

Tit for Tat: A Perspective on Health Care Social Marketing Shock Advertising

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Abstract

Health Care Social Marketing Advertising has always had a controversial perspective, as it promotes behavioral change in individuals. Moreover, the vast majority of social marketing campaigns focus on health prevention in a population, such as smoking, physical activity, alcohol abuse as well as breast cancer. Consequently, in order to assess the desired outcomes, specialists employed shock advertising in the health care social marketing campaigns. This case study concentrates on the effectiveness of a Romanian health care social marketing campaign for smoke prevention. More specifically, the shock social marketing advertisement was part of a smoking prevention campaign launched by the “Marius Nasta” Pneumophthiology Institute in Bucharest, Romania. The sample consisted of 100 students from the “Carol Davila” University of Medicine and Pharmacy, presenting the characteristics of Generation Y. The selected sampling method was the snow ball technique. Further, the shock advertisement was evaluated according to Dahl et al’s classification, as perceived by the health care consumers. The data was collected using a self-administered questionnaire and was analyzed using SPSS version 20. Findings revealed that the vast majority of respondents placed the health care social marketing prevention advertisement in the religious taboo category (42.6%), followed by the moral offensiveness category (22.2%) and sexual references (7.4%), respectively. The mean age of the respondents was 20 and there were 66.7% female respondents and 33.3% male respondents. However, the vast majority of the respondents perceived the prevention smoking health care shock advertisement as not being interesting (35.2%), some have felt pity (9.3%), sadness (7.4%) and even compassion (5.6%). All in all, findings pointed out that shock advertisements used in health care social marketing campaigns have no longer the impact they had, becoming more and more ineffective, in spite of embedding a shock appeal.

Keywords: shock advertising, marketing communications, taboo advertising, health care services, emotions.

JEL classification: I12, I18, M37

1. Introduction

Annually, worldwide, smoking kills more than 5 million people and current research shows that, by the year 2030, there will be more than 8 million deaths due to tobacco usage in any

shape (Eriksen, Mackay, Ross, 2012). Moreover, life expectancy in smokers is on average 10 years shorter than in non-smokers due to several diseases (Jha, Ramasundarahettige, Landsman, 2013). A method used to fight smoking cessation is social marketing. As such, social marketing promotes a behavioral change accepted by the society.

Social marketing experts used to promote behavioral change through advertising, but not any type of advertising but the one which cuts through the clutter and attracts attention. This type is known in the literature as shockvertising.

In this paper, it is investigated the effectiveness of a social marketing smoking cessation advertisement which embeds shock appeals on both smokers and non-smokers. The objectives of the study are as follows:

- Using Dahl et al's (2003) classification of shock appeals, in which category the Romanian consumer would place the social marketing smoking cessation advertisement.
- What are the triggered emotions when seeing the health care social marketing smoking cessation advertisement with shock appeals embedded in it.
- Are there any differences between the smokers and non-smokers in perceiving the health care social marketing smoking cessation advertisement.

2. Smoking background in Romania

In Romania, almost 43.000 people died in 2010 from a disease caused by smoking. The vast majority of these deaths are the outcome of lung and other tobacco cancers, strokes, ischemic heart and other cardiovascular diseases as well as respiratory diseases. Apart from this, in 2012 the costs of treating diseases due to smoking was over 1.2 billion RON, estimating a 5.4% of the overall health care spending that year, but reflecting only the costs of hospitalized cases and cases covered by the Romanian National Health Programs (Szabo et al, 2016). Thus, tobacco usage is high in Romania, with nearly 5 million adults (28%) smoking (Eurobarometer, 2017). As such, men are twice more likely to smoke as women, with a smoking prevalence of 37.4% in comparison to 16.7%.

As in many countries, in Romania most smoking habits happen from adolescence. According to a GYTS Report, in 2011, 81.9% of the Romanian adult smokers reported having started before the age 20, and 38.8% of the respondents started by the age 16 (Irimie et al., 2010). However, the estimated smoking prevalence in the Romanian youth has fallen nearly to half from 17.6% to 9.4% between 2004 and 2013 (Ciolompea, 2014) but is still high in contrast to the apparent downfall trend in smoking among Romanian adults (ESPAD Report, 2015). Above all, tobacco organizations tried all the time to associate the image of smoking with the idea of freedom, success, wellness and a Western value system whose fantasy has been hard to resist for adolescents in their search for identity (Lotean et al., 2006). Nonetheless, in Romania there is a complete ban for sale of single or unpacked cigarettes and selling tobacco products to underage youth.

3. Smoking cessation efforts

The World Health Organization's Framework Coalition on Tobacco Control calls each year for governments to adopt comprehensive policies to discourage tobacco use. Romania's tobacco control policies have strengthen since joining in the European Union, as it had to come into compliance with the EU's various directives related to tobacco, and recent developments suggest this trend will continue on a longer period of time. As such, the smoke free policy implemented in 2016 by WHO, covers health care and educational facilities (including in universities), government buildings, indoor workplaces, restaurants, public transport and other indoor public places and also includes indoor and outdoor playgrounds, however compliance

with the policy is uncertain. In Romania, indoor smoking violations consist of fines on the manager of the utility rather than on the establishment (WHO Report, 2015).

Further, tobacco advertising is banned on national and international television and radio, in local magazines and newspapers, on billboards and outdoors, as well as, on the Internet, but it is allowed in international magazines and newspapers at the point of sale. The tobacco companies are also allowed to sponsor public events as they offer promotional discounts and the distribution of free product samples. The Law requires the display of graphic health warnings on cigarette packages, and the use of misleading terms and descriptors, such as “low tar”, “light” and “mild”.

All in all, Romania does relatively well with respect to its support in smoking cessation campaigns. There is a national green-free telephone quit line available, so that smokers may discuss with trained counselors the problems they have to face. In fact, many health care providers offer smoking cessation support which is fully covered by the National Health Insurance program. The National Insurance also fully covers a large variety of pharmaceutical cessation products. Furthermore, there is a growing tobacco control advocacy movement led by the NGO Aer Pur Romania, which created a coalition against smoking called The Romanian Network for Smoking Prevention. The members of the coalition are a variety of civil society organizations as well as hospitals such as “Marius Nasta” Pneumophysiology Institute in Bucharest.

Moreover, upon joining the European Union in 2007, Romania had to adopt the EU’s tobacco tax directives for cigarettes and other tobacco product excise taxes. In Romania, a pack of cigarettes costs 15.50 RON of which 75.41% is tax (19.35% is value added and 56.06% is excise taxes) (Tobacco Control Fact Sheet, 2016). However, despite the significant increases in prices over the past 15 years, cigarettes in Romania are more affordable than 20 years ago, suggesting that new methods have to be uncovered to approach smokers. A method which proved to be successful was the mass-media campaigning using social marketing instruments. As such, the total tobacco control expenditures, which include the mass media campaigning, amount to \$7 940 105 in Romania, being classified as moderate (Tobacco Control Fact Sheet, 2016). Thus, Romania needs a raise in the level of smoking cessation campaigns.

4. Social Marketing Smoking Cessation Campaigns

In 1971, Kotler and Zaltman first introduced the concept of social marketing in an academic journal with the meaning of planned social change. In reality social marketing has been applied in both developing and developed countries under a range of formal definitions:

- A programme planning process that promotes the voluntary behavior of target audiences by offering benefits they want, reducing barriers they are concerned about and using persuasion to motivate their participation in program activity (Kotler and Roberto, 1989);
- An application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behaviors of target audiences in order to improve their personal welfare and that of their society (Andreasen, 1995);
- Using marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify or abandon behavior for the benefit of individuals, groups, or society as a whole (Kotler et al, 2002);
- Is the systematic application of marketing alongside other concepts and techniques, to achieve specific behavioral goals for social good (French et al., 2010).

As mentioned before, although formal definitions vary across literature, there are three key elements which are commonly specified in relation to social marketing, as follows (French, Meritt, Reynolds, 2011):

- Social marketing's primary purpose is to achieve particular social good and its primary focus is on achieving specific behavioral objectives;
- The social marketing consists of a finite and coherent set of concepts and principles which uses policy formulation, strategy development and implementation of social change programmes;
- The application of social marketing principles is a systematic process which is defined by learning and evaluation.

In a nutshell, social marketing, by its very nature, namely, helping to influence behaviors for social good and individual good, uses multi-disciplinary instruments which draw from many theories, models, research approaches and other forms of analysis in order to understand why people act in a particular way and how can they be helped to maintain positive behaviors for their own and society's benefit. Also, there are eight benchmarks which describe the key concepts and the principles of social marketing as well as social marketing smoking cessation, and encompass consumer orientation, exchange, competition analysis, insight, theory, behavioral focus, segmentation and marketing mix as illustrated in fig. 1 (French and Blair-Stevens, 2010).

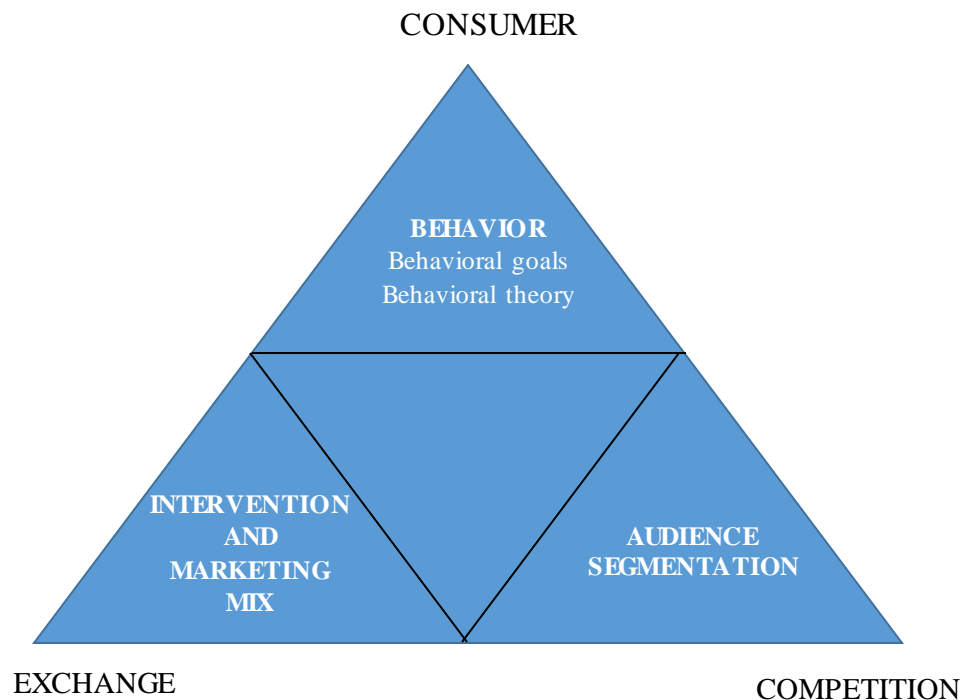


Figure 1. The customer triangle (adapted after French and Blair-Stevens, 2010)

What is currently known about influencing behavior has been drawn from fields such as management, psychology, policy development, economics, design, sociology, biology and communication studies. We selected only the ones which are suitable for the social marketing smoking cessation in Romania (adapted from French, Meritt, Reynolds, 2011):

1. The changing process in the smoking behavior is not an event and often comprises several attempts before succeeding. As such, the social interventions have to be persistent over time and offer various paths to get the desired outcomes.
2. In order to change, people need to feel involved and engaged in the behavioral change effects.
3. Social marketing interventions should start by understanding the target audience's beliefs

- and attitudes in order to find the proper persuasion instruments.
4. People's perception of their own ability to change can either enhance or detract them. So the social marketing smoking cessation campaign should encompass instruments and messages which support and build the target audience's confidence, knowledge and skills.
 5. People's perception of their likelihood to a risk and its severity and impact are the keys to understanding the behavior and development of effective interventions. As consequence, social marketing for smoking cessation should focus on understanding people's perceptions and how they view the risk associated with their behaviors in ways meaningful to them.
 6. The more beneficial or rewarding an experience is, the more likely it is to be repeated. Social marketing smoking cessation should seek to support positive behavior and maintain it.

One tool commonly used in stimulating behavior change is the public awareness campaign, also known as public information campaign and public education campaign (Bouder, 2003). PACs disseminate information through messaging as it is believed that people are more likely to change their behavior if they know more information about a specific issue. Moreover, crafting a message means more than using words or phrases but also to educate individuals, communities and society per se by inducing a sense of persuasiveness.

The following principles are required in order for the message to be more attractive: simplicity, unexpectedness, concreteness, credibility, trigger emotions and have a story behind it (Weiss and Tschirhart, 1994). A type of message which follows all the message principles mentioned before is called sock appeal. The message which embeds shock appeals is known, in the literature, as shock advertising.

5. Shock advertising in Social Marketing Smoking Cessation

Nowadays, advertising is found everywhere and health care social marketing experts have to find new methods to cut through the clutter and motivate people to follow a social acceptable behavior. A way of persuading the target audience is to use shock advertising which deliberately violates social norms with the objective of raising awareness. In the literature there have been employed several names to describe the effect of shock appeal ranging from controversial advertising (Fam and Waller, 2003), offensive advertising (Phan and Prendergast, 2001) to provocative advertising (Vezina and Paul, 1997). Following Dahl et al' s (2003) classification of shock appeals, specialists included several examples in each category, as follows:

- Disgusting images depict figures and pictures containing blood, body parts or secretions, orifices especially urinary or faecal, gases, odors, diseases, parasites, bodily harm, death and decay
- Sexual references reflected in pictures with masturbation, implied sexual acts, sexually suggestive nudity and partial nudity elements;
- Profanity/obscenity make use of swear words, obscene gestures and racial epithaphs;
- Vulgarity encompasses images which are distasteful and crude;
- Indecency refers to the violence of social conventions, social decency and etiquette;
- Moral offensiveness illustrates images which harm living animals or people, free sex or violence, alluding to people or objects that provoke violence (e.g. Hitler), violating standards for fair behavior, putting children in provocative situations (e.g. sexual, violent), victim exploitation;
- Religious taboos which include religious or spiritual symbols in an inappropriate manner. However research has proved that shock advertising has not worked in many cases (Hagenbuch, 2015). In the same vein, Hyman and Tansey (1990) posited that psychoactive

ads may rise significant negative emotions among certain people and Dzamic (2003) supported shock appeals in advertising if used responsibly and genuinely tied to a meaningful issue.

6. Materials and methods

The case study describes an exploratory research with the aim of gaining more insight into the health care shock advertising smoking cessation. To assess the objectives, a self-administered questionnaire was conceived. The first section of the questionnaire encompass items related to the demographic profile of the respondents and the second section consists of items related to a print shock advertisement related to a smoking cessation campaign supported by the “Marius Nasta” Pneumophthisiology Institute in Bucharest. The social marketing shock advertisement used fear appeals in order to attract attention and to trigger a behavioral change.

The sample was made out of 100 first year students with the characteristics of Generation Y (Wolburg and Pokieyeczynski, 2001) from “Carol Davila” University of Medicine and Pharmacy, Bucharest. Moreover, targeting university students has been a research practice for many experts as they represent a homogenous sample (Tinkham and Waver-Larisey, 2004). Also the selected sampling method was the snow ball techniques.

The data was collected and analyzed using SPSS version 20.

7. Findings

a. Demographic profile

- the mean age of the respondents was 20;
- the gender distribution was the following: 66.7% female respondents and 33.3% male respondents;
- 56.4% of respondents were smokers and 43.6% were non-smokers.

b. Questionnaire findings:

- Using Dahl et al's (2003) classification, the vast majority of respondents placed the health care social marketing smoking cessation ad in the religious taboo category (42.6%), followed by the moral offensiveness category (22.2%) and sexual references (7.4%);
- the vast majority of respondents perceived the prevention smoking health care shock ad as not being interesting (35.2%), some have felt pity (9.3%), sadness (7.4%) and even compassion (5.6%);
- taking into account the status of the students, namely smokers and non-smokers, the distribution of the emotions is illustrated in table 1.

Emotions	Smokers	Non-smokers	Total
Not interesting	25.8%	9.4%	35.2%
Pity	4.6%	4.7%	9.3%
Sadness	2.4%	5.0%	7.4%
Compassion	3.7%	1.9%	5.6%
Total	36.5%	21%	57.5%

Table 1. The distribution of the most encountered emotions on respondents' status

8. Discussion

Intensely researched by advertisers, shock advertising still remains a topic little studied in marketing (Sabri-Zaaraoui, 2007). However, marketers must be aware that the level of shock and norm violation both contribute to the ineffectiveness of this type of advertising (Urwin & Venter, 2014). Consequently, shock ads may threaten the values and norms of the individuals who view such ads (Sabri-Zaaraoui, 2007). For example, shock advertising may be justified employed in the case of societal causes, as for example abused women advertising (Urwin &

Venter, 2014). Further, several findings suggest that advertising appeals may highlight conflicting emotions, both positive and negative (Sabri, 2012).

Our research findings revealed that shock advertising it is not a successful strategy applied in the Social Marketing Smoking Cessation. More exactly, the application of shock appeal in smoking cessation pointed out to be ineffective as the vast majority of respondents thought that the advertisement is not interesting, felt sadness and even compassion in accordance with the research conducted by Urwin & Venter (2014). As such, no matter what gender, personal identity or religion a person may have, shock advertising was concluded not to live up to its name anymore, being ineffective, dull, unenjoyable and unpleasant (Urwin & Venter, 2014). Experts have to find other methods to approach smokers in Romania, as shock advertising is deemed to be ineffective. For example, by using humor instead of fear and by employing ludicrous, satire or irony with humorous appeals in both the pattern of the advertisement as well as in the message. Fear appeals draw their power from their ability to engender strong positive emotions, but the positive emotions may turn out to be equally effective (Hastings, Stead & Webb, 2004). Recent antismoking campaigns have employed humor, irony and supportive messages for individuals in terms of awareness, attitude change and empathy (e.g. Schoales, Mintz & Hazel, 1999).

9. Limitations of the Study

- In order to gain more insight on the topic of shock advertising, it is appropriate to use qualitative methods for data collection such as focus groups;
- Future research should encompass various age groups;
- Change behavior should be studied in terms of shock effects on the long term;
- Studies should be conducted also with reference to the advertisement placement, in terms of where and in what context the shock advertisement may have the expected outcomes;
- The linkage established between shock advertising and socio-demographic and cultural social factors should be investigated.

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ANNEX



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