.D.
Asian Institute of Management



What Is Social Marketing?

➤ The process of ...

Ⓢ *Changing* your stakeholders' ...

▣ socially undesirable/harmful **current behavior**

▣ into socially beneficial behavior.

Ⓢ *Sustaining* this **desired stakeholder behavior**.

How?

- ④ By applying the marketing “ technology”
 - ▣ to the management of social and development initiatives ...
 - ▣ aimed at changing & sustaining the changed public or social behavior.

Fundamental Campaign Management Principle

➤ Start from where ...

the beneficiaries, the stakeholders

are and find out their priority needs, values
and concerns ...

➤ and **NOT** start from where ...

***YOU** are (as service providers, officers) .*

What Marketing Technology?

© *From the Millennium definition of Marketing* ...*

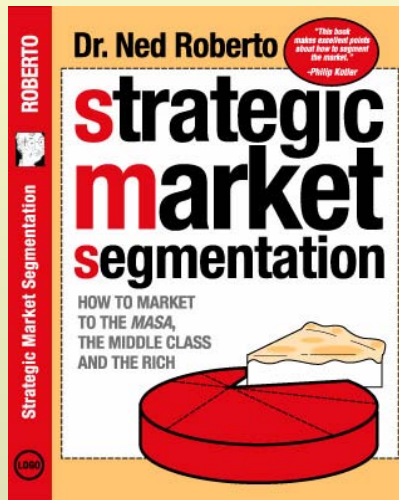
- ☐ *understanding stakeholder priority values, and then*
- ☐ *creating the product/service embodying those values, and*
- ☐ *delivering that product/service to the intended stakeholder segment.*

**David Aaker: 2002*

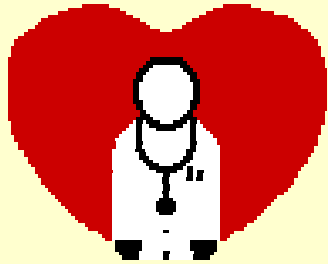
***“What concrete examples of
distinct positive contributions to
SOCIAL BEHAVIOR CHANGE can
stakeholder-research-based
social marketing show?”***



Contribution #1:

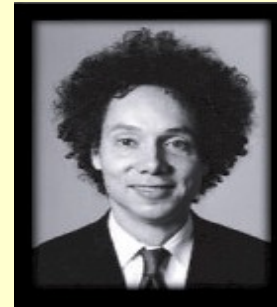
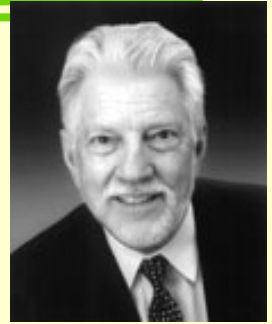


*Solving a Social Problem
via Stakeholder/Beneficiary
Segmentation*



Segmenting
by
ADOPTION BEHAVIOR

➤ 1962 Everett Rogers' classic: *Adoption of Innovations* = today's Malcolm Gladwell's *Tipping Point*.



- ⊙ Looks at a "process of adoption stages and adopter segment sequencing."
- ⊙ Adoption process = a hierarchy of adopting adopter segments → innovation success or failure.

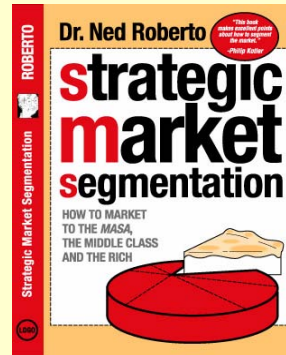
➤ *5 adopter segments: [Rogers' = TNS' FutureViews']*

- 1) Innovators = 3-5% of total adopter population = TNS' "Future shapers."*
- 2) Early adopters = 10-15% of total = TNS' "Future Makers."*
- 3) Early majority = 34% of total = TNS' "Today Consumers."*
- 4) Late majority = 34% of total = TNS's "Yesterday Consumers."*
- 5) Laggards = 5-15% of total = TNS' "Yesteryear Consumers."*

➤ *Successful adoption process = a function of ...*

@ **SPEED** &

@ **EXTENT**



of adoption by the initial 3 adopter segments.

➤ *Successful adoption process ← ← ← ...*

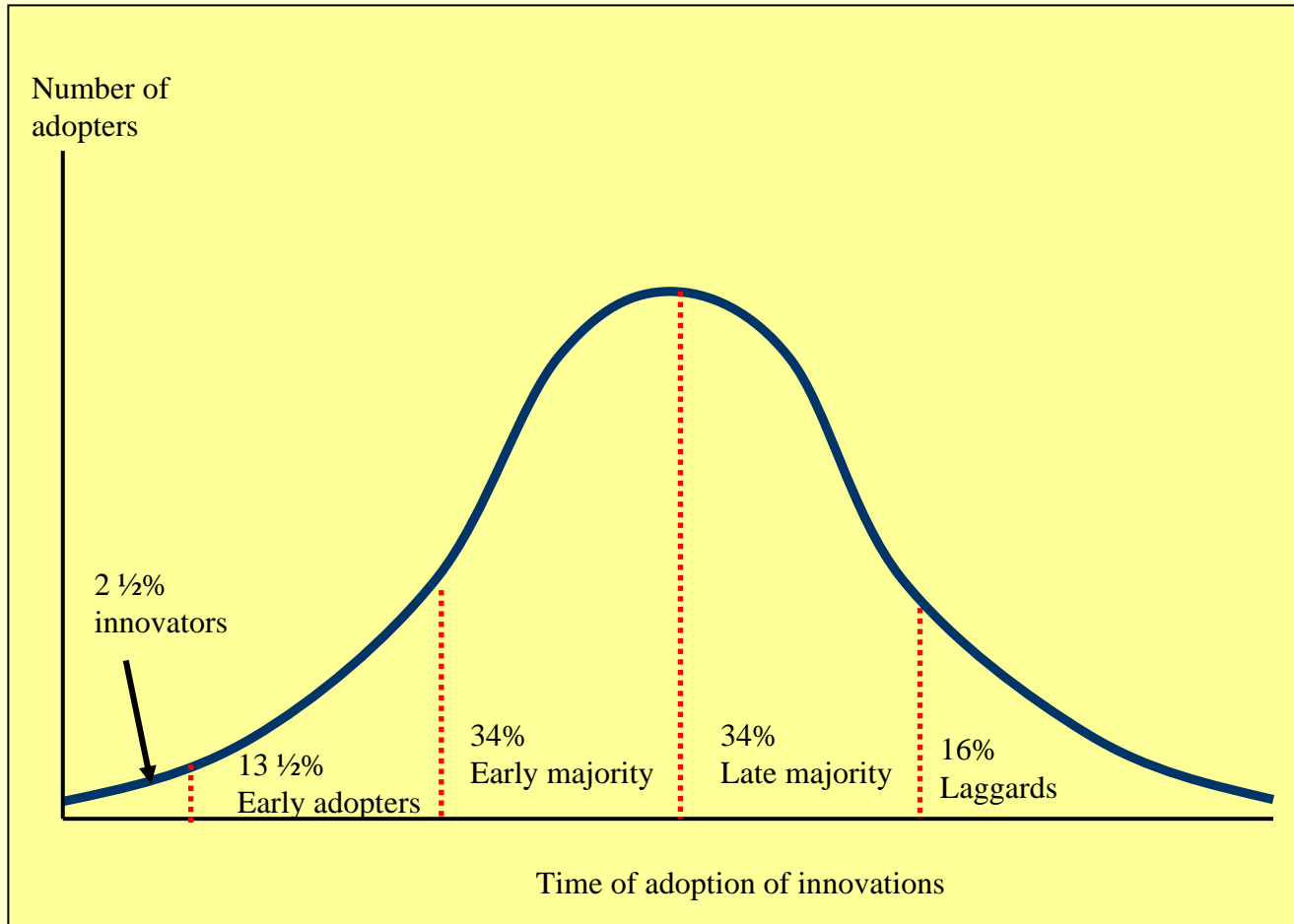
1st. How quickly & how many of the Innovators will adopt.

2nd. How soon & how many of the Early Adopters they influence will also adopt.

3rd. How soon & how many of the Early Majority that Early Adopters influence will adopt.

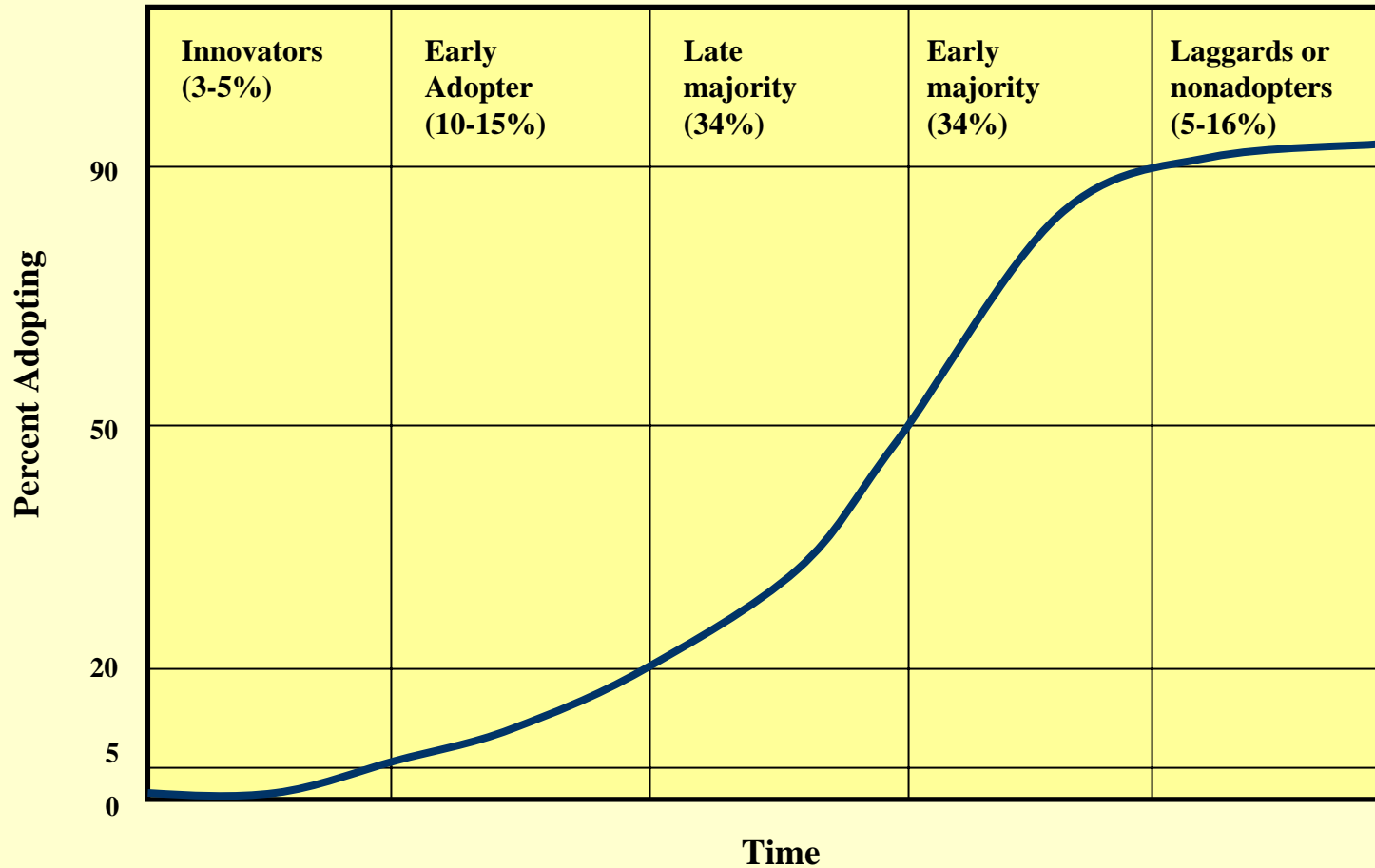
& so on.

5 Adopter Segments across Adoption Time

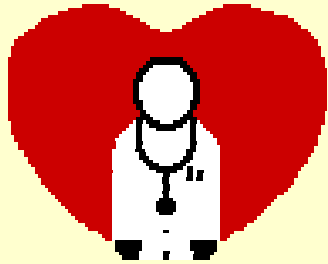


Source: Redrawn from Everett M. Rogers, *Diffusion of Innovations* (New York: The Free Press, 1962) p. 162.

Adoption Process = Segment Sequence



Q: Is this the adoption behavior pattern you need in your pro-natalist population policies?



Segmenting
your Population of
INFLUENCE GROUPS

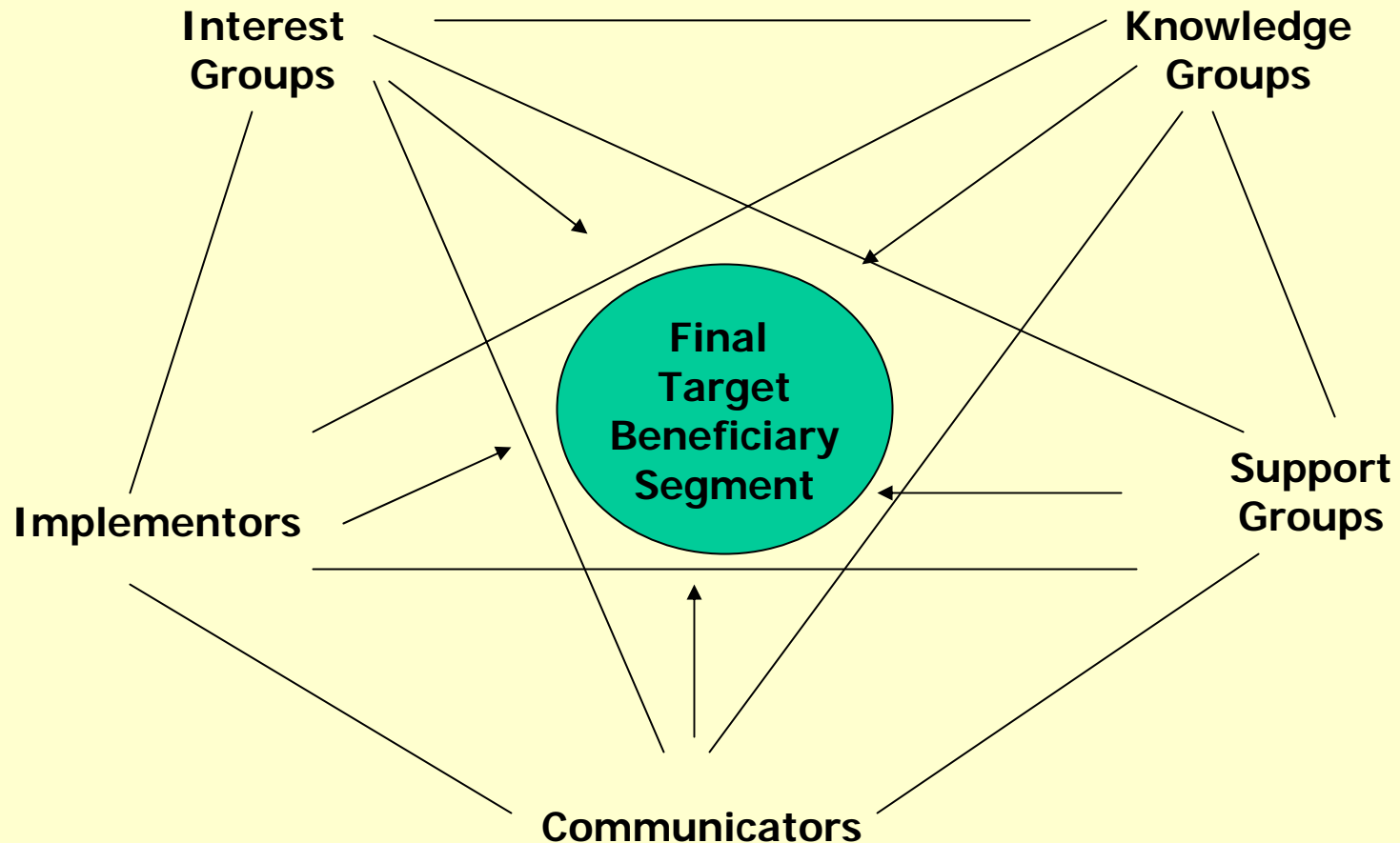
➤ In serving the ultimate intended beneficiary segment, there are those affecting/affected by the S.M. campaign:

- ④ **Interest groups**: those affected (helped or harmed) by the program.
- ④ **Knowledge groups**: those with critical info that can help or harm the program (indigenous people, universities, think tanks, and the like).
- ④ **Implementors**: those who control/provide the resources needed to carry out and who carry out the program.
- ④ **Support groups**: vocal individuals or organizations who share in the program's vision/mission.
- ④ **Communicators**: media people, elected officials and legislators.

Source: Development Communication, The World Bank.

Q: Who are the “Pareto” influence groups in your pro-natalist and healthcare means testing campaigns? What social marketing programs are now in place for them?

Segment Interactions



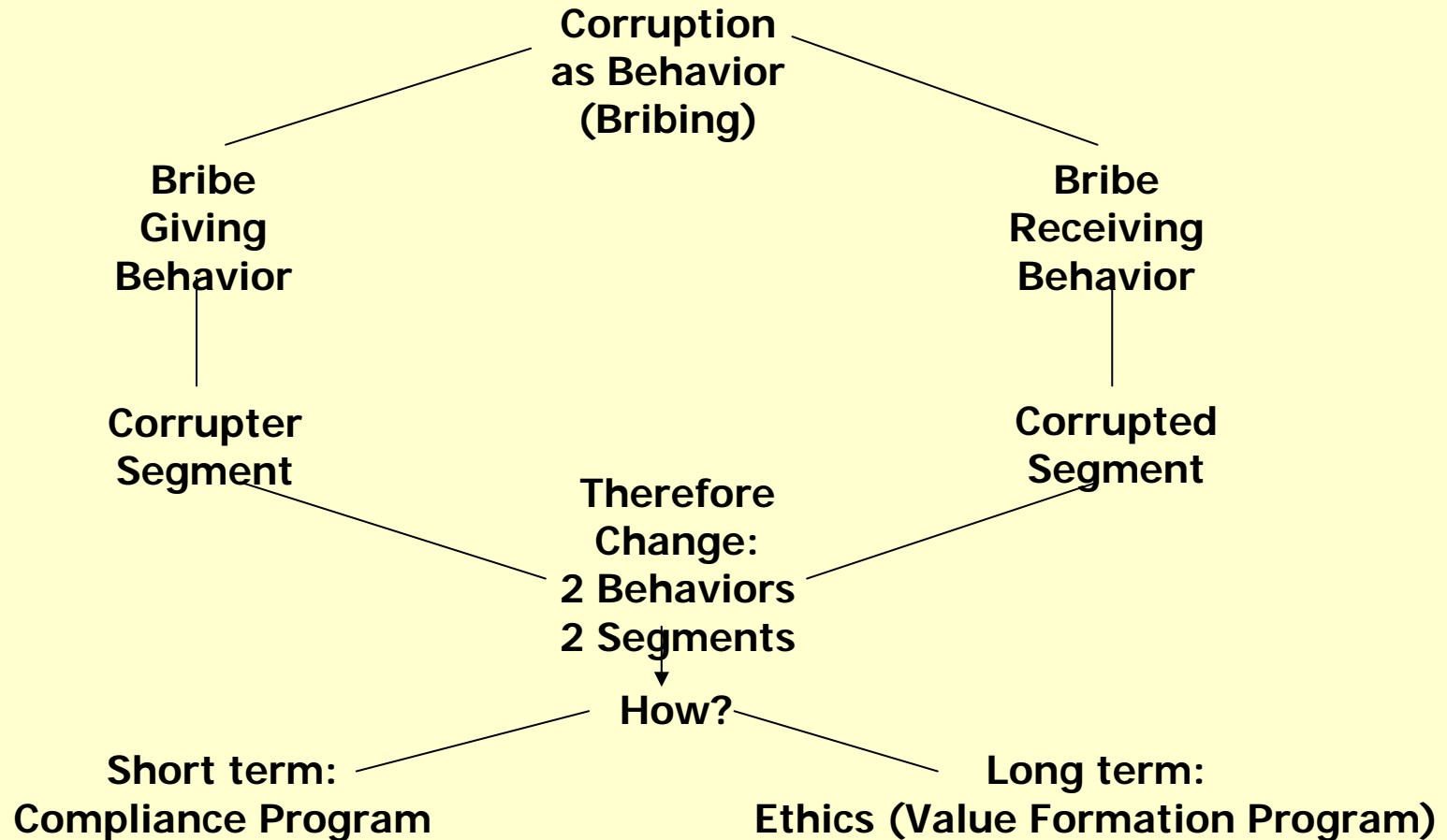
Source: Constructed from the preceding slide.

Segmenting the “Corruption Market” ...

➤ ... for solving the corruption problem.

- Ⓢ Start by reconceptualizing “corruption” as **behavior**.
- Ⓢ As behavior, corruption has 2 interacting “actors” and therefore **2 interacting segments**.
- Ⓢ See the problem solution segmentation chart in the next slide.

“Behavioral” Segmenting

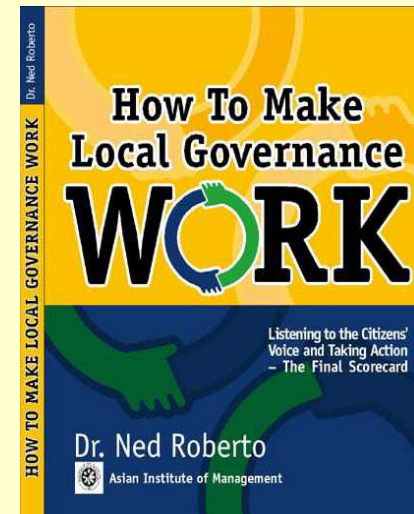


Source: Ned Roberto, *Survey of Corporate Corruption*. AIM: 2002.

So in summary then ...

- A big social problem can become manageable when cut up, segmented into smaller parts.
- But when segmenting, do so more than once.
 - ⊙ Go up to segmenting by behavior especially the targeted behavior.
 - ⊙ And/or up to by other targeted response.

Contribution #2:
*Searching for the
driver/motivator
for effecting the desired
public behavior change**



*Q: Do we have the correct research for finding this in our pro-natalist & in our healthcare means testing campaigns?

The Safety Belt Buckle Up Campaign

- A year after launch: low (< a fifth) adopter response rate.
- 2 communication experts' review:
 - ⊗ Understanding the Safety Belt non-wearers (SBnw) & the Safety Belt wearers (SBw).
 - ⊗ Showed groups of SBnw and groups of SBw, the campaign's 60-second TVC.
 - ⊗ After each TVC showing, viewers of each group were asked their reactions. One set of Qs = insight-rich.

② 2 Questions asked of the SB non-wearers:

(1) *“What is it about **wearing** a SB that you feel most bothered, annoyed or irritated about?”*

(2) *“From what you saw in that TVC and if you and your companion figure in that car accident, what is it that can happen to you that you’d be most concerned or be most bothered about?”*

② 2 Questions asked of the SB wearers:

- (1) *“What is it about **not wearing** a SB that you’d be most bothered, concerned or worried about?”*
- (2) *“From what you saw in that TVC and if you and your companion figure in that car accident, what is it that can happen to you that you’d be most concerned or be most worried about?”*

Ⓢ Answers to Q1 = what bothered, concerned about ...

From SB non-wearers = about wearing SB ...

"Pulling it over my head often messes up my hair."

"As I drive, the SB presses on my shoulder edge and my chest."

"Wearing it is uncomfortable."

From SB wearers = about not wearing SB ...

"I can die in a car crush."

"In a really bad car crush, if we survive, my girl and I can get handicapped or immobilized for life."

"Most friends are not wearing. They'd call me a sissy when they see me wearing."

☉ Answers to Q2 = what most concerned, worried about ...

From **SB non wearers** = if accident in TVC happens to you ...

(Boy): *"That can happen to me and I'd be dead."*

(Girl): *"Look at that. Look at her face! She's gonna be ugly."*

(Boy): *"So will I. I'd hate to look that way in my coffin."*

From **SB wearers** = if accident in TVC happens to you ...

(Girl): *"If that car crush is that strong, my head can still break through that windshield and my God, those broken glasses can make a real mess of my face."*

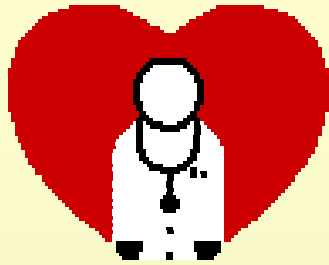
(Boy): *"That will do it to me and my face too."*

(Boy): *"Sure in that kind of car crush, the SB will keep me in place but what if it won't unlock and I can't get out of the car?"*

⊗ So what **common** value/need, driver/motivator came out of the question ...

(1) *“What is it about **wearing/not wearing** a SB that you’d be most bothered, annoyed or irritated about?”*

(2) *“From what you saw in that TVC and if you and your companion figure in that car accident, what is it that can happen to you that you’d be most concerned or be most bothered about?”*



Contribution #3:

Uncovering & Monitoring Target Beneficiaries'

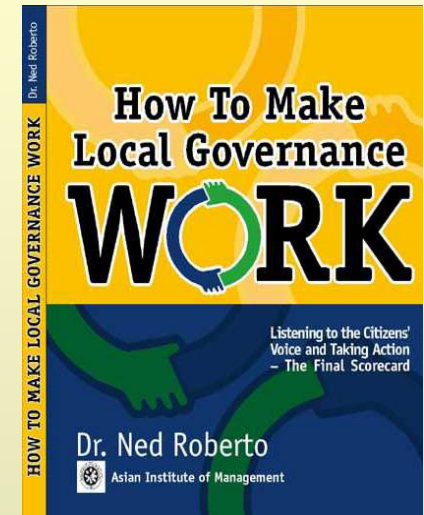
Priority FELT Needs*

via Combining

Qualitative & Quantitative
Research Methods

*Q: Is this an issue to unlock in our pro-natalist and healthcare means testing campaigns?

Example:
Learning from the Stages in a
***Local Governance
Research****



*Source: Ned Roberto, *How to Make Local Governance Work*. AIM: 2002.

➤ Stage #1: Generating the **list** of constituents' concerns/needs via **qualitative** research like an FGD or IDI.

⊗ Open-ended questions asked:

▣ *“What problems are the most current concerns of the people in this city?”*

▣ *“What do you most need in this place? What about your friends and relatives? What are their most urgent needs?”*

▣ *“What has disappointed, annoyed, irritated you about what the city government has been doing about people's concerns?”*

➤ Stage #2: Determining the constituents' **priority** for the generated list of concerns, needs via a **quantitative** constituent feedback survey.

⊙ Close-ended rating question asked:

▣ *“How serious a problem do you believe this concern, need of this city is? Do you believe this is ...*

4 = very serious,

3 = probably serious,

2 = probably not serious, or

1 = not at all serious?”

@ Results obtained:

- ▣ 2 or 3 of the City Council members criticized 2 of the concerns rated in the top 14 “very serious” problems as **not** among the constituents’ top priority problems.
- ▣ For example ...
 - ▶ *road repairs*
 - ▶ *control of vehicular traffic*

@ Critics’ demand:

- ▣ Re-analyze, further analyze survey data to find out **why** these 2 concerns are top priority problems.

➤ Stage #3: Validate with the constituents via **qualitative** research if the 2 cited very serious problems are really among their **true priority** concerns/needs.

⊙ Open-ended probe questions asked:

▣ *“Are these 2 concerns/needs you rated as very serious problems of this city also belong to its top priority problems?”*

▣ For those saying “no,” probe: *“What made you say that this is NOT a priority problem when you rated it as a very serious problem of this city?”*

🌀 Results obtained:

📐 Most mentioned reason:

“ Oo nga, very serious problem ito. Pero me ginagawa na ang gobierno kaya di na gaanong ka-priority yan dito. ”

(Yes, this is a very serious problem. But because the government is already doing something about it, then it's not that much of a priority anymore.)

🌀 Drawn conclusions:

- 📐 Add this question about government action to the first one in the quantitative survey.
- 📐 Analyze the data from the 2 questions by cross breaking them.

-
-
- Stage #4: Determine the constituents' true priority concerns/needs via a **redesigned quantitative** constituent feedback research.
 - @ Ask 2 close-ended rating questions:
 - ▣ *“ How serious a problem do you believe this concern/need of this city is? Very serious, probably serious, probably not serious, or not all serious?”*
 - ▣ *“ What do you see the city government doing about this problem? Nothing at all, probably nothing, probably something, or definitely something is being done?”*

Analyzed Data: Perceptions of Cagayan de Oro City Problems among the City Constituents

Citizens Perception of City Needs & Citizen Concerns	Perceived Government Action	
	Not Doing Anything	Already Doing Something
Very serious	<i>I. For Correcting/Improving</i> 1. Illegal drug trafficking 2. Vandalism 3. Illegal gambling 4. Flood control 5. High rate of prostitution 6. Hold-ups, thefts 7. Squatters 8. Terrorism 9. Police abuses 10. Carnapping 11. Public market shortage 12. Unruly sidewalk vendors	<i>II. For Reinforcing</i> 1. Road/street repairs 2. Vehicular traffic control
	<i>III. For Re-Maintenance</i> 1. Inadequate public transport 2. Not enough public parks 3. Crowded city hospitals 4. Increasing bold shows 5. Spreading pornography 6. Inadequate public housing	<i>IV. For Continuing Maintenance</i> 1. Garbage collection 2. Potable water 3. Road cleaning 4. Road/street lights 5. Neighborhood parks 6. Fire control 7. City schools 8. Licensing 9. City beautification 10. Pest control
Not serious		

➤ Quadrant I: Areas for high priority **correction, improvement** [seen by citizens as “very serious” & gov’t “not doing anything about the problem”]

1st, illegal drug trafficking

2nd, vandalism

3rd, illegal gambling

4th, flood control

5th, high rate of prostitution

6th, rampant hold-ups, thefts

➤ Quadrant I: Areas for high priority **correction,**
improvement (con't)

7th, control of illegal squatters

8th, terrorism

9th, police abuses

10th, carnapping

11th, public market shortage

12th, unruly sidewalk vendors

➤ Quadrant II: Areas for priority **reinforcement**
[seen by citizens as “very serious” but the gov’t
“already doing something”]

1st, road & street repairs

2nd, vehicular traffic control

➤ Quadrant III: Areas of **unmet** constituents' **requirements for maintenance** [seen by citizens as “not serious anymore” but gov't “not doing anything about it”]

1st, inadequate public transport

2nd, not enough public parks

3rd, crowded city hospitals

4th, increasing bold shows

5th, spreading pornography

6th, inadequate public housing

➤ Quadrant IV: Areas of **met** constituents' **requirements for maintenance** [seen by citizens as "not serious anymore" but gov't "doing something about it"]

1st, garbage collection

2nd, inadequate potable water supply

3rd, road/street cleaning

4th, road/street lights

5th, no neighborhood parks

➤ Quadrant IV: Areas of met constituents ... (con't)

6th, fire control

7th, inadequate city schools

8th, difficult access to licensing

9th, poor city beautification

10th, weak pest control

➤ Summary of drawn conclusions:

- ④ The Grid categorized the answers to the 2 survey questions for uncovering the top priority concerns of constituents.
- ④ In the example, the top 3 concerns for high priority correction, improvement and rated as both: *“a very serious problem & nothing being done about it”*
 - ▣ #1 = illegal drug trafficking
 - ▣ #2 = vandalism
 - ▣ #3 = illegal gambling
- ④ The process enabled 2 things ...
 - ▣ City mayor could now focus on the constituents' true priorities.
 - ▣ Short listed the many concerns for priority setting.

➤ Seeming **inconsistency** from another but related data from the survey.

Ⓢ Approval rating of Cagayan de Oro Mayor: “*very high*”

Ⓢ And **yet** the “government” is seen not to be doing anything about the top 3 priorities.

Ⓢ New critics’ demand: Re-analyze or further analyze survey data to find out what can explain this “inconsistency.”

➤ Stage #5: Obtain from the constituents giving the “inconsistent” data via **qualitative** research the needed explanation.

⊙ Open-ended probe questions asked:

- ▣ *“ In the survey you participated in, you rated this city problem as a very serious problem. You also rated it as a city problem that the government is not doing anything about. So you agree that this problem is a priority problem for this city, don't you?”*
- ▣ *“ So how come you rated the head of the city government, your mayor, very highly? Don't you find this contradicting your prioritizing of this city problem?”*

④ Results obtained:

- ▣ The #2 priority problem: constituents assigned this as City Mayor's job
- ▣ The #1 and #3 problems: assigned as the National government's job.

④ Drawn conclusions:

- ▣ 1st, Mayor's performance rating still high because the constituents see the #1 priority felt problem of illegal drug trafficking, and the #3 priority felt problem of illegal gambling as *not* his office's responsibility to solve.

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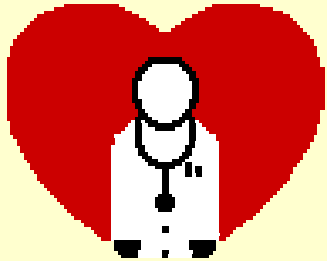
🌀 Drawn conclusions: (continued)

🗒 2nd, add this question about the responsible government office to the 2 items asked to make up the **3 final questionnaire items** to ask in the quantitative constituents feedback survey :

1. *“How serious a problem do you believe this concern/need of this province (city, municipality, barangay) is? Very serious, probably serious, probably not serious, or not all serious?”*
2. *“What do you see the government doing about this problem? Nothing at all, probably nothing, probably something, or definitely something is being done?”*
3. *“Which government level or office has the job to do something about this problem?”*

➤ Overall summary:

- ④ For most important results, the research has to be a **scientifically conducted** quantitative survey.
- ④ So it must follow the requirements for a **valid and generalizable** quantitative survey, i.e., ...
 - ▣ **representative** of its target population (or sampling frame),
 - ▣ statistically (not layman-like) **random** in its respondent sample selection, and
 - ▣ using pretested validated measuring instrument administered to the target qualified respondents (with **minimum substitutions**).



Contribution #4:

*Deciding on the **"What"** and
the **"How"** of Your IEC*

➤ In social-marketing-based IEC, the communication message is tested in its partitioned two decisions of ...

- ⊙ *What to say = the reason you give so that your target audience will change their behavior.*
- ⊙ *How to say = the way you present to your target audience that reason for changing behavior.*

➤ Relationship of “what” to “how”:

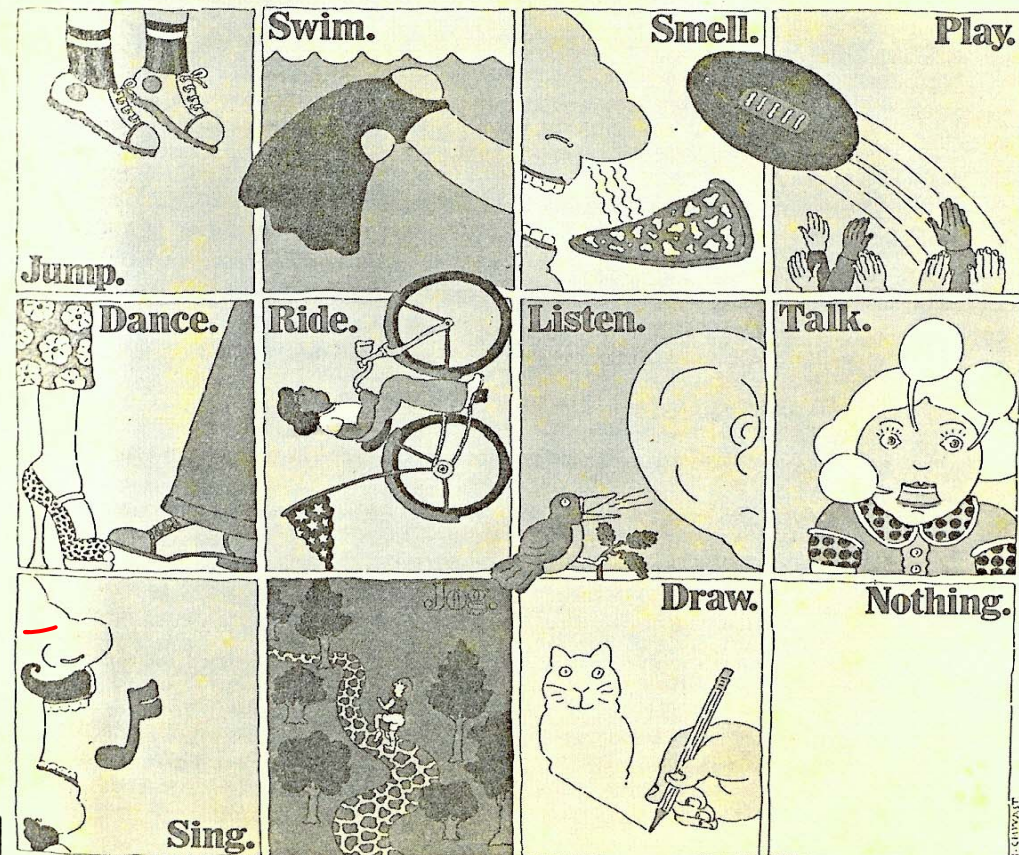
- ⊗ *Multiplicative: to succeed you have to be high in both.*
- ⊗ *Example: (100% what) x (0% how) = 0% = flawed communication and therefore failure to communicate.*

➤ In most GO/NGO IEC campaigns:

- ⊗ Tendency to neglect the “how” of your IEC communicating.

Attending to the "HOW"

12 THINGS TO DO INSTEAD OF SMOKING CIGARETTES.



American Cancer Society

Questions: In his eyes, what are the “needs” that a smoker is satisfying? What “needs” are you offering to satisfy with each of the 12 “THINGS” here? Compare the 2 sets of “needs.”

Attending to the “WHAT”

To: All concerned

Now that summer is here again, this is a reminder to one and all to please remember to cover your food, eating and drinking utensils, and most of all, your dustbins.

Flies will again be with us and they are one of the worst carriers of germs and bacteria. Their touch on your food and your eating and drinking utensils can lead to serious but preventable ailments like diarrhea, food poisoning, indigestion, amoebiasis, hepa A and B, dysentery, and many others.

Should any of these infections occur, consult your nearest health center immediately.

For your information and compliance.

***Attending to both
the "WHAT"
& the "HOW"***

*This is what happens
when a fly lands on your food.
Flies can't eat solid food,
so to soften it up they vomit on it.
Then they stamp the vomit in
until it's a liquid, usually stamping in
a few germs for good measure.
Then when it's good and runny
they suck it all back again, probably
dropping some excrement at the
same time.
And then, when they've finished
eating, it's your turn.*



Cover food. Cover eating and drinking utensils. Cover dustbins.

➤ So how then to effectively craft your IEC campaign?*

④ *What to attend to 1st?*

The “what” or the “how” ?

④ *Where to get help on the “how” ?*

*Q: Have you tried this approach in your pro-natalist and in your healthcare means testing IEC campaigns? If so your trial correctly crafted and implemented?

What's *New* in ... *Social Marketing IEC?*

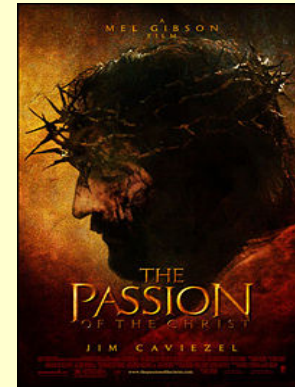


*Integrating Word-of-Mouth (WOM)**

*Q: How will you do this for your pro-natalist and your healthcare means testing campaigns?

“The Passion of the Christ”

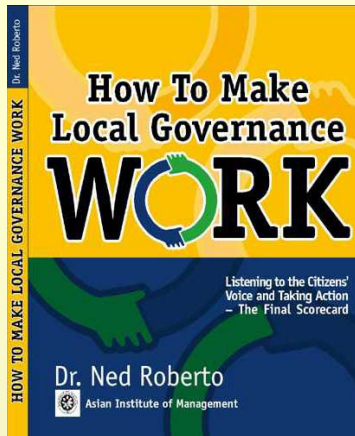
- WOM diffuser = Mel Gibson.
- Objective = to pre-sell his movie.
- What was the movie about?



- Ⓢ 2004 movie based on the biblical account of the arrest, trial, crucifixion and resurrection of Jesus Christ.
- Ⓢ Very strong scenes of violence, whipping, suffering.
- Ⓢ Dialogue, in Aramaic, Latin, Hebrew with subtitles.
- Ⓢ Filmed in Matera, Italy by Cinecitta Studios, Rome.

➤ The WOM-ing ...

- ④ Gibson spread the news that the Jewish communities were *"mad at me because they said the movie made them look bad; it's anti-semitic, they said."*
- ④ But emails circulated in Christian communities defending the movie.
- ④ Entertainment Weekly named the movie *"the most controversial film of all times."*
- ④ Movie critic Robert Ebert said: *"The full 10 minutes of flogging makes this the most violent film I have ever seen. ... No level-minded parent should ever allow children to see this movie."*
- ④ Movie-going public talked about the movie and the media continued to do so as well.
- ④ The **serial** WOMs → movie fans' suspended anticipation; later, saw the movie.



Contribution #5:

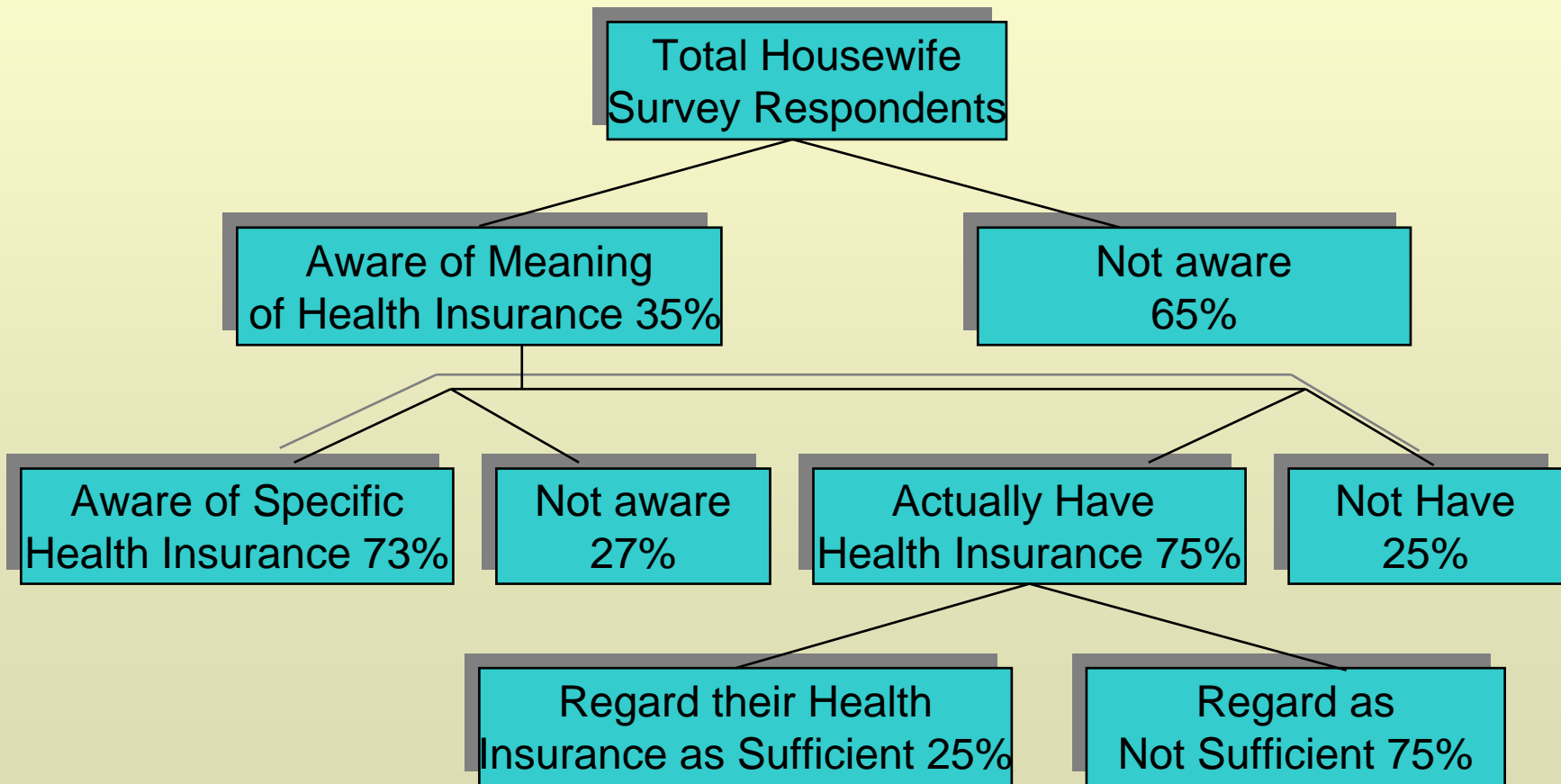
*Client Responsive Pricing** *of Social Products & Services*

*(Data from the Concept Test + the Price Sensitivity
Test of the "Medicare para sa Masa" Initiative)*

*Q: How will you apply this technique especially in the "subsidy" issue in your healthcare means testing campaign? Or will you?

Highlights of the Concept Test Results

Health Insurance Awareness and Coverage among Bulacan Residents
(Base = Total 200 Bulacan Housewives Interviewed)



Immediate Voluntary Reactions after Exposure to the “Bulacan Medicare Para sa Masa” or The Health Insurance Service Concept Showcard

(Base = Total 200 Bulacan Housewives Interviewed)

Voluntary Reaction Items	Statistics
% of Base who expressed:	
Liking comments only	67
Disliking comments only	7
Both liking and disliking comments	26
% of the 186 Respondents expressing liking only & both liking & disliking who liked* the following specific items in the program:	
The benefits like coverage of costs of medicines, consultations with chosen doctor, laboratory, and operations	60
Low and affordable premium	40
Wide coverage of beneficiaries of the enrolled member	28
Easy enrolment procedures	18
Nice plan for the poor so that when short of money and sick, there is a source for funding	16
% of the 66 Respondents expressing disliking only & both liking & disliking who did not like* the following specific aspects:	
High monthly premium, not affordable by the poor	36
Health services available in Malolos is hard for old beneficiaries who find it difficult to travel	36
The benefits are inadequate like just Php 5,000 for hospitalization, Php 180 for consultation, and exclusion of accident & child delivery	15

Note: *Only those with 10% or more mentions are included.

Percent of the 186 Respondents expressing liking only & both liking & disliking who liked the following specific items in the program:

The benefits like coverage of costs of medicines, consultations with chosen doctors, laboratory and operations	60%
<i>Low and affordable premium</i>	40%
Wide coverage of beneficiaries of the enrolled member	28%
Easy enrolment procedures	18%
Nice plan for the poor so when short or sick, there's a source for funding	16%

Percent of the 66 Respondents expressing disliking only & both liking & disliking who did not like the following specific aspects:

<i>High monthly premium, not affordable by the poor</i>	36%
Health services available in Malolos hard for old beneficiaries difficult to travel	36%
The benefits are inadequate like just Php 5,000 for hospitalization, Php 180 for consultation, etc.	15%

➤ So insurance premium: seen as both ...

- ⊙ *low and therefore affordable, and*
- ⊙ *high and therefore not affordable.*

➤ So how to proceed then?

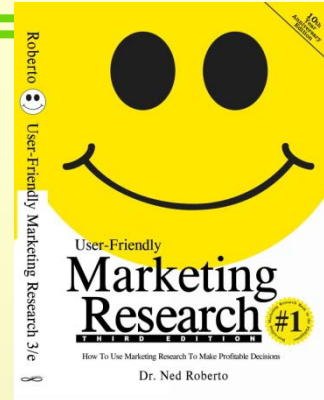
- ⊙ *Pricing issue.*
- ⊙ *What pricing policy to follow.*

@ Resolution?

Do a “price sensitivity test.”

@ How? Understand the Logic of PST:

*The economist’s
price elasticity of demand
RULE*



@ How does that “logic” and “rule” look like?

Sensitivity of Bulacan Families to the Bulacan Health Insurance Premiums (Base = Total 197 Respondents Mothers Who Answered)

Insurance Premium Scale	% of Base Who Won't Enroll Anymore at this Premium	% of Base Who Will Still Enroll at this Premium	% of Base Needing Subsidizing at this Premium	Insurance Revenue Pattern
P50	3	97	3	P4,850
54	7	90	10	4,860
58	1	89	11	5,162
62	5	84	16	5,208
66	4	80	20	5,280
70	2	78	22	5,460
75	3	75	25	5,625
79	1	74	26	5,846
83	1	73	27	6,059
87	1	72	28	6,264
91	2	70	30	6,370
95	2	68	32	6,460
100	12	56	44	5,600
104	5	51	49	5,304
108	1	50	50	5,400
112	1	49	51	5,488
116	1	48	52	5,568
125	45	3	97	375
150	1	2	98	300
200	1	1	99	200
300	1	0	100	0

➤ So revenue maximizing premium = ?

⊙ Gross revenue = ?

⊙ Subsidy = ?

⊙ "Net revenue" = GR – Subsidy = ?

➤ What if minimize families to subsidize?

⊙ At premium = P50; Paying Q = 97%, so nonpaying Q or needing subsidy = 3%

⊙ Gross revenue = ?

⊙ Subsidy = ?

⊙ "Net revenue" = GR – Subsidy = ?

➤ Conclusion

⊙ Premium that will give the program ...

▣ the most total revenue = P95

▣ *BUT* will call for subsidizing 32% of poor families

⊙ Premium that will give the program ...

▣ the most *NET* revenue = P50

▣ *AND* the most number of poor families insured calling for subsidizing only 3% of them.

*So in
closing,
we remind
ourselves ...*



In all these, we are managing

CHANGE.



And Change Will Come in Stages

Internalization

We like it.

Let's do it this way.

Lets do it.

Why don't we try it?

It might be OK.

So this is what it's about.

How will it affect us?

Oh my goodness! Is that for us?

There's DENIAL when you hear ...

- ② *"There's nothing wrong with us."*
- ② *"We can't do anything about this problem."*
- ② *"We were alright all along."*
- ② *"Exactly what good would it do to change."*
- ② *"If we ignore this, the problem might go away."*
- ② *"Don't we have many other important things to do?"*
- ② *"Why don't we think some more about this?"*

And so we must persist ...

"Nothing in this world can take the place of persistence. Talent will not; nothing is more common than unsuccessful people of talent. Genius will not; unrewarded genius is almost a proverb. Education will not; the world is full of educated derelicts. Persistence and determination alone are omnipotent. The slogan 'press on' has solved and always will solve the problems of the human race."



(Calvin Coolidge)



Questions after this briefing that you didn't have the chance to ask? E-mail me at ned.roberto@gmail.com

*Thank you all very much
for learning with me!*